# **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 :	Filer Identification 2008059 Number :							DATE		СОМ	MITTEE	✓	LOB	BYIST	
	Committee, Candida	ate or Lo	obbyist:		Filed I	-	T FOR PA								
Street Address:															
City:	BRESSLER						State:	PA			Zip Co	<b>de:</b> 17	113		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3. <b>X</b>		AMENDN REPORT		Yes	No	) 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D/ ELEC		POST- 6.			TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	<b>Year</b> 2010				NG METHO CHECK O				PAPER		$\checkmark$	DISK	TTE
Name of Office	Sought by Candidat	:e:					DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	County
							мо	DAY	YE	AR					•
							11		2	2010	]	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	YI	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	. 2	010 <b>1</b>	Ю	6		7	2010					
A. Amount Bro	ought Forward Fron	n Last R	eport			\$			2,7	754.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			3,9	909.40					
C. Total Funds Available (Sum Of Lines A and B)									6,6	63.40					
D. Total Expenditures (From Schedule III)						\$				18.00					
E. Ending Cash	n Balance (Subtract	Line D	From Line	C)		\$			6,6	45.40	-				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$				0.00					
				AFF	IDAVI	IT SE	CTION								
	s a Committee repo	•	-							-	-				
I swear (or affirm correct and compl	) that this report, incl lete.	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium	, are to i	the best o	f my knov	vledge	and bel	ief , true
Sworn to and subs	scribed before me this day of		20			_			S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prin	ted Name			
My Commission E	xpires					_					Ema	il			
	МО	DA	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, G	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend	) that to the best of m ed.	iy knowle	edge and bel	ief this	political	comm	ittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature pires					_					Ema	il			
	мо	D/	AY	YR		-		Area	Code		D	aytime Te	elephor	e Numt	per

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BETTER GOVT FOR PA From: <u>1/1/2010</u> **To:** 6/7/2010 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)** 1,200.00 2,709.40 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,909.40 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 \$ 3,909.40 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 Candidat	e		Reporting Period					
				From: To:				
			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
	Г	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 Candida	te		Rep	orting P	eriod				
			From: To			Тс	<b>)</b> :		
					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.						\$	0.00		

## 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 Candida	ate		Reporting	g Period					
BETTER GOVT FOR PA			From:	1	/1/2010	То:		<u>6/7/2010</u>	
				DA	ATE		AMOUNT		
Full Name of Contributing Committee FRIENDS OF NICK DIFRANESCO	9			мо	DAY	YEAR	\$	300.00	
Mailing Address				- 5	13	2010			
City MIDDLETOWN	State Zip Code (Plus 4)					2010			
	PA	17057-	591						
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC					DAY	YEAR	\$	300.00	
Mailing Address				5	13	2010	<b>–</b> Ť	500.00	
City HARRISBURG	State	Zip Cod	e (Plus 4)			2010			
	PA	17108-	147						
Full Name of Contributing Committee	2			мо	DAY	YEAR			
FRIENDS OF JEFF HASTE							\$	300.00	
Mailing Address				5	13	2010			
City HARRISBURG	State	Zip Code	e (Plus 4)						
	PA	17110							
Full Name of Contributing Committee				мо	DAY	YEAR	\$	300.00	
Mailing Address			5	17	2010	<b>_</b> `	500.00		
City HARRISBURG	State	Zip Cod	e (Plus 4)		17	2010			
	ΡΑ	17108							
						[		PAGE TOTAL	
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.					
							\$	1,200.00	

## 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				Rep	orting Pe	riod				
BETTER GOVT FOR PA				From	n:	<u>1/1/2</u>	<u>010</u> To	: <u>6/7/2010</u>		/2010
					DA	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR			
GARRY ESWORTHY					MO	DAT	TEAR	\$		300.00
Mailing Address					5	13	2010			
City HARRISBURG	State	Zij	p Code (Plus	s 4)	5	10				
	PA	17	'112							
Employer Name DAUPHIN COUNTY					Occupat	ion	RISK M	NAGER		
Employer Mailing Address/Principal Plac	e of Business		City		State Zip Code			Code (Plus 4)		
			HARRISB	JRG		PA		1710	1	
Full Name of Contributor										
JOHN J. MCNALLY, III					мо	DAY	YEAR	\$		300.00
Mailing Address					5	13	2010			
City HARRISBURG	State	Zij	p Code (Plus	54)	5	15				
	PA	17	'112							
Employer Name THOMAS, THOMAS & HAFER					Occupat	ion ,	ATTORN	IEY		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus	4)
			HARRISB	JRG		PA		1710	1	
Full Name of Contributor					мо	DAY	YEAR			
FREDRICK W. LIGHTY					МО	DAT	TLAK	\$		300.00
Mailing Address					5	13	2010			
City HARRISBURG	State	Zij	p Code (Plus	54)						
	PA	17	'106							
Employer Name DAUPHIN COUNTY					Occupat	ion	ASSIST	ANT SO	OLICITO	ર
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus	4)
			HARRISB	JRG		PA		1710	1	
Full Name of Contributor					NO	DAY	VEAD			
MICHAEL G. MUSSER II					мо	DAY	YEAR	\$		300.00
Mailing Address				5	13	2010				
City BRESSLER	State	Zij	p Code (Plus	54)	5	15				
PA 17113										
Employer Name COMMUNITY NETWOR	mployer Name COMMUNITY NETWORKING RESOURCES			Occupat	ion	CONSUI	TANT			
Employer Mailing Address/Principal Plac	mployer Mailing Address/Principal Place of Business City				State			Zip Co	ode (Plus	4)
STEELTON			J	PA			17113			

