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 | | | | port ed B | | CANDI | DATE | TE COMMITTEE V LOBBYIST | | | | | | | |
|--|----------------------------------|-----------|------------------------|--------|----------|--------------|----------------|-------------|----------|-------------------------|------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | BET | TTER | GOVI | ERNMEN | T FOR | PA | | | _ | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | STEELTON | | | | | | | State: | PA | | | Zip Cod | le: 17 | 7113 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT | | Yes | No | • | / |
| report type) | ANNUAL REPORT | 7. | Year 2021 | | | | | NG METHO | | | | PAPER | | \ | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | | | | | | DATE 0 | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | Coun | |
| | - | | | | | | | МО | DAY | YE | AR | | | | | | |
| | | | | | | | | 11 | | 2 | 2021 | | (SEE IN | ISTRUCTI | ONS FOR C | ODES) | , |
| | Receipts and | МО | DAY | YEAR | R | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | ; from: | | 5 4 | 20 | 021 | T | 0 | 6 | | 7 | 2021 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 28,2 | 292.05 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 28,292.05 | | | | | | | | | | | | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | 1) | | | | \$ | | | 1,0 | 00.00 | | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line C |) | | | \$ | | | 27,2 | 92.05 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From Sc | hedu | le I | Ί) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | , | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | | AFF | ΊD | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | ere. I | If th | his is | a Car | ndidate re | eport, d | candio | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | attached sche | edules | s file | ed on | paper | or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | 1e |
| Sworn to and subs | cribed before me this day of | ; | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | _ |
| | Signatu | re | | | | | - | | | | | Prin | ted Nam | e | | | - |
| My Commission Ex | rpires | | | | | | _ | | | | | Ema | il | | | | _ |
| | МО | D | AY | YR | | | | | Are | ea Cod | e | Daytim | e Telepi | hone Nu | mber | | <u>_</u> |
| Part II- If this is | a report of a cand | lidate's | authorized (| Comm | nitte | ee, C | andid | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and belie | f this | poli | itical | comm | ittee has n | ot viola | ted an | y provis | ions of th | 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 | late | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature pires | | | | | | - | | | | | Ema | il | | | | - |
| | | | | | | | - | | | | | | | | | | - |
| | МО | D | AY | YR | 1 | | | | Area | Code | | Da | aytime T | elephon | 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>5/4/202</u> | <u>1</u> To: | 6/7/2021 |
| 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 |
| | | | 1 | |
| 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 Candidate | | Reporting | Period | | | |
|------------------------------|--------------|-------------------|-----------|--------|------|----------|--------|
| | | | From: | | То | ! | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Co | ommittee | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL

Section 2. \$ 0.00

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

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 | · Candidate | | Rep | orting P | eriod | | | |
|-----------------------------|-------------|------------------|-----|----------|-------|------|------------|------------|
| | | | Fro | m: | | To |) : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | •) | | | | | |
| | | | | | | | | PAGE TOTAL |

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 | | 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 |
| Enter Grand Total of Part C on Sche | dule I, Detailed Sun | nmary P | 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: | | |
| | | | | 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 | F an Cabadala I Batallad | I C B | 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 Period | I | | | | | | |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|
| BETTER GOVERNMENT FOR PA | From: | <u>5/4/2021</u> To: | <u>6/7/2021</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 | | | | | |
| . 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 Ca | ndidate | | Reportin | | | | |
|---|----------------------|------------------------|----------|----------|------|----------|------------|
| | | | From: | | | To: | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | • | | • | • | | | |
| | | | | _ | Г | | |
| Enter Grand Total of Part F of Section 2. | n Schedule II, In-Ki | nd Contributions Detai | led Sum | nmary Pa | ge, | | 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 Per | iod | | |
|---------------------------------------|---------------|-----------------|-----|----------|
| BETTER GOVERNMENT FOR PA | From | <u>5/4/2021</u> | То: | 6/7/2021 |

| | | | | DATE | | | AMOUNT |
|--|-------------------------|-------------------|----------|-------------|----------|--|------------|
| To Whom Paid | | | мо | DAY | YEAR | | |
| CITIZENS FOR STAN SAYLO | ITIZENS FOR STAN SAYLOR | | | | | | |
| Mailing Address | 5 | 24 | 2021 | \$ | 1,000.00 | | |
| City RED LION | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | PA | 17356 | DONATI | ON | | | |
| | | | | | | | PAGE TOTAL |
| nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | 1,000.00 |