Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER:	CATION NUMBER: 2008059		T FILED ON BEHALF OF	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST			BETTER GOVERNMENT FOR PA				
STREET ADDRESS							
CITY STEELTON	STEELTON STATE			17113			
TYPE OF REPORT 2nd Friday Pre-Election							
NAME OF OFFICE SOUGHT BY CANDID	DATE						
DISTRICT CODE	PARTY CODE						
DATE OF ELECTION 11/5	5/2024						
DATES OF REPORTING PERIOD	9/17/2	.024 TO	10/21/2024	For Office Use Only			
AMENDMENT REPORT?	NO TERM		REPORT? NO				
CASH BALANCE AT THE END OF REPERIOD: TOTAL AMOUNT OF FILER'S OUTST DEBTS OR LIABILITIES AT THE EN	ANDING	5,757.36					
REPORTING PERIOD:							
	A	FFIDAVIT SECT	ION				

PART I

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.						
SWORN TO AND SUBSCRIBED BEFORE ME THIS						
day of			20			
				_	SIGNATURE	OF PERSON SUBMITTING REPORT
SIGNATURE			PRINTED NAME			
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	ND BELIEF THIS	POLITICAL COMM	1ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
day of			20				
					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE				PRINTED NAME			
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	