Campaign Finance Report

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

Filer Identificati Number :	on 2008	8059			Repor Filed I		CA	COMMITTEE COMMITTEE COMMITTEE					D1131			
Name of Filing C	Committee, Candid	ate or L	obbyist:	·	BETTER	R GOV	ERNN	1EN7	ΓFOR	PA	•					
Street Address:																
City:	STEELTON						Stat	e:	PA			Zip Code: 17		7113		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D		F	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2019				NG MI					PAPER		V	DISKE	TTE
Name of Office S	Sought by Candida	te:	•		•		DAT	ſE O	F ELE	СТІО	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YE	AR		•			
								11		5	2019		(SEE IN	STRUCTI	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	irom:		9 17	20)19 1	О		10	7	21	2019					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				26,7	798.43					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sched	dule I)	\$	i				0.00					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$;			26,7	798.43					
D. Total Expend	ditures (From Sch	edule II	I)			\$	1			7	750.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				26,0	48.43					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	e II)	\$	i .				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1				0.00					
				AFF:	IDAVI	T SE	CTI	ON								
I swear (or affirm)	s a Committee rep that this report, inc	-	_								_		f my kno	wledge	and belie	ef , true
correct and comple	ete. scribed before me this	5									ianatura	of Perso	n Gubmit	tina Do	nort	
	day of		_ 20			_					ngnature	or reiso	iii Subiiiiic	tilly Ke	port	
	Signatu	re				_						Prin	ted Name	В		
My Commission Ex	· —		AV	VP		_			Α	- C	<u> </u>	Ema		NI.		
Doub II If this is	MO		AY	YR	:	Samuelia.		h a II		a Coc	ie	Daytin	ie Teleph	ione Ni	imber	
	a report of a cand that to the best of red.				•				_		y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this										s	ignature (of Candid	ate		
	day of					_						Drints	ed Name			
	Signature					_						Printe	u Name			
My Commission Exp	_					_						Ema	il			
	МО	D	AY	YR					Area	Code		D	aytime T	elepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting) Period						
BETTER GOVERNMENT FOR PA	From:	9/17/20	<u>19</u> To:	10/21/2019				
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	\$	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				

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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			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

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)

(Exclude		om pondedi comi			301 tCu		,	
Name of Filing Committee or	Candidate		Rep	oorting P	eriod			
			From: To) :		
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	i)					
								PAGE TOTAL

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

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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
nter Grand Total of Part C on Schedule I, Detailed Summary Pa			age, Sectio	n 3.			\$	(0.00

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	0:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	C					PAGE TOTAL		
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	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 Perio	od						
BETTER GOVERNMENT FOR PA	From:	<u>9/17/2019</u> To:	10/21/2019					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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

Name of Filing Committee or Candi	idate		Reportin				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details				mary Pag	ge,		PAGE TOTAL
Section 2.	ection 2.					\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:	То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period						
BETTER GOVERNMENT FOR PA			From <u>9/17/2019</u> To:				10/21/2019				
<u> </u>				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
MIKE REGAN FOR SENATE			1.0								
Mailing Address	Mailing Address			13	2019	\$	250.00				
City CAMP HILL State Zip Code (Plus 4)				Description of Expenditure							
PA 17011				ON							

To Whom Paid					YEAR		
FUTURE OF SOUTH HANOVER	FUTURE OF SOUTH HANOVER			DAY	ILAK		
Mailing Address				23	2019	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip				
	PA	17112	DONATION				
		PAGE TOTAL					
Enter Grand Total of Expenditure							

	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 750.00