Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	i on 200)8059			Report Filed B		CANDI	DATE		СОММ	1ITTEE	<	LOBE	BYIST		
	Committee, Candi	idate or Lo	obbyist:			-	ERNMEN ⁻	f for f	PA							
Street Address:	PO BOX 736	5														
City:	HARRISBUR	G					State:	PA			Zip Code: 17113					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. X	30 DA PRIMA		POST- 3.			AMENDN REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DA ELECT					POST- 6.			TERMIN REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPOR	T 7.	Year 2025				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	 Sought by Candid	late:					DATE O	F ELEC	СТІОІ	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR						
							11		4	2025		(SEE IN	STRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE.	AR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		4 1	. 2	025 T	0	5		5	2025						
A. Amount Bro	ought Forward Fre	om Last R	eport			\$			5,7	57.36						
B. Total Monet	tary Contributions	s And Rec	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum (Of Lines A	and B)			\$			5,7	57.36						
D. Total Exper	nditures (From Sc	hedule II	I)			\$			1,8	50.56						
E. Ending Cash	n Balance (Subtra	ict Line D	From Line	C)		\$			3,90)6.84	-					
F. Value Of In-	-Kind Contributio	ns Receive	ed (From S	chedu	le II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligation	ns (From S	Schedule I	/)		\$				0.00						
				AFF	IDAVI	ΓSE	CTION									
	is a Committee re		_							-	-					
I swear (or affirm correct and comp	i) that this report, in lete.	cluding the	e attached so	hedules	s filed on _l	paper	or by elect	ronic me	edium,	are to t	the best o	f my knov	vledge	and beli	ef , true	
Sworn to and sub	scribed before me th day of	nis	20			_			Si	gnature	e of Perso	n Submitt	ing Rep	oort		
	Signat	ture				-					Prin	ted Name	1			
My Commission E	xpires					_					Ema	il				
	мо	D/	AY	YR				Are	ea Code		Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	l Comn	nittee, Ca	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of led.	f my knowle	edge and bel	ief this	political	comm	ittee has n	ot violat	ted any	, provis	ions of th	e act of Ju	une 3,19	937 (P.L	. 1333,	
Sworn to and subs	cribed before me thi day of	is	20							S	ignature	of Candida	ate			
						-					Printe	ed Name				
My Commission Ex	Signature	e				-					Ema	il				
-	-															
	мо	DA	AY	YR	1			Area (Code		D	aytime To	elephon	e Numb	er	

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SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BETTER GOVERNMENT FOR PA From: <u>4/1/2025</u> **To:** <u>5/5/2025</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ **Contributions Received From Political Committees (Part A)** All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) **TOTAL for the Reporting Period** (4) \$

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	0.00
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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: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee			м	10	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	
inter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

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		A	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 Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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				Reporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

PART E **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 Cand	idate		Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
			.					PAGE TOT	AL
Enter Grand Total of Part E on So	chedule I, Detailed	i 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 Period		
BETTER GOVERNMENT FOR PA	From:	<u>4/1/2025</u> To:	<u>5/5/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	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					
F			From:			То:		
				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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		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				Reporting Period					
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
BETTER GOVERNMENT FOR PA				<u>4/</u>	<u>5/5/2025</u>				
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
DAVID A. SMITH PRINTING									
Mailing Address PO BOX 60323			4	24	2025	\$	1,850.52		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	17106	PRINTI	NG					
							PAGE TOTAL		
Enter Grand Total of Expenditur	es on Page 1, R	eport Cover Page, Item I) .			\$	1,850.52		