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 2013	0096				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		ALL	IANC	CE FO	R A BET	TER PE	NNSY	LVANI	<u>——</u> - А					
Street Address:	500 North 12	th Stree	t														
City:	Lemoyne							State:	PA			Zip Cod	le: 17	'043			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.							AMENDMENT Yes REPORT?				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	
report type)	ANNUAL REPORT	7.	Year 2021					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	y
	- ,							МО	DAY	YE	AR	rumber	couc	OTH	+	21	
								11		2	2021		(SEE IN	STRUCTI	ONS FOR (ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			6 8	2	021	T	<u>о</u>	9	:	13	2021						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			113,8	801.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				22.86						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			113,8	323.86						
D. Total Expend	ditures (From Sch	edule II	I)				\$			65,6	55.10						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			48,1	68.76						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
				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 Can	ididate re	eport, o	candio	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	edules	s file	ed on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge	and beli	ef , tru	e.
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 Name				-
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	YR					Are	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comn	nitte	ee, C	andida	ate shall	sign he	ın here.							
I swear (or affirm) No 320) as amende		ny knowl	edge and belief	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	rovisions of the act of June 3,1937 (P.L. 1333,					
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
	day of ————————————————————————————————————						_					Printe	d Name				-
	Signature						-										╻┃
My Commission Exp	_											Ema	il				
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	6/8/202	<u>1</u> To:	9/13/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	22.86
TOTAL for the Reporting	y Period	(2)	\$	22.86
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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	22.86

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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 or Candidate

Reporting Period

ALLIANCE FOR A BETTER PENNSYLVANIA

From: 6/8/2021 To:

DATE

9/13/2021

AMOUNT

Full Name of Contributor Fulton Bank			МО	DAY	YEAR	
Mailing Address 1 Penn Square					\$ 22.86	
City Lancaster	State PA	Zip Code (Plus 4) 176040000	9	13	2021	

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

PAGE TOTAL \$ 22.86

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	<u>6/8/2021</u> To:	9/13/2021
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	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		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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 Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
ALLIANCE FOR A BETTER PE	NNSYLVANIA		From	<u>6/8</u>	8/2021	То:	9/13/2021
		l		DATE			AMOUNT
To Whom Paid SGS Inc			мо	DAY	YEAR		
Mailing Address 6211 NW	132nd Street		6	21	2021	\$	41,400.00
City Gainesville	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
FL 326530000							ach for Berks Co
To Whom Paid SGS Inc	мо	DAY	YEAR				
Mailing Address 6211 NW 132nd Street				21	2021	\$	10,650.00
City Gainesville	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	:	
	FL	326530000		mail in sup			r Allentown City
To Whom Paid SGS Inc			мо	DAY	YEAR		
Mailing Address 6211 NW	132nd Street		6	21	2021	\$	10,650.00
City Gainesville	State	Zip Code (Plus 4)	Descrir	otion of Exp	penditure		
Guillesville	FL	326530000	direct r	mail in sup wn City Co	port of D		ricks for
To Whom Paid SGS Inc			мо	DAY	YEAR		
Mailing Address 6211 NW	132nd Street		9	13	2021	\$	2,955.10
City Gainesville	State	Zip Code (Plus 4)	Descrir	tion of Exp	penditure		
- Gainesville	FL	326530000	ı	ion of prev			ees
Futor Count Tatal of Famou	- dia	Course Done - Thomas D					PAGE TOTAL
Enter Grand Total of Expe	iuitures on Page 1, Re	port Cover Page, Item D	7.			I .	

65,655.10