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	3059			Repoi Filed			CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	E	BETTE	R GO	VE	RNMENT	FOR	PA							
Street Address:	PO BOX 7365	5															
City:	STEELTON							State:	PA			Zip Cod	ie: 1	7113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 E PRII			POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.	30 E			POST-	6. X		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2021					G METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•		-			DATE O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun	
	,							мо	DAY	Y	EAR	- rumber	Todac			couc	
								11		2	2021		(SEE IN	ISTRUCTI	ONS FOR	ODES)
	Receipts and	МО	DAY YE	AR				мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		10 19	20	21	ГО		11	:	22	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			31,	581.45						
B. Total Moneta	ary Contributions	And Rec	eipts (From Scl	hed	lule I)		\$			2,	250.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 33,831.45																	
D. Total Expend	ditures (From Sch	edule II	I)				\$			11,	581.45	1.45					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			22,2	250.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			AF	FI	[DAV	IT S	E	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this i	s a Ca	an	didate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	les	filed or	n pape	er o	r by electi	ronic m	ediun	ı, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me thi day of	s	20							:	Signature	of Perso	n Submit	ting Re _l	oort		
	Signatu	ıre				_						Prin	ted Nam	e			_
My Commission Ex	cpires							•				Ema	il				
	МО	D	AY Y	/R					Arc	ea Co	de	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee,	Candi	ida	te shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief tl	nis p	politica	l com	mit	ttee has n	ot viola	ted aı	ny 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	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature pires					_		,				Ema	il				-
·						_											_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	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:	10/19/202	<u>1</u> To:	11/22/2021
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)			\$	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)			\$	2,250.00
TOTAL for the Reporting	J Period	(3)	\$	2,250.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,250.00

PAGE TOTAL

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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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.

Name of Filing Commit	tee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				Ī	l	

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							- \$	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			Repo	orting Pe	riod			
BETTER GOVERNMENT FOR PA			Fron	n:	10/19/2	<u>021</u> To	o:	11/22/2021
				D.A	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	2.250.00
PATRICK T. KAAG					27.1.	1 = 2	*	2,250.00
Mailing Address 418 PLAYGROUND DRIVE				11	8	2021		
City READING	State	Zip Code (Plus	s 4)] '']		2021	Ī	
	PA	19611					1	
Employer Name H.T. LYONS INC.				Occupat	ion	HVAC T	ECH.	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
7165 AMBASSADOR DR		ALLENTO	WN		PA		1810	06
Enter Grand Total of Part C on Scheo	tule T. Detailed Su	ımmary Page	Section	n 3				PAGE TOTAL
zinci orana rotal or rate o on ochec	aute 1, Detailed Su	a. y 1 agc,	Jectic	J.			\$	2,250.00

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	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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 Per	iod	
BETTER GOVERNMENT FOR PA	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candidate			Reporting 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 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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
BETTER GOVERNMENT FOR PA	From	10/19/2021	То:	11/22/2021

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
DAUPHIN COUNTY REP. COMM	AUPHIN COUNTY REP. COMM.				ILAK	
Mailing Address 2255 PAXTON CHURCH RD			10	21	2021	\$ 11,581.45
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17110	DONAT	ION		
						PAGE TOTAL
Enter Grand Total of Expen	\$ 11,581.45					