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 :	on 2008	059			Rep File			CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		BET	TER	GOV	T FOR P	4								
Street Address:	813 CHAMBER	RS ST															
City:	BRESSLER							State:	PA			Zip Code: 17113					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. X		AMENDMENT Yes REPORT?				~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	Y	
report type)	ANNUAL REPORT	7.	Year 2010					NG METH CHECK C				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
	,							МО	DAY	YE	AR	Number	Code			code	
								1:	L	2	2010		(SEE IN	ISTRUCTIO	ONS FOR C	CODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	010	Т	0	(5	7	2010						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			2,7	754.00						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$			3,9	909.40						
C. Total Funds Available (Sum Of Lines A and B)							\$			6,6	563.40						
D. Total Expenditures (From Schedule III)								18.00									
E. Ending Cash Balance (Subtract Line D From Line C)							\$			6,6	45.40						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	is is	a Car	ndidate r	eport,	candi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	e attached sch	nedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submit	ting Rep	ort		
			<u> </u>				-					Prin	ted Name	e			
My Commission Ex	Signatu pires	re										Ema	il				
	МО	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			
	day of						-					Drinto	d Name				
	Signature						-					rinte	u Haille				
My Commission Exp	-											Ema	il				
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	ling Committee or Candidate Reporting Period						
BETTER GOVT FOR PA	1/1/201	<u>0</u> To:	6/7/2010				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting) Period	(1)	\$	0.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)			\$	0.00			
All Other Contributions (Part B)	\$	0.00					
TOTAL for the Reporting	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	1,200.00			
All Other Contributions (Part D)			\$	2,709.40			
TOTAL for the Reporting) Period	(3)	\$	3,909.40			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting) Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,909.40			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Committee or Candidate			Reporting Period					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

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			Rep					
			From: To) :		
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

Name of Filing Committee or Candidate

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					
BETTER GOVT FOR PA			From:	1/	<u>/1/2010</u>	То:	6/7/2010		
				DA	TE		AMOUNT		
Full Name of Contributing Committee FRIENDS OF NICK DIFRANESCO				МО	DAY	YEAR			
Mailing Address 1871 OHARA LANE						\$	300.00		
City MIDDLETOWN	State PA	Zip Code 17057-	(Plus 4) 591	5 13		2010)		
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC				МО	DAY	YEAR			
Mailing Address PO BOX 11972 City HARRISBURG	State	Zip Code	e (Plus 4)	5	13	2010	\$	300.00	
	PA	17108-	147						
Full Name of Contributing Committee FRIENDS OF JEFF HASTE				МО	DAY	YEAR			
Mailing Address 112 LAUREL GLEN C	Т.						\$	300.00	
City HARRISBURG	State PA	Zip Code 17110	e (Plus 4)	5	13	2010)		
Full Name of Contributing Committee ED MARSICO FOR DISTRICT ATTORNE	Y COMMITTEE			МО	DAY	YEAR			
Mailing Address PO BOX 11581						\$	300.00		
City HARRISBURG	State PA	Zip Code 17108	e (Plus 4)	5	17	2010)		
								PAGE TOTAL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sum	nmary Pa	ige, Sectio	n 3.			\$	1,200.00	

