

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2008059		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: BETTER GOVT FOR PA										
Street Address: PO BOX 7365										
City: STEELTON			State: PA		Zip Code: 17113					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	22	2019	TO	11	25	2019		
A. Amount Brought Forward From Last Report				\$		26,048.43				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		15,294.72				
C. Total Funds Available (Sum Of Lines A and B)				\$		41,343.15				
D. Total Expenditures (From Schedule III)				\$		11,000.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		30,343.15				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
BETTER GOVT FOR PA	From: <u>10/22/2019</u> To: <u>11/25/2019</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)	\$ 900.00
TOTAL for the Reporting Period (2)	\$ 900.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 8,894.72
All Other Contributions (Part D)	\$ 5,500.00
TOTAL for the Reporting Period (3)	\$ 14,394.72

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 15,294.72
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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 or Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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
BETTER GOVT FOR PA	From: <u>10/22/2019</u> To: <u>11/25/2019</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
CRAIG CAPPELLI					
Mailing Address 122 MARGARET LN				11	6 2019
City MALVERN State PA Zip Code (Plus 4) 19355					
ERIC R. CLANCY					
Mailing Address 2000 TECHNOLOGY PARKWAY				11	6 2019
City MECHANICSBURG State PA Zip Code (Plus 4) 17050					
MARY MCELWEE					
Mailing Address 612 FOXFIELDS RD				11	6 2019
City BRYN MAWR State PA Zip Code (Plus 4) 19010					
DONNA SPANDLER					
Mailing Address 663 DUNKLE ST				11	6 2019
City STEELTON State PA Zip Code (Plus 4) 17113					
JOSEPH BURFORD					
Mailing Address 2986 DEARBORN LN				11	6 2019
City YORK State PA Zip Code (Plus 4) 17402					

PAGE TOTAL	
\$	900.00

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

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

PAGE TOTAL	
\$	8,894.72

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 BETTER GOVT FOR PA	Reporting Period From: <u>10/22/2019</u> To: <u>11/25/2019</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MARK S. STEWART					
Mailing Address 119 N. 15TH STREET	11	6	2019	\$	1,000.00
City CAMP HILL State PA Zip Code (Plus 4) 17011					
Employer Name ECKERT SEAMANS	Occupation ATTORNEY				
Employer Mailing Address/Principal Place of Business 213 MARKET ST8TH FL	City HARRISBURG		State PA	Zip Code (Plus 4) 17101	
DAVID LA TORRE					
Mailing Address 443 ARLINGTON RD	11	6	2019	\$	1,000.00
City CAMP HILL State PA Zip Code (Plus 4) 17011					
Employer Name LA TORRE COMMUNICATIONS	Occupation PRINCIPAL				
Employer Mailing Address/Principal Place of Business 409 N 2ND ST	City HARRISBURG		State PA	Zip Code (Plus 4) 17101	
LAWRENCE COONEY					
Mailing Address 231 HIDDEN VALLEY LN	11	6	2019	\$	1,000.00
City HARRISBURG State PA Zip Code (Plus 4) 17112					
Employer Name SBC	Occupation OWNER				
Employer Mailing Address/Principal Place of Business 231 HIDDEN VALLEY LN	City HARRISBURG		State PA	Zip Code (Plus 4) 17112	

Full Name of Contributor DOUGLAS GELLATLY				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 193 CEDAR ST				11	6	2019	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057					
Employer Name VINEYARD AT HERSHEY				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 598 SCHOOL HOUSE RD			City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057		

Full Name of Contributor JOHN J TIERNEY				MO	DAY	YEAR	\$ 500.00
Mailing Address 906 INDIANA AVE				11	6	2019	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043					
Employer Name LIFT DEVELOPMENT				Occupation CO-OWNER			
Employer Mailing Address/Principal Place of Business 451 W. MAIN ST			City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057		

Full Name of Contributor MATTHEW TUNNELL				MO	DAY	YEAR	\$ 500.00
Mailing Address 1225 AUBURN AVE				11	6	2019	
City HUMMELSTOWN	State PA	Zip Code (Plus 4) 17036					
Employer Name LIFT DEVELOPMENT				Occupation CO-OWNER			
Employer Mailing Address/Principal Place of Business 451 W. MAIN ST			City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057		

Full Name of Contributor JOHN K MURPHY				MO	DAY	YEAR	\$ 500.00
Mailing Address 565 BRENTWATER RD				11	6	2019	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011					
Employer Name ALPHA CONSULTING ENGINEERS				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 115 LIMEKIN RD			City NEW CUMBELAND	State PA	Zip Code (Plus 4) 17070		

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

PAGE TOTAL	
\$	5,500.00

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:

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 BETTER GOVT FOR PA	Reporting Period From: <u>10/22/2019</u> To: <u>11/25/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
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			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description 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 BETTER GOVT FOR PA	Reporting Period From <u>10/22/2019</u> To: <u>11/25/2019</u>
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				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
DAVID E FEIDT					
Mailing Address 763 ZURICH DR	10	31	2019	\$	7,000.00
City HUMMELSTOWN	State PA	Zip Code (Plus 4) 17036		Description of Expenditure REIMBURSEMENT	
DAUPHIN COUNTY GOP					
Mailing Address 2255 PAXTON CHURCH RD	11	6	2019	\$	4,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110		Description of Expenditure DONATION	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL \$ 11,000.00

