

Commonwealth of Pennsylvania

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 POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	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	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2010	TO	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

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

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

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

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: <u>6/7/2010</u>

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 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
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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,909.40
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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	MO	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 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: _____

			DATE	AMOUNT
Full Name of Contributor				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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
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 BETTER GOVT FOR PA	Reporting Period From: <u>1/1/2010</u> To: <u>6/7/2010</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
FRIENDS OF NICK DIFRANESCO	1871 OHARA LANE	MIDDLETOWN	5	13	2010	\$ 300.00
State PA	Zip Code (Plus 4) 17057-591					
GREENLEE PARTNERS STATE PAC	PO BOX 11972	HARRISBURG	5	13	2010	\$ 300.00
State PA	Zip Code (Plus 4) 17108-147					
FRIENDS OF JEFF HASTE	112 LAUREL GLEN CT.	HARRISBURG	5	13	2010	\$ 300.00
State PA	Zip Code (Plus 4) 17110					
ED MARSICO FOR DISTRICT ATTORNEY COMMITTEE	PO BOX 11581	HARRISBURG	5	17	2010	\$ 300.00
State PA	Zip Code (Plus 4) 17108					

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

PAGE TOTAL
\$ 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 BETTER GOVT FOR PA	Reporting Period From: <u>1/1/2010</u> To: <u>6/7/2010</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
GARRY ESWORTHY							
Mailing Address 5740 MEADOWBROOK DRIVE				5	13	2010	\$ 300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17112					
Employer Name DAUPHIN COUNTY				Occupation RISK MANAGER			
Employer Mailing Address/Principal Place of Business 2 SOUTH 2ND STREET			City HARRISBURG		State PA	Zip Code (Plus 4) 17101	
Full Name of Contributor				MO	DAY	YEAR	
JOHN J. MCNALLY, III							
Mailing Address 1811 WESTFIELD ROAD				5	13	2010	\$ 300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17112					
Employer Name THOMAS, THOMAS & HAFFER				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 305 N. FRONT STREET			City HARRISBURG		State PA	Zip Code (Plus 4) 17101	
Full Name of Contributor				MO	DAY	YEAR	
FREDRICK W. LIGHTY							
Mailing Address PO BOX 60312				5	13	2010	\$ 300.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17106					
Employer Name DAUPHIN COUNTY				Occupation ASSISTANT SOLICITOR			
Employer Mailing Address/Principal Place of Business 2 SOUTH 2ND STREET			City HARRISBURG		State PA	Zip Code (Plus 4) 17101	

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

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

Full Name of Contributor DAVID FEIDT				MO	DAY	YEAR	\$ 300.00
Mailing Address 732 FERRIS WAY				5	13	2010	
City HERSHEY	State PA	Zip Code (Plus 4) 17033					
Employer Name DAUPHIN COUNTY				Occupation DEPUTY ASSISTANT SOLICITO			
Employer Mailing Address/Principal Place of Business 2 SOUTH 2ND STREET			City HARRISBURG		State PA	Zip Code (Plus 4) 17101	

Full Name of Contributor MICHAEL SOLOMON				MO	DAY	YEAR	\$ 600.00
Mailing Address 1616 GALEN ROAD				5	13	2010	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Employer Name COHEN SEGLIAS PALLAS GREENHALL & FURMAN				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 240 N 3RD STREET			City HARRISBURG		State PA	Zip Code (Plus 4) 17101	

Full Name of Contributor JOSHUA WILSON			MO	DAY	YEAR	\$ 300.00
Mailing Address 1318 MONFORT DRIVE			5	14	2010	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Employer Name COMMONWEALTH STRATEGIC SOLUTIONS			Occupation CONSULTANT			
Employer Mailing Address/Principal Place of Business 121 STATE STREET		City HARRISBURG	State PA	Zip Code (Plus 4) 17101		

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

PAGE TOTAL
\$ 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		
Mailing Address				\$	0.00
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

Name of Filing Committee or Candidate BETTER GOVT FOR PA	Reporting Period From: <u>1/1/2010</u> To: <u>6/7/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description 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 BETTER GOVT FOR PA	Reporting Period From <u>1/1/2010</u> To: <u>6/7/2010</u>
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	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
METRO BANK				
Mailing Address 3801 PAXTON STREET	5	31	2010	\$ 18.00
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

