### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | ler Identification 2008059 Report Filed By : CANDIDATE COMMITTEE COMMITTEE |             |                        |           |        |             |                |                    | SYIST                              |          |                        |                    |                |              |           |           |  |
|---|--|-------------|------------------------|-----------|--------|-------------|----------------|--------------------|------------------------------------|----------|------------------------|--------------------|----------------|--------------|-----------|-----------|--|
| Name of Filing C                                | Committee, Candid  | ate or L    | obbyist:               |           | BET    | TER         | GOVI           | ERNMEN             | T FOR                              | PA       |                        |                    |                |              |           |           |  |
| Street Address:                                 | PO BOX 7365  |             |                        |           |        |             |                |                    |                                    |          |                        |                    |                |              |           |           |  |
| City:   | STEELTON   |             |                        |           |        |             |                | State:             | PA                                 |          |                        | Zip Cod            | le: 17         | 7113         |           |           |  |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY   | 1.          | 2ND FRIDAY<br>PRIMARY  | / PRE     | -      | 2. <b>X</b> | 30 DA<br>PRIMA |                    | POST-                              | 3.       |                        | AMENDM<br>REPORT   |                | No           | <b>\</b>  |           |  |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION  | 4.          | 2ND FRIDAY<br>ELECTION | / PRE     | ≣-     | 5.          | 30 DA          |                    | POST-                              | 6.       |                        | TERMINA<br>REPORT  |                | Yes          | No        | <b>\</b>  |  |
| report type)                                    | ANNUAL REPORT  | 7.          | <b>Year</b> 2019       |           |        |             |                | NG METH<br>CHECK C |                                    |          |                        | PAPER              |                | $\checkmark$ | DISKE     | TTE       |  |
| Name of Office S                                | -<br>Sought by Candida   | te:         |                        |           |        |             |                | DATE (             | OF ELE                             | CTI      | ON                     | District<br>Number | Office<br>Code | Par          | ty Code   | County    |  |
|   |  |             |                        |           |        |             |                | МО                 | DAY                                | Υ        | EAR                    |                    |                | •            |           |           |  |
|   |  |             |                        |           |        |             |                | 1:                 | L                                  | 5        | 2019                   |                    | (SEE IN        | ISTRUCTIO    | ONS FOR C | ODES)     |  |
|   | Receipts and   | МО          | DAY                    | YEAR      | ł      |             |                | МО                 | DAY                                | Y        | 'EAR                   | FO                 | R OFFI         | CE USE       | ONLY      |           |  |
| Expenditures                                    | from:  |             | 4 2                    | 2         | 019    | Т           | 0              | į                  | 5                                  | 6        | 2019                   |                    |                |              |           |           |  |
| A. Amount Bro                                   | ught Forward Fron  | n Last R    | eport                  |           |        |             | \$             |                    |                                    | 42,      | 888.68                 |                    |                |              |           |           |  |
| B. Total Monet                                  | Sche   | edule I) \$ |                        |           |        |             | 8,             | 500.00             | .00                                |          |                        |                    |                |              |           |           |  |
| C. Total Funds Available (Sum Of Lines A and B) |  |             |                        |           |        |             | \$             |                    |                                    | 51,      | 388.68                 |                    |                |              |           |           |  |
| D. Total Expenditures (From Schedule III)       |  |             |                        |           |        |             | \$             |                    |                                    | 12,      | 650.00                 |                    |                |              |           |           |  |
| E. Ending Cash                                  | Balance (Subtract  | Line D      | From Line (            | <b>E)</b> |        |             | \$             |                    |                                    | 38,      | 738.68                 |                    |                |              |           |           |  |
| F. Value Of In-                                 | Kind Contributions   | Receiv      | ed (From So            | hedu      | le II  | [)          | \$             |                    |                                    |          | 0.00                   |                    |                |              |           |           |  |
