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 200	8059			Rep File			CAN	DIE	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		BET	TER	GOV	ERNME	NT	FOR	PA			_				
Street Address:																		
City:	STEELTON							State:		PA		Zip Code: 17113						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3. X		AMENDMENT REPORT?		Yes		lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	Ī	lo	/
report type)	ANNUAL REPOR	T 7.	Year 2023					NG MET CHECK		_			PAPER		√	DIS	ETTE	
Name of Office S	ought by Candid	ate:			-	•		DATE	OI	F ELE	CTIC	N	District Number	Office Code	Pai	ty Coc	e Cou	
								МО		DAY	YI	EAR					Ī	
]	11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONL	1	
			5 2	20	023	Т	0		6		5	2023						
A. Amount Bro	ught Forward Fr	om Last R	leport				\$				17,9	969.25						
B. Total Monet	ary Contributions	s And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum (Of Lines A	and B)				\$				17,9	969.25						
D. Total Expend	ditures (From Sc	hedule II	Ί)				\$				3,7	798.86						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				14,1	70.39						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedul	le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	')			\$					0.00						
				AFF	IDA	١VI	T SE	CTIO	N									
PART I - If this is	a Committee re	port, trea	surer sign	here. 1	[f thi	is is	a Cai	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		cluding th	e attached sc	hedules	filed	l on	paper	or by ele	ectr	onic m	edium	, are to t	he best of	my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me tl day of	nis	20						-		S	Signature	of Persoi	n Submitt	ing Re	ort		_
	Signa	ture					- -		-				Print	ted Name				_
My Commission Ex	rpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		\Box
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	polit	ical	comm	ittee has	s no	t viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me thi day of	s	20									S	ignature o	f Candida	ite			_
							-						Printe	d Name				-
	Signature	<u> </u>					-		-				Emai	1				_
My Commission Exp	ires						_						Emai					_
	МО	D	AY	YR			-			Area	Code	_	Da	ytime Te	lephor	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
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)			\$	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
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 C	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		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 C	andidate		Re	Reporting Period					
•			Fro	From: To			0:		
			·		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Co	ode (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	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary 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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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							
BETTER GOVERNMENT FOR PA	From:	<u>5/2/2023</u> To:	<u>6/5/2023</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Cand	ame of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				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-Kind Contributions Detailed Summary Page,							PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		ame of Filing Committee or Candidate		Re	porting	g Period			
				Fro	om:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occu	pation			
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	ip Code(Plus 4)	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sci	nedule II, In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,								0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	tee or Candidate Reporting Period				
BETTER GOVERNMENT FOR PA	From	<u>5/2/2023</u>	То:	6/5/2023	
	DATE			AMOUNT	

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
JESS KEMMERER			MO		ILAK		
Mailing Address	Mailing Address			3	2023	\$	52.17
City NEW CUMBERLAND State Zip Code (Plus 4)			Description of Expenditure				
	PA	17070	REIMBU	RSEMENT			
To Whom Paid			мо	DAY	YEAR		
DAVID A SMITH PRINTING			140		ILAK		
Mailing Address			5	4	2023	\$	3,746.69
City HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	17104	PRINTIN	IG			
						PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	3,798.86	