LOBBYIST

COMMITTEE 🗸

### **Campaign Finance Report**

Report

CANDIDATE

(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			Repo Filed		:	CAI	NDI	DATE		COM	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	E	BETTE	R G	OVE	ERNM	ENT	FOR	PA	•	•	·				
Street Address:	PO BOX 7365																	
City:	STEELTON							State	e:	PA			<b>Zip Code:</b> 17113					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	PRIMARY					Y ARY	Р	OST-	3.		AMENDM REPORT		Yes	No	,	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5. <b>X</b>		0 DA LECT	Y ION	Р	OST-	6.		TERMINA REPORT		Yes	No	,	<b>\</b>
report type)	ANNUAL REPORT	7.						ING METHOD ) CHECK ONE					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	- Sought by Candidat	te:						DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Cour	
								МО		DAY	YI	EAR			•			
									11		3	2020		(SEE INS	TRUCT	ONS FOR	CODES	)
Summary of	•	МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	rrom:		9 15	20	20	то	)		10		19	2020						
A. Amount Bro	ught Forward Fron	1 Last R	eport				\$				26,4	492.05						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	lule I)	)	\$			5,000.00								
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				31,	492.05						
D. Total Expend	ditures (From Sche	edule II	I)				\$				2,5	500.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				28,9	92.05						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$			0.00								
				AFFI	[DAV	ΙΤ	SE	CTIC	N									
	s a Committee repo	-	_							-		_						
I swear (or affirm) correct and comple	that this report, inclete.	uding the	attached sc	hedules	filed o	n pa	per o	or by e	lecti	ronic m	edium	, are to t	he best o	f my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of		20								5	Signature	of Perso	n Submitt	ing Re	port		_
	Signatui	re				_							Prin	ted Name				-
My Commission Ex	xpires					_			•				Ema	il				
	МО	D/	ΑY	YR						Are	ea Coo	de	Daytim	e Teleph	one Nu	ımber		ᆜ
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee,	Can	dida	ate sh	nall s	sign he	ere.							
No 320) as amende		y knowle	edge and beli	ief this p	politica	ıl co	mmi	ittee h	as n	ot viola	ted ar	y provis	ions of the	e act of Ju	ine 3,1	.937 (P.L	133:	3,
Sworn to and subsc	ribed before me this day of		20									s	ignature o	of Candida	ite			_
						_							Printe	d Name				-
My Commission Exp	Signature ires												Ema	il				-
	мо	D/	AY	YR		_				Area	Code		Da	aytime Te	elepho	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	9/15/202	<u>20</u> To:	10/19/2020
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	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	5,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	5,000.00

#### **PART A**

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

\$50.01 TO \$250.00

Name of Filing Committee or Candidate				Period			
			From:		То	:	
	<b>I</b>		DATE			AMOUNT	
Full Name of Contributing C	ommittee		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

## 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 of Candidate				Reporting Period						
					From: 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 Pe			
BETTER GOVERNMENT FOR PA	From:	9/15/2020	То:	10/19/2020

DATE AMOUNT

Full Name of Contributing Committee  AIM A PARTNERSHIP	МО	DAY	YEAR			
Mailing Address 1312 LAUREL POINT	10			\$ 5,000.00		
City HARRISBURG State Zip Code (Plus 4) PA 17110				14	2020	

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

**PAGE TOTAL** 5,000.00

### 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				Reporting Period							
			Fron	n:							
				D/	ATE		ı	AMOUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address				\$	0.00						
City	State	Zip Code (Plus	s <b>4</b> )								
Employer Name				Occupat	tion						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.				PAGE TOTAL			
							<b>*</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 Car	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE		A	MOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·							
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL	
	2, <b>200</b> 0000		22300				\$	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>9/15/2020</u> <b>To:</b>	10/19/2020
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** 

Name of Filing Committee or Candid	ate		Reporting	g 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 Candidate					Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor	•		•		Occupation						
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Repor	Reporting Period		
BETTER GOVERNMENT FOR PA From	9/15/2020	То:	10/19/2020

				DATE		AMOUNT		
To Whom Paid FRIENDS OF GREG ROTHMAN			МО	DAY	YEAR			
Mailing Address PO BOX 1471		10	13	2020	\$	2,500.00		
City CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17001	Description of Expenditure DONATION					
Forter County Takes of Forman distance on Day of Day of County Day of Them D						PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,500.00	