| G. Unpaid Debt                                  | s And Obligations  | (From S     | Schedule IV            | )         |        |             | \$             |                    |                                    |          | 0.00                   |                    |                | 1            |           |           |  |
|   |  |             |                        | AFF       | IDA    | ٩VI         | T SE           | CTION              |                                    |          |                        |                    |                |              |           |           |  |
|   | s a Committee rep  | -           | _                      |           |        |             |                |                    |                                    |          | _                      |                    |                |              |           |           |  |
| I swear (or affirm)<br>correct and comple       | ) that this report, incl<br>ete.   | uding the   | attached sch           | edule     | s file | d on        | paper          | or by elec         | tronic m                           | ediun    | n, are to t            | he best o          | f my kno       | wledge a     | and belie | ef , true |  |
| Sworn to and subs                               | cribed before me this<br>day of  | i           | 20                     |           |        |             |                |                    |                                    |          | Signature              | of Perso           | n Submit       | ting Rep     | ort       |           |  |
|   | Signatu  | ra          |                        |           |        |             | -<br>-         |                    |                                    |          |                        | Prin               | ted Name       | e            |           |           |  |
| My Commission Ex                                | _  |             |                        |           |        |             |                |                    |                                    |          |                        | Ema                | il             |              |           |           |  |
|   | мо   | D           | AY                     | YR        |        |             |                |                    | Area Code Daytime Telephone Number |          |                        |                    |                |              |           |           |  |
| Part II- If this is                             | a report of a cand   | lidate's    | authorized             | Comn      | nitte  | e, C        | andid          | ate shall          | sign h                             | gn here. |                        |                    |                |              |           |           |  |
| I swear (or affirm)<br>No 320) as amende        | that to the best of n  | ny knowle   | edge and belie         | ef this   | polit  | tical       | comm           | ittee has          | not viola                          | ited a   | ny provis              | ions of the        | e act of J     | une 3,19     | 937 (P.L. | 1333,     |  |
| Sworn to and subsc                              | ribed before me this   |             |                        |           |        |             |                |                    | -                                  |          | Signature of Candidate |                    |                |              |           |           |  |
|   | day of<br>   |             |                        |           |        |             | _              |                    |                                    |          |                        | Printe             | d Name         |              |           |           |  |
|   | Signature  |             |                        |           |        |             | -              |                    |                                    |          |                        |                    |                |              |           |           |  |
| My Commission Exp                               | _  |             |                        |           |        |             |                |                    |                                    |          |                        | Ema                | il             |              |           | _         |  |
|   | МО   | D           | AY                     | YR        | 1      |             | •              |                    | Area                               | Code     | ı                      | Da                 | aytime T       | elephon      | e Numbe   | er        |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |          |
|--|-----------|----------|--------------|----------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |          |
| BETTER GOVERNMENT FOR PA   | From:     | 4/2/201  | <u>9</u> To: | 5/6/2019 |
| 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)  |           |          | \$           | 8,500.00 |
| All Other Contributions (Part D)   |           |          | \$           | 0.00     |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 8,500.00 |
| 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 |           |          | \$           | 8,500.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize only with an aggregate valu |                  |    |         |        |      |               |            |
|-------------------------|--|------------------|----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                              |                  | Re | porting | Period |      |               |            |
|                         | From: To:  |                  |    |         | :      |      |               |            |
|                         |  | <u> </u>         |    |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                    |                  |    | МО      | DAY    | YEAR |               |            |
| Mailing Address         |  |                  |    |         |        |      | \$            | 0.00       |
| City                    | State  | Zip Code (Plus 4 | )  |         |        |      |               |            |
|                         | •  | ·                |    |         | •      | •    | $\overline{}$ | DACE TOTAL |