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	Name of Filing Committee or Candidate Report				porting Period					
BETTER GOVT FOR PA				Fror	n:	<u>1/1/2</u>	<u>010</u> To	o: <u>6/7/2010</u>		
					D.A	ATE		АМ	OUNT	
Full Name of Contributor JOSHUA WILSON					мо	DAY	YEAR			
Mailing 1318 MONFORT DRIV	E							\$	300.00	
City HARRISBURG	State	Zij	Code (Plus	4)	5	14	2010)		
	PA	17	7110							
Employer Name COMMONWEALTH STR	RATEGIC SOLUTION	S			Occupat	ion	CONSUL	TANT		
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code	(Plus 4)	
121 STATE STREET			HARRISB	URG		PA		17101		
Full Name of Contributor MICHAEL SOLOMON					МО	DAY	YEAR			
Mailing 1616 GALEN ROAD								\$	600.00	
City HARRISBURG	State	Zij	Code (Plus	4)	5	13	2010)		
	PA	17	110							
Employer Name COHEN SEGLIAS PALI	AS GREENHALL & F	URM	1AN		Occupation ATTORNEY					
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code	(Plus 4)	
240 N 3RD STREET			HARRISB	URG		PA		17101		
Full Name of Contributor DAVID FEIDT					МО	DAY	YEAR			
Mailing 732 FERRIS WAY								\$	300.00	
City HERSHEY	State	Zij	Code (Plus	4)	5	13	2010)		
	PA	17	'033							
Employer Name DAUPHIN COUNTY			Occupation DEPUT			TY ASSISTANT SOLICITO				
Employer Mailing Address/Principal Plac Business	e of		City		-	State		Zip Code	(Plus 4)	
2 SOUTH 2ND STREET			HARRISB	URG		PA		17101		

							TAGE /		
Full Name of Contributor									
MICHAEL G. MUSSER II				МО	DAY	YEAR			
Mailing 813 CHAMBERS S	STREET						\$ 300.0	00	
City BRESSLER	State	Ziı	p Code (Plus 4)	5	13	2010			
BRESSEEK	PA	17	'113						
Employer Name COMMUNITY NET	WORKING RESOURC	CES		Occupation CONSULTANT					
Employer Mailing Address/Principal Business	Place of		City		State		Zip Code (Plus 4)		
PO BOX 7365			STEELTON		PA		17113		
Full Name of Contributor MICHAEL G. MUSSER II				МО	DAY	YEAR			
Mailing 813 CHAMBERS S	STREET						\$ 309.4	40	
City.	State	Zii	p Code (Plus 4)	5	13	2010			
City BRESSLER	PA		1113						
				Occupat	ion				
Employer Name COMMUNITY NETWORKING RESOURCES					.ion	ONSULT	TANT		
Employer Mailing Address/Principal Business	Place of		City		State		Zip Code (Plus 4)		
PO BOX 7365			STEELTON		PA		17113		
Full Name of Contributor						<u>'</u>			
FREDRICK W. LIGHTY				МО	DAY	YEAR			
Mailing PO BOX 60312							\$ 300.0	00	
City HARRISBURG	State PA		p Code (Plus 4)	5	13	2010			
	PA	17	'106						
Employer Name DAUPHIN COUNT	Υ			Occupat	:ion ∆	SSISTA	NT SOLICITOR		
Employer Mailing Address/Principal Business	Place of		City		State		Zip Code (Plus 4)		
2 SOUTH 2ND STREET			HARRISBURG		PA		17101		
Full Name of Contributor JOHN J. MCNALLY, III				МО	DAY	YEAR			
Mailing 1811 WESTFIELD Address	ROAD						\$ 300.0	00	
City HARRISBURG	State	Ziı	p Code (Plus 4)	5	13	2010			
IMMUSBONG	PA	17	'112						
Employer Name THOMAS, THOMAS & HAFER			Occupat	ion A	TTORNE	EY			
Employer Mailing Address/Principal	Place of		City		State	T	Zip Code (Plus 4)		
Business 305 N. FRONT STREET			HARRISBURG		PA		17101		

Full Name of Contributor GARRY ESWORTHY	МО	DAY	YEAR			
Mailing 5740 MEADOWBROOK DRIVE						\$ 300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	5	13	2010	
Employer Name DAUPHIN COUNTY			Occupat	ion R	RISK MAI	NAGER
Employer Mailing Address/Principal Place Business	City		State		Zip Code (Plus 4)	
2 SOUTH 2ND STREET	HARRISBURG	PA			17101	

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

PAGE TOTAL
\$ 2,709.40

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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	d	
BETTER GOVT FOR PA	From:	<u>1/1/2010</u> To :	<u>6/7/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
	From:		То:	o:				
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ty	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Cind C	Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting			
BETTER GOVT FOR PA	From	1/1/2010	То:	6/7/2010
	DATE			AMOUNT

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