Full N	ame of Contributor				мо	DAY	YEAR				
MICH	AEL G. MUSSER II				МО	DAT	TEAR	\$	309.40		
Mailin	g Address				- 5	13	2010	1			
City	BRESSLER	State	Zi	p Code (Plus 4)		15	2010				
		PA		'113							
Emplo	yer Name COMMUNITY	NETWORKING RESOURC	ES		Occupat	ion	CONSU	ISULTANT			
Emplo	yer Mailing Address/Prin	cipal Place of Business		City		State		Zip Code (	Plus 4)		
				STEELTON		PA		17113			
Eull N	ame of Contributor							-			
	) FEIDT				мо	DAY	YEAR	\$	300.00		
	g Address										
City	HERSHEY	State	Zi	p Code (Plus 4)	5	13	2010				
,	HEIGHEI	PA		2033							
Emplo	yer Name DAUPHIN CO		1 1/	055	Occupat	ion					
	yer Mailing Address/Princ			City		State	DEPUT	JTY ASSISTANT SOLICITO Zip Code (Plus 4)			
Linplo	yer Maning Address/Frind	cipal Flace of Busiliess		-		PA			rius 4)		
				HARRISBURG		PA		17101			
Full Name of Contributor				мо	DAY	YEAR	\$	600.00			
MICHAEL SOLOMON									000.00		
Mailin	g Address				5	13	2010				
City	HARRISBURG	State	Zi	p Code (Plus 4)							
		I PA	17	/110							
Emplo	yer Name COHEN SEGL	IAS PALLAS GREENHALL	& FURN	IAN	Occupat	ion ,	ATTORN	IEY			
Emplo	yer Mailing Address/Prine	cipal Place of Business		City		State		Zip Code (	Plus 4)		
				HARRISBURG		PA		17101			
Full N	ame of Contributor						VELD				
JOSHU	JA WILSON				мо	DAY	YEAR	\$	300.00		
Mailin	g Address				5	14	2010				
City	HARRISBURG	State	Zi	p Code (Plus 4)	5	14	2010				
		PA	17	110							
Emplo	yer Name COMMONWE	ALTH STRATEGIC SOLUT	IONS		Occupat	ion	CONSU	TANT			
Employer Mailing Address/Principal Place of Business City		City		State		Zip Code (	Plus 4)				
LIIIPIO				HARRISBURG		PA		17101			
Linpio											
-	Grand Total of Part C o	on Schedule I, Detailed	d Sumn	nary Page, Secti	on 3.			PAG	E TOTAL		

## 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	2		Report	ing Perio	d				
			From:			То:			
				DATE					
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description					•		•		
								PAGE TOT	AL
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 GOVT FOR PA	From:	<u>1/1/2010</u> <b>To:</b>	<u>6/7/2010</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				
			From:			То:		
		DATE		AMOUNT				
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address		_				<b> </b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	ie,		PAGE TOTA	L		
						\$		0.00

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

Name of Filing Committee or Candidate				Rep	orting F	Period			
				Fro	m:		То:		
						DATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Code(Pl	us 4)						
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City		State	e Zip	Code(Plus 4)	Descri	ption of Co	ntribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributio	ns De	taile	d			P	<b>AGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or C	Candidate		Reporti	ng Period			
BETT	ER GOVT FOR PA	From <u>1/1/2010</u> To:				<u>6/7/2010</u>		
			DATE			AMOUNT		
To Wh	om Paid	мо	DAY	YEAR				
METR	O BANK							
Mailin	g Address			5	31	2010	\$	18.00
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17111-141	BANK S	ERVICE CH	HARGE		
						PAGE TOTAL		
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	18.00