

# Campaign Finance Report

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

Filer Identification Number : 2008059		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: BETTER GOVT FOR PA											
Street Address: 813 CHAMBERS ST											
City: BRESSLER					State: PA		Zip Code: 17113				
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2010	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	2	2010				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					1	1	2010				
					6	7	2010				
A. Amount Brought Forward From Last Report					\$ 2,754.00						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,909.40						
C. Total Funds Available (Sum Of Lines A and B)					\$ 6,663.40						
D. Total Expenditures (From Schedule III)					\$ 18.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 6,645.40						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are 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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BETTER GOVT FOR PA	From: <u>1/1/2010</u> To: <u>6/7/2010</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,200.00
<b>All Other Contributions (Part D)</b>	\$ 2,709.40
<b>TOTAL for the Reporting Period (3)</b>	\$ 3,909.40

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 3,909.40
---	-------------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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.**

<b>Name of Filing Committee or Candidate</b>  BETTER GOVT FOR PA	<b>Reporting Period</b>  From: <u>1/1/2010</u> To: <u>6/7/2010</u>
--	--

				DATE			AMOUNT	
Full Name of Contributing Committee FRIENDS OF NICK DIFRANESCO				MO	DAY	YEAR	\$ 300.00	
Mailing Address 1871 OHARA LANE				5	13	2010		
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057-591						
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC				MO	DAY	YEAR	\$ 300.00	
Mailing Address PO BOX 11972				5	13	2010		
City HARRISBURG	State PA	Zip Code (Plus 4) 17108-147						
Full Name of Contributing Committee FRIENDS OF JEFF HASTE				MO	DAY	YEAR	\$ 300.00	
Mailing Address 112 LAUREL GLEN CT.				5	13	2010		
City HARRISBURG	State PA	Zip Code (Plus 4) 17110						
Full Name of Contributing Committee ED MARSICO FOR DISTRICT ATTORNEY COMMITTEE				MO	DAY	YEAR	\$ 300.00	
Mailing Address PO BOX 11581				5	17	2010		
City HARRISBURG	State PA	Zip Code (Plus 4) 17108						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  BETTER GOVT FOR PA	<b>Reporting Period</b>  From: <u>1/1/2010</u> To: <u>6/7/2010</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JOSHUA WILSON				5	14	2010	\$ 300.00
<b>Mailing Address</b> 1318 MONFORT DRIVE							
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110					
<b>Employer Name</b> COMMONWEALTH STRATEGIC SOLUTIONS				<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b> 121 STATE STREET			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	
MICHAEL SOLOMON				5	13	2010	\$ 600.00
<b>Mailing Address</b> 1616 GALEN ROAD							
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110					
<b>Employer Name</b> COHEN SEGLIAS PALLAS GREENHALL & FURMAN				<b>Occupation</b> ATTORNEY			
<b>Employer Mailing Address/Principal Place of Business</b> 240 N 3RD STREET			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	
DAVID FEIDT				5	13	2010	\$ 300.00
<b>Mailing Address</b> 732 FERRIS WAY							
<b>City</b> HERSHEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17033					
<b>Employer Name</b> DAUPHIN COUNTY				<b>Occupation</b> DEPUTY ASSISTANT SOLICITO			
<b>Employer Mailing Address/Principal Place of Business</b> 2 SOUTH 2ND STREET			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	

<b>Full Name of Contributor</b> MICHAEL G. MUSSER II				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 813 CHAMBERS STREET				5	13	2010	
<b>City</b> BRESSLER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113					
<b>Employer Name</b> COMMUNITY NETWORKING RESOURCES				<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b> PO BOX 7365			<b>City</b> STEELTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113	

<b>Full Name of Contributor</b> MICHAEL G. MUSSER II				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 309.40
<b>Mailing Address</b> 813 CHAMBERS STREET				5	13	2010	
<b>City</b> BRESSLER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113					
<b>Employer Name</b> COMMUNITY NETWORKING RESOURCES				<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b> PO BOX 7365			<b>City</b> STEELTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113	

<b>Full Name of Contributor</b> FREDRICK W. LIGHTY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> PO BOX 60312				5	13	2010	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17106					
<b>Employer Name</b> DAUPHIN COUNTY				<b>Occupation</b> ASSISTANT SOLICITOR			
<b>Employer Mailing Address/Principal Place of Business</b> 2 SOUTH 2ND STREET			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	

<b>Full Name of Contributor</b> JOHN J. MCNALLY, III				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 1811 WESTFIELD ROAD				5	13	2010	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112					
<b>Employer Name</b> THOMAS, THOMAS & HAER				<b>Occupation</b> ATTORNEY			
<b>Employer Mailing Address/Principal Place of Business</b> 305 N. FRONT STREET			<b>City</b> HARRISBURG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	

<b>Full Name of Contributor</b> GARRY ESWORTHY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 300.00
<b>Mailing Address</b> 5740 MEADOWBROOK DRIVE			5	13	2010	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112				
<b>Employer Name</b> DAUPHIN COUNTY			<b>Occupation</b> RISK MANAGER			
<b>Employer Mailing Address/Principal Place of Business</b> 2 SOUTH 2ND STREET		<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
<b>\$</b> 2,709.40



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: To:

			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
BETTER GOVT FOR PA		From: <u>1/1/2010</u> To: <u>6/7/2010</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

4/28/2024 4:17:12 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>  BETTER GOVT FOR PA	<b>Reporting Period</b>  From <u>1/1/2010</u> To: <u>6/7/2010</u>
--	---

				DATE		AMOUNT	
To Whom Paid METRO BANK				MO	DAY	YEAR	\$ 18.00
Mailing Address 3801 PAXTON STREET				5	31	2010	
City HARRISBURG		State PA	Zip Code (Plus 4) 17111-141	Description of Expenditure BANK SERVICE CHARGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 18.00