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

**PAGE TOTAL \$**0.00

## 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 Candidat | re    |                   | Reporting Period From: To: |    |      |      |          |      |
|--------------------------------------|-------|-------------------|----------------------------|----|------|------|----------|------|
|                                      |       |                   |                            |    | DATE |      | AMOUN    | т    |
|                                      |       |                   | _                          |    |      |      | 71.10011 | •    |
| Full Name of Contributor             |       |                   |                            | МО | DAY  | YEAR |          |      |
| Mailing Address                      |       |                   |                            |    |      |      | \$       | 0.00 |
| City                                 | State | Zip Code (Plus 4) |                            |    |      |      |          |      |
|                                      |       |                   |                            |    |      |      |          |      |

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

**PAGE TOTAL \$**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 Candidate | Reporting Per | iod      |     |                 |
|---------------------------------------|---------------|----------|-----|-----------------|
| BETTER GOVERNMENT FOR PA              | From:         | 4/2/2019 | То: | <u>5/6/2019</u> |

DATE AMOUNT

| Full Name of Contributing Committee ECKERT SEAMANS PA GOV'T PAC |                    |                                   | МО | DAY | YEAR |                    |
|---|--------------------|-----------------------------------|----|-----|------|--------------------|
| Mailing Address 600 GRANT ST. 44TH FLOOR                        |                    |                                   | _  |     |      | <b>\$</b> 8,500.00 |
| City PITTSBURGH   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15219 | 5  | 2   | 2019 |                    |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL** 8,500.00

### 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              |                 |          |              | Rep        | orting Pe | riod  |      |       |           |                 |
|--|-----------------|----------|--------------|------------|-----------|-------|------|-------|-----------|-----------------|
|  |                 |          |              | Fror       | n:        |       | To   | o:    |           |                 |
|  |                 |          |              |            | D         | ATE   |      |       | AMOUNT    |                 |
| Full Name of Contributor                           |                 |          |              |            | мо        | DAY   | YEAR |       |           |                 |
| Mailing<br>Address                                 |                 |          |              |            |           |       |      | \$    |           | 0.00            |
| City   | State           | Zi       | p Code (Plus | <b>4</b> ) |           |       |      |       |           |                 |
| Employer Name                                      |                 | •        |              |            | Occupa    | tion  | •    | •     |           |                 |
| Employer Mailing Address/Principal Pla<br>Business | ce of           |          | City         |            |           | State |      | Zip C | ode (Plus | 4)              |
| Enter Grand Total of Part C on Scho                | edule I, Detail | led Sumr | mary Page,   | Section    | on 3.     |       |      | \$    | PAGE TO   | <b>TAL</b> 0.00 |

