### **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	059			Report		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	В	SETTER	GOV	ERNMEN	T FOR	PA							
Street Address:																
City:	STEELTON						State:	PA			Zip Cod	le: 1	7113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020				NG METHO CHECK O				PAPER		PAPER /		TTE	
Name of Office S	- Sought by Candida	te:	-				DATE 0	F ELE	CTIO	N	District Office Party Code Number Code				Coun	
							МО	DAY	YE	AR		10000				
							11		3	2020	(SEE INSTRUCTIONS FOR CODES)					)
	Receipts and	МО	DAY YEA	R			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		5 19	20	20 <b>T</b>	0	6		22	2020						
A. Amount Bro	ught Forward Froi	n Last R	eport			\$			27,3	393.15						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	ed	ule I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 27,393.							393.15									
D. Total Expend	ditures (From Sch	edule II	I)			\$			9	01.10						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			26,4	92.05						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sched	ule	e II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			'			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	. If	this is	a Car	ndidate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached schedul	es 1	filed on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	5	20						s	ignature	of Perso	n Submit	ting Rep	oort		
	Signatu	re				-					Prin	ted Nam	e			
My Commission Ex	cpires					_					Ema	il				
	МО	D	AY Y	R				Are	ea Cod	e	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	ımi	ittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief th	is p	oolitical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20							S	ignature o	of Candid	ate			-
						-					Printe	d Name				-
My Commission Exp	Signature pires					-					Ema	il				-
						-										-
	МО	D	AY Y	'R				Area	Code		D	aytime 1	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	<u>5/19/202</u>	<u>0</u> To:	6/22/2020
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	(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

#### **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 Candi	date	R	Reporting Period							
		F	rom:		То	ŧ				
		•		DATE			AMOUNT			
Full Name of Contributing Committee	2		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

## 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 o	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
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	Period				
			From:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d	
BETTER GOVERNMENT FOR PA	From:	<u>5/19/2020</u> <b>To:</b>	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate			Reporting Period					
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	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:			
						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	Reporting Pe	eriod		
BETTER GOVERNMENT FOR PA	From	5/19/2020	То:	<u>6/22/2020</u>

					DATE			AMOUNT
To Whom Paid				мо	DAY	YEAR		
FIRST NATIONAL I	IRST NATIONAL BANK					ILAK		
Mailing Address				5	19	2020	\$	901.10
City HARRISBU	RG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	BANK A	DJUSTMEN	IT		
_								PAGE TOTAL
Enter Grand Tota	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							901.10