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 20	08059				Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Can	didate or	Lobbyis	st:		BETT	ΓER	GOVI	ERNMEN	ΓFOR	PA							
Street Address:	PO BOX 73	65																
City:	STEELTON								State:	PA			Zip Cod	p Code: 17113				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND I PRIM	FRIDA\ ARY	/ PRE-	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND I	FRIDAY TION	/ PRE	- 5	j.	30 DA ELECT		POST-	6.		TERMINA REPORT?	RMINATION) PORT?		No	•	/
report type)	ANNUAL REPO	RT 7.	Year	2023					IG METHO				PAPER		>	DISKE	TTE	
Name of Office S	- Sought by Candi	idate:				-			DATE 0	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count	
									МО	DAY	YE	AR						
									11		7	2023		(SEE IN	ISTRUCTI	ONS FOR (CODES)	
Summary of Expenditures		МО	DA		YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			3	28	20	023	Т	U	5		1	2023						
A. Amount Bro	ught Forward F	rom Last	Report					\$			22,2	250.00						
B. Total Moneta	ary Contribution	ns And Re	ceipts	(From	Sche	dule	I)	\$			2,5	500.00						
C. Total Funds	Available (Sum	Of Lines	A and E	В)				\$			24,7	750.00						
D. Total Expend	ditures (From S	chedule I	II)					\$			6,7	'80.75						
E. Ending Cash	Balance (Subti	ract Line [From	Line (E)			\$			17,9	69.25						
F. Value Of In-	Kind Contributi	ons Recei	ved (Fr	rom Sc	hedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sched	ule IV)			\$				0.00			'			
					AFF	IDA	VI	ΓSE	CTION									
PART I - If this is				_								_						
I swear (or affirm) correct and comple		including tl	ne attacl	hed sch	edules	filed	on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	1e
Sworn to and subs	cribed before me day of	this	20								S	ignature	of Perso	n Submit	ting Re	port		_
			_					- -					Prin	ted Name	e			_
My Commission Ex	-	ature											Ema	il				-
	МО	ı	DAY		YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a c	andidate's	autho	rized	Comm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge aı	nd belie	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me t	his										s	ignature o	of Candid	ate			-
	day of		20 					-										_
	Signatu	re						-					Frinte	d Name				
My Commission Exp	_	- -											Ema	il				_
	мо		DAY		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:	<u>3/28/202</u>	<u>3</u> To:	5/1/2023
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) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	2,500.00
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			\$	2,500.00

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	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing C	ommittee		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.

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

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

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 P	eriod		
BETTER GOVERNMENT FOR PA	From:	3/28/2023	То:	<u>5/1/2023</u>

DATE AMOUNT

Full Name of Contributing Committee			мо	DAY	YEAR	
FRIENDS OF JEFF HASTE			110	DAI	ILAK	\$ 2,500.00
Mailing Address 220 HETRICK LN			4	6	2023	
City HARRISBURG	State	Zip Code (Plus 4)	'	J	2023	
	PA	17112				

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

PAGE TOTAL \$ 2,500.00

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:		т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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:	3/28/2023 To :	5/1/2023
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 Candi	idate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		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	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportir	ng Period			
BETTER GOVERNMENT FOR PA	From	<u>3/28</u>	<u>3/2023</u>	То:	5/1/2023
		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR		
VOTE COUNTY LEADED CHID DAC					

To Whom Paid			МО	DAY	YEAR		
YOTK COUNTY LEADERSHIP PAC			140		ILAK		
Mailing Address 210 KELKER ST			4	6	2023	\$	5,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17102	DONATION				
To Whom Paid				DAY	YEAR		
DAVID A. SMITH PRINTING			МО		ILAK		
Mailing Address 742 S. 22ND ST			4	25	2023	\$	1,780.75
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17104	PRINTING				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	•			\$	6,780.75