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 :	ion 2008	059			Repor Filed		CANDI	DATE		СОММ	ITTEE	✓	LOB	BYIST	
	Committee, Candid	ate or Lo	obbyist:			-	nment fo	r PA							
Street Address:	Street Address: 813 CHAMBERS ST														
City:	BRESSLER						State:	PA			Zip Co	de: 17	113		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D. ELEC		POST- 6. X			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2009				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	FELEC		N	District Number	Office	Par	ty Code	County Code
							мо	DAY	YEA	AR					
	11							3	2009		(SEE INS	STRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	2	009 1	0	11	2	23	2009					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			2,14	40.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;		1,00	00.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		3,14	40.00					
D. Total Expen	ditures (From Sche	edule II	I)			\$	5			0.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			5		3,14	0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	5			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00					
				AFF	IDAV	T SE	CTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If this i	s a Ca	ndidate re	eport, c	andid	ate sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedule	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	;	20						Sig	gnature	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re				_					Prir	ited Name	1		
My Commission E	-					_					Ema	nil			
	мо	D	AY	YR				Are	ea Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, O	Candic	late shall	sign he	ere.						
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comn	nittee has n	ot violat	ed any	provis	ions of th	e act of Ju	ıne 3,1	937 (P.L	. 1333,
Sworn to and subso	Sworn to and subscribed before me this day of 20 Signature of Candidate														
			-~			_					Printe	ed Name			
My Commission Exp	Signature bires					_					Ema	il			
	мо	D	AY	YR	1	-		Area (Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Better Government for PA From: <u>1/1/2009</u> **To:** 11/23/2009 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 1,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				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.								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 Candidate Reporting Period										
			From: To			D:				
					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. \$ 0.0										

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						
				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 Schedule I, Detailed Summary Page, Secti							\$	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						
Better Government for PA Fr				n:	<u>1/1/2009</u> T		o:	<u>11/23/2009</u>		
				DA	TE			AMOUNT		
Full Name of Contributor George Shultz				мо	DAY	YEAR	\$	1,000.00		
Mailing Address 5227 Crestwood Dri	ve			11	17	2009				
City Harrisburg	State	Zip Code (Plus	; 4)		17	2005				
	PA	17109-555								
Employer Name self employed				Occupat	ion	Attorne	ey			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)			
5227 Crestwood Drive		Harrisburg	9		PA		17109)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 1,000.00			

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 Candidate			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed 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>1/1/2009</u> То:	<u>11/23/2009</u>								
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	\$	0.00									
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
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, 1		\$	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				DAY	YEAR				
Mailing Address						 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		-		•				
Enter Grand Total of Part F on Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,		PAGE TOTAL		
						\$	(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						
				From:							
					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 Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
				From			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4) Descrip					oenditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		