## 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                |                  | Report  | ting Perio | bd  |      |     |          |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
|                               |                          |                  | From:   |            |     | To:  |     |          |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT     |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |          |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00     |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |          |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |          |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 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 | d                          |                 |
|--|------------------|----------------------------|-----------------|
| BETTER GOVERNMENT FOR PA   | From:            | <u>4/2/2019</u> <b>To:</b> | <u>5/6/2019</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, |                  | \$                         | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| alling Address  ty State Zip Code (Plus 4) |                     |                       |          | Reporting Period |      |           |            |  |
|--|---------------------|-----------------------|----------|------------------|------|-----------|------------|--|
|  |                     |                       | From:    |                  |      | То:       |            |  |
|  |                     |                       |          | DATE             |      |           | AMOUNT     |  |
| Full Name of Contributor                   |                     |                       | МО       | DAY              | YEAR |           |            |  |
| Mailing Address                            |                     |                       |          |                  |      | <b>\$</b> | 0.00       |  |
| City                                       | State               | Zip Code (Plus 4)     |          |                  |      |           |            |  |
| Description of Contribution:               |                     |                       |          |                  |      |           |            |  |
| Enter Grand Total of Part F on S           | chedule II In-Kir   | nd Contributions Deta | iled Sum | mary Pag         | ле Г |           | PAGE TOTAL |  |
| Section 2.                                 | incudic 11, 111 Kii | ia contributions beta | nea Sam  | illial y I as    | ,    |           | PAGE TOTAL |  |
|  |                     |                       |          |                  |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                          | e            |         |            |         | Re    | porting F | Period    |        |           |                    |
|---|--------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
|   |              |         |            |         | Fro   | om:       |           | To:    |           |                    |
|   |              |         |            |         |       |           | DATE      |        |           | AMOUNT             |
| Full Name of Contributor                                      |              |         |            |         |       | мо        | DAY       | YEAR   |           |                    |
| Mailing Address   |              |         |            |         |       |           |           |        | <b>\$</b> | 0.00               |
| City  | State        |         | Zip Code(F | Plus 4) |       |           |           |        |           |                    |
| Employer of Contributor                                       | •            |         | •          |         |       | Occupa    | tion      |        | •         |                    |
| Employer Mailing Address/Principal Pla<br>Business            | ace of       | City    |            | State   |       | Zip<br>4) | Code(Plus | Descri | ption     | of Contribution    |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I | In-Kind | Contributi | ons De  | taile | ed        |           |        |           | PAGE TOTAL<br>0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca        | ndidate                      |                         | Reporti                               | ng Period   |                |  |                 |  |  |
|---------------------------------------|------------------------------|-------------------------|---------------------------------------|-------------|----------------|--|-----------------|--|--|
| BETTER GOVERNMENT FOR PA              |                              |                         | From                                  | <u>4/2</u>  | 2/2019         | То:  | <u>5/6/2019</u> |  |  |
|                                       |                              |                         |                                       | DATE        |                |  | AMOUNT          |  |  |
| To Whom Paid                          |                              |                         | МО                                    | DAY         | YEAR           |  |                 |  |  |
| LAMAR                                 |                              |                         |                                       |             |                |  |                 |  |  |
| Mailing Address 308 S. 10TH           | ST                           |                         | 1                                     | 30          | 2019           | \$   | 6,350.00        |  |  |
| City LEMOYNE                          | State                        | Zip Code (Plus 4)       | Description of Expenditure            |             |                |  |                 |  |  |
|                                       | PA                           | 17043                   | ADVER                                 | TISING      |                |  |                 |  |  |
| To Whom Paid<br>FRIENDS OF DALE KLEIN |                              |                         | МО                                    | DAY         | YEAR           |  |                 |  |  |
| Mailing Address 7736 ALTHE            | A AVE                        |                         | 4                                     | 11          | 2019           | <u> </u>                                     | 500.00          |  |  |
| City HARRISBURG                       | State                        | Zip Code (Plus 4)       | Description of Expenditure            |             |                |  |                 |  |  |
| NAKRISBURG                            | PA                           | 17112                   | DONAT                                 |             | Jenartare      | •  |                 |  |  |
| To Whom Paid LOWER PAXTON GOP         |                              |                         | МО                                    | DAY         | YEAR           |  |                 |  |  |
| Mailing Address 7068 CREEK            | CROSSING DR                  |                         | 4                                     | 11          | 2019           | \$   | 500.00          |  |  |
| City HARRISBURG                       | State                        | Zip Code (Plus 4)       | Descrip                               | tion of Exp | ı<br>Denditure | <u> </u>                                     |                 |  |  |
|                                       | PA                           | 17111                   | DONAT                                 |             |                |  |                 |  |  |
| To Whom Paid<br>DERRY TOWNSHIP GOP    |                              |                         | мо                                    | DAY         | YEAR           |  |                 |  |  |
| Mailing Address PO BOX 78             |                              |                         | 4                                     | 11          | 2019           | \$   | 300.00          |  |  |
| City HERSHEY                          | State                        | Zip Code (Plus 4)       | Descrip                               | tion of Exp | l<br>Denditure | <u>                                     </u> |                 |  |  |
|                                       | PA                           | 17033                   | DONAT                                 |             |                |  |                 |  |  |
| <b>To Whom Paid</b> DAVID FEIDT       | ·                            | ·                       | мо                                    | DAY         | YEAR           |  |                 |  |  |
| Mailing Address 763 ZURICH            | niling Address 763 ZURICH DR |                         | 4                                     | 17          | 2019           | <b>\$</b>                                    | 5,000.00        |  |  |
| City HUMMELSTOWN                      | State                        | Zip Code (Plus 4)       | Descrir                               | tion of Fy  | l<br>penditura | <u> </u>                                     |                 |  |  |
| HOMMELSTOWN                           | PA                           | 17036                   | Description of ExpendituREIMBURSEMENT |             |                | -  |                 |  |  |
| Enter Grand Total of Expendi          | tures on Page 1. Pa          | anort Cover Page There  |                                       |             |                |  | PAGE TOTAL      |  |  |
| Enter Grand Fotal OF Expendi          | tures on raye 1, Ke          | port cover raye, Item I | <b>.</b>                              |             |                | \$   | 12,650.00       |  |  |