# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2013	0096			Repo Filed		:	CAND	IDATE		СОМ	MITTEE	✓	LOBI	BYIST		
	Committee, Candid	ate or L	obbyist:			-		R A BET	TER PE	INNS	L YLVANI	A					
Street Address:	500 North 12	th Stree	et														
City:	Lemoyne						State: PA Zip Code:					<b>de:</b> 17	043				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>)</b>		) DA RIMA		POST-	3.		AMENDN REPORT		Yes	N	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	ELECTION							TERMIN/ REPORT	Yes	N	0	$\checkmark$		
report type)	ANNUAL REPORT							NG METHOD CHECK ONE				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	L Sought by Candida	te:						DATE O	OF ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Cou	
								мо	DAY	Y	EAR			OTH	ł	1	-
								11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	Ł			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		3 27	2	018	то		2	ł	30	2018						
A. Amount Bro	ught Forward From	n Last R	eport				\$			102,	529.80						
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule I)	)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			102,	529.80						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00	]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			102,	529.80						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00						
				AFF	IDAV	IT S	SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a (	Can	didate r	eport,	cand	idate sig	gn here.					
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	n pap	per o	or by elec	tronic m	nediun	n, are to f	the best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							;	Signature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				-
My Commission E	-	-										Ema	il				
	мо	D	AY	YR					Aı	rea Co	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee,	Can	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowl	edge and beli	ef this	politica	il coi	mmi	ittee has ı	not viola	ated a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	cribed before me this day of		20								s	ignature	of Candida	ite			-
												Printe	ed Name				-
	Signature					_						Em-					_
My Commission Exp	bires											Ema					
	мо	D	AY	YR	1	_			Area	Code		D	aytime Te	elephon	e Num	ber	

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	Period		
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	<u>3/27/201</u>	<u>.8</u> To:	<u>4/30/2018</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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## PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee of	Reporting Period						
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	mmittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

Use this Part to ite	\$50.0 mize all othe 0.01 to \$250.	00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fror	m:		То	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detai	led Summary Pag	je, Se	ection 2	2.		\$	0.00

## PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Can	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Comm	ittee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

## PART D ALL OTHER CONTRIBUTIONS

#### OVER \$250.00

#### Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

#### prior expenditures that were returned to the filer.

Name of Filing Committee or	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description				1	1	1				
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
		i Suillilai y Page,	Section				\$		0.00	

#### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

#### DURING THE REPORTING PERIOD.

#### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period	1	
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	<u>3/27/2018</u> <b>To:</b>	<u>4/30/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period						
					From:		To:				
						DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(Plus	4)							
Employer of Contributor			1		Occupa	l tion					
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution		
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00