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	0080!	59				port ed B		CAI	NDII	DIDATE COMMITTEE LOBBYIST						Т		
Name of Filing C	Committee, Can	didat	e or Lo	bbyist:		BET	TER	GOVI	ERNM	ENT	FOR	PA							
Street Address:																			
City:	STEELTON								State	e:	PA			Zip Cod	le: 17	113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND FRID PRIMARY	AY PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	١.	2ND FRID. ELECTION	AY PRI	E-		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	1	No	/
report type)	ANNUAL REPO	ORT 7	'. X	Year 2023	3				NG ME CHEC					PAPER		\	DIS	KETTE	
Name of Office S	ought by Cand	lidate	:						DAT	E O	F ELE	CTIO	N	District Number	Office Code	Pa	rty Co	de Cou	
									МО		DAY	YE	AR	Number	Teode			1000	
										11		7	2023		(SEE IN	STRUCT	ONS F	OR CODE	S)
Summary of		ı	мо	DAY	YEAF	2			МО		DAY	YE	AR	FO	R OFFI	CE USI	ONI	. Y	
Expenditures	from:		1	.1 2	3 2	023	T	0		12	,	31	2023						
A. Amount Bro	ught Forward F	From	Last Re	eport				\$				6,7	757.36						
B. Total Monet	ary Contributio	ns Ar	nd Rece	eipts (Fro	m Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Sum	n Of L	ines A	and B)				\$				6,7	757.36						
D. Total Expen	ditures (From S	Sched	lule III	:)				\$					0.00						
E. Ending Cash	Balance (Subt	ract L	ine D l	From Line	C)			\$				6,7	57.36						
F. Value Of In-	Kind Contributi	ions F	Receive	ed (From	Schedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (I	From S	chedule I	V)			\$					0.00						
					AFF	FID/	AVIT	ΓSE	CTIC	N									
PART I - If this is	s a Committee	repor	t, treas	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple		includ	ding the	attached s	chedule	s file	d on p	paper (or by e	electr	onic m	edium	, are to t	he best of	my kno	wledge	and l	elief , t	rue
Sworn to and subs	cribed before me day of	this		20								s	ignature	of Persor	n Submit	ting Re	port		
	Sign	nature		·				-						Print	ted Name	•			
My Commission Ex	-									-				Emai	I				_
	мо		DA	·Υ	YR			•			Are	ea Cod	le	Daytim	e Teleph	one Nu	ımbeı		
Part II- If this is	a report of a c	candio	date's a	authorize	d Comr	nitte	ee, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge and be	lief this	s poli	tical	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	act of J	une 3,1	.937 (P.L. 133	33,
Sworn to and subsc		this											Si	ignature o	f Candid	ate			-
	day of —— ———							-						Printa	d Name				_
	Signatu	ure						-		_		_		- inite	a Haine				_
My Commission Exp	-	-								•				Emai	II				
	МО		DA	ıΥ	YF	2					Area	Code		Da	ytime T	elepho	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
BETTER GOVERNMENT FOR PA	TTTER GOVERNMENT FOR PA 11/28/2023						
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 Candidate			Reporting Period					
			From:		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.

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	Rep	oorting P	eriod					
			Fro	m:		To	o :	
					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 Ca	ime of Filing Committee or Candidate					Reporting Period						
			From:			То:						
				DA	TE		A	MOUNT				
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00				
Mailing Address							*	0.00				
City	State	Zip Code	e (Plus 4)									
								PAGE TOTAL				
Enter Grand Total of Part C o	n Schedule I, Detailed	d 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 Candidate	ame of Filing Committee or Candidate				orting Pe	riod					
					From:				То:		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00	
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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	'	1					<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 Per	od	
BETTER GOVERNMENT FOR PA	From:	11/28/2023 To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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							
Fr						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 Detail			iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period				
					From:			То:		
						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 _l	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 Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00