Campaign Finance Report

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

Filer Identificat	ion 2008	3059			Repo		CAN	DID	ATE	Т	СОММ	ITTEE	✓	LOB	BYIST		
Number :	Committee, Candid	ate or l	obbyist:		Filed Bottor	-	rnment	for	DA	_							
Name of Filing G	813 CHAMBE		obbyist.		Detter	0000	innent	101									
Street Address:	815 CHAMBE	K3 31															
City:	BRESSLER						State: PA Zip Code					de: 17	e: 17113				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 E PRIM	DAY MARY	PC	POST- 3.			AMENDMENT REPORT?		Yes	Nc		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION				TERMIN REPORT		Yes	No			
report type)	ANNUAL REPORT	7.	Year 2009	Ð			ING MET) CHECK					PAPER		\mathbf{k}	DISKE	TTE	
Name of Office	Sought by Candida	te:					DATE	OF	ELEC	TION	1	District	Office	Par	ty Code		/
							мо	I	DAY	YEA	AR	Number	Code			Code	
								11	3	3	2009		(SEE IN	STRUCTI	ONS FOR	CODES)	
Summary of	Receipts and	мо	DAY	YEAF	2		мо		DAY	YEA	AR	FC	OR OFFIC	CE USE	ONLY		
Expenditure	s from:		1 :	1 2	.009	то		11	23	3	2009						
A. Amount Bro	ought Forward From	m Last R	eport	1			\$	_		2,14	10.00	1					
B. Total Monet	ary Contributions	And Rec	eipts (Froi	m Sche	edule I)) :	\$			1,00	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,14	10.00						
D. Total Expen	iditures (From Sch	edule II	I)				\$				0.00]					
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$			3,14	0.00	-					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$				0.00						
				AFF	IDAV	IT S	ECTIO	Ν									
	s a Committee rep		-					-			_						l
I swear (or affirm correct and compl	i) that this report, inc lete.	luding the	e attached so	chedule	s filed o	n pape	r or by ele	ectro	onic med	dium, a	are to t	the best o	of my knov	wledge	and beli	ef , true	2
Sworn to and sub	scribed before me thi day of	5	20					-		Sig	gnature	e of Perso	on Submitt	ting Re	oort		
	Signatu	ire				_		-				Prir	ited Name	•			•
My Commission E	-											Ema	nil				
	мо	D	AY	YR				_	Area	a Code		Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	d Comr	nittee,	Candi	date sha	all si	ign her	re.							
I swear (or affirm No 320) as amend) that to the best of ı ed.	ny knowl	edge and be	lief this	s politica	l com	mittee ha	s no	t violate	ed any	provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this day of		20					•			S	ignature	of Candida	ate			·
								-				Printe	ed Name				•
My Commission Ex	Signature					_		_				Ema	il				
	-					_		-									
	мо	D	AY	YF	۲.				Area C	ode		D	aytime T	elephor	ne 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						:				
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City State Zip Code (Plus 4)										
							Γ	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 Candidat	e		Rep Fror	orting P	eriod	Τα			
					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 S	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 Can	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Comm	ittee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						Γ		PAGE TOTAL		
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary 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							
Better Government for PA	Better Government for PA					<u>009</u> То	To: <u>11/23/2009</u>	
					TE		AMOUNT	
Full Name of Contributor George Shultz				мо	DAY	YEAR		
Mailing 5227 Crestwood Drive					\$ 1,000.00			
City Harrisburg	State PA	Zip Code (Plus 17109-555	: 4)		17	2009		
Employer Name self employed			Occupation Attorney					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)	
5227 Crestwood Drive Harrisbu					PA		17109	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	immary Page,	Sectio	on 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	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section	-			\$		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> To:	<u>11/23/2009</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	ſF)		
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 R				Reporting Period						
	From:			То:						
				DATE		АМС	DUNT			
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 Schedule II, In-Kind Contributions Details Section 2.				mary Pag	je,	PAGE	TOTAL			
					4	5	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_		
Employer Mailing Address/Principal Place of City State			State		Zip Code(Plus Descrip 4)			otion of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		DATE	AMOUNT				
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures of	`				PAGE TOTAL		
	Jil Page 1, Report C	over Page, Item I				\$	0.00