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 2008	059			Report Filed B		CANDI	DATE		СОМІ	MITTEE	<	LOBI	BYIST	
	Committee, Candid	ate or Lo	obbyist:			<u> </u>	L T FOR PA					_			
Street Address:	PO BOX 7365	;													
City:	STEELTON						State:	PA			Zip Co	de: 17	113		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE		30 DA PRIMA		POST- 3. X			AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 DA ELECT		POST- 6.			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2018				IG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		6	2018		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		5 1	. 2	018 T	0	6		4	2018					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			25,7	758.69					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$		19,500.00							
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$			45,2	258.69					
D. Total Expen	ditures (From Sch	edule II	I)			\$			1,8	370.01					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			43,3	88.68	-				
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$				0.00					
				AFF	IDAVI	Г SE	CTION								
	s a Committee rep	-	_								-				
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedule	s filed on j	paper	or by elect	ronic m	edium	, are to i	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				-					Prin	ted Name			
My Commission E	xpires					-					Ema	il			
	МО	D	AY	YR				Are	ea Coc	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and bel	ief this	political	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20							s	ignature	of Candida	ite		
						-					Printe	ed Name			
My Commission Exp	Signature pires					-					Ema	il			
	мо	D	AY	YR	1			Area	Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BETTER GOVT FOR PA From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 12,000.00 7,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 19,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 19,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 or Candidate				Reporting Period						
					From: To:			:		
		·			DATE			AMOUNT		
Full Name of Contributing Committee			мо		DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			From:			Тс	ō:			
					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	\$	0.00								

PAGE 5

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 Candidate				Reporting Period						
BETTER GOVT FOR PA From:				<u>5/1/2018</u> To:			<u>6/4/2018</u>			
			DA	TE		A	MOUNT			
Full Name of Contributing Committee FRIENDS OF HASTE & amp; PRIES					YEAR	\$	10,000.00			
Mailing Address PO BOX 7365					2018		· · · · · · · · · · · · · · · · · · ·			
State	Zip Cod	e (Plus 4)								
PA	17113									
			мо	DAY	YEAR	\$	2,000.00			
			5	4	2018		_,			
State	Zip Cod	e (Plus 4)								
PA	17105									
dule I, Detailed Su	mmary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 12,000.00			
	State PA State PA	State Zip Code PA 17113 State Zip Code PA 17105	State Zip Code (Plus 4) PA 17113 State Zip Code (Plus 4) PA 17113	From: 5/2 From: 5/2 DA MO MO 7 State Zip Code (Plus 4) 7 PA 17113 MO MO 5 5 State Zip Code (Plus 4) 7 State Zip Code (Plus 4) 5	From: 5/1/2018 From: 5/1/2018 MO DAY MO DAY State Zip Code (Plus 4) PA Zip Code (Plus 4) MO DAY MO DAY State Zip Code (Plus 4) PA Zip Code (Plus 4) ITI05 State	From: 5/1/2018 To: From: 5/1/2018 To: DAY YEAR MO DAY YEAR MO DAY YEAR State Zip Code (Plus 4) 5 23 2018 MO DAY YEAR MO DAY YEAR State Zip Code (Plus 4) 17113 5 4 2018 MO DAY YEAR MO DAY YEAR PA Zip Code (Plus 4) 5 4 2018 MO DAY YEAR MO DAY </td <td>From: 5/1/2018 To: DATE DATE A MO DAY YEAR \$ State Zip Code (Plus 4) 5 23 2018 \$ MO DAY YEAR \$ \$ State Zip Code (Plus 4) 5 23 2018 \$ MO DAY YEAR \$ \$ State Zip Code (Plus 4) 5 4 2018 \$ MO DAY YEAR \$ \$ MO</td>	From: 5/1/2018 To: DATE DATE A MO DAY YEAR \$ State Zip Code (Plus 4) 5 23 2018 \$ MO DAY YEAR \$ \$ State Zip Code (Plus 4) 5 23 2018 \$ MO DAY YEAR \$ \$ State Zip Code (Plus 4) 5 4 2018 \$ MO DAY YEAR \$ \$ MO			

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						
BETTER GOVT FOR PA					From:		<u>5/1/2018</u> T		<u>6/4/2018</u>	
					DA	TE			AMOUNT	
Full Name of Contributor J. ALEX HARTZLER					мо	DAY	YEAR	2	\$ 7,500.00	
Mailing Address 2233 N FRONT ST					5	30	201	8		
City HARRISBURG	State	Zip C	Code (Plus	4)	5	50	201	Ĭ		
	PA	171	10							
Employer Name WCI PARTNERS					Occupat	ion	PARTN	IER/	/FOUNDER	
Employer Mailing Address/Principal Plac	e of Business		City			State		z	Zip Code (Plus 4)	
1900 N 2ND ST		1	HARRISBU	RG		PA		1	17102	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımma	ary Page, :	Sectio	on 3.			\$	PAGE TOTAL 7,500.00	

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 Candidate			Reporting Period						
	From: To:								
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
								PAGE TOT	AL
Enter Grand Total of Part E on Sched	4.			\$		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		
BETTER GOVT FOR PA	From:	<u>5/1/2018</u> то:	<u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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			AMOUNT						
Full Name of Contributor	мо	DAY	YEAR							
Mailing Address		_				7 \$		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:			1							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL				
						\$		0.00		

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

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
BETTER GOVT FOR PA	From	<u>5/:</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>					
				DATE AM						
To Whom Paid			мо	DAY	YEAR					
DAVID FEIDT										
Mailing Address 763 ZURICH DR			5	16	2018	\$	1,200.00			
City HUMMELSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17036	REIMBURSEMENT							
To Whom Paid			мо	DAY	YEAR					
FRIENDS OF ADAM KLEIN			MO							
Mailing Address PO BOX 622			5	30	2018	\$	670.01			
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	CONTRI	BUTION								
					PAGE TOTAL					
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I).			\$	1,870.01			