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 :	ion 2008	059			Repor Filed E		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing (Committee, Candid	ate or Lo	bbyist:	E	BETTER	GOV	T FOR PA	_						
Street Address:	Street Address: 813 CHAMBERS ST													
City:	BRESSLER						State:	PA		Zip Co	de: 17	113		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION			30 DA		POST-	5. X	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2010	ear 2010 FILING METHO () CHECK OI						PAPER		\checkmark	DISKE	TTE
Name of Office §	⊥ Sought by Candidat	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	:	2 2010		(SEE INS	TRUCTIO	ONS FOR C	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	20	010 T	0	11	2	2 2010)				
A. Amount Bro	ught Forward From	n Last Re	eport			\$			26,795.40					
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Sched	lule I)	\$			0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			26,795.40	1				
D. Total Expen	ditures (From Scho	edule III)			\$			17,500.00					
E. Ending Cash	Balance (Subtract	t Line D I	rom Line	C)		\$			9,295.40	-				
F. Value Of In-	Kind Contributions	Receive	d (From S	chedul	e II)	\$			0.00	4				
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		\$			0.00					
				AFF]	IDAVI	T SE	CTION							
PART I - If this is	s a Committee rep	ort, treas	surer sign	here. I	f this is	a Cai	ndidate re	eport, ca	andidate si	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, are to	the best o	of my knov	ledge	and belie	ef , true
Sworn to and subs	scribed before me this day of	5	20						Signatu	e of Perso	n Submitt	ing Rep	ort	
	Signatu	re				_				Prir	ited Name			
My Commission E	-					_				Ema	il			
	мо	DA	Y	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	uthorized	Comm	ittee, C	andid	ate shall	sign he	re.					
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowle	dge and beli	ief this	political	comm	ittee has n	ot violate	ed any provi	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20						1	Signature	of Candida	te		
			· · · · · · · · · · · · · · · · · · ·			_				Printe	ed Name			
My Commission Exp	Signature					-				Ema	nil			

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:** 11/22/2010 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing 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		

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				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 Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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						
From				om:			То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

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 Candid	Name of Filing Committee or Candidate			Reporting Period							
				rom: To:							
				D	ATE			AMOUN	г		
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (Plus 4)								
Receipt Description							I				
			.					PAGE TO	TAL		
Enter Grand Total of Part E on Sch	edule I, Detailed	i 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> To:	<u>11/22/2010</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	\$	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, 1		\$	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				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
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	Name of Filing Committee or Candidate				Reporting Period						
						То:					
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
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				Reporting Period							
BETTER GOVT FOR PA				From <u>1/1/2010</u>			<u>11/22/2010</u>				
				DATE AMOUN							
To Whom Paid				DAY	YEAR						
COMMITTEE TO ELECT TOM QUIGLEY			мо								
Mailing Address 560 PINE STREET				19	2010	\$	1,000.00				
City ROYERSFORD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	19468	CONTRIBUTION								
To Whom Paid			мо	DAY	YEAR						
FRIENDS OF SCOTT MARTIN			MO								
Mailing Address 1535 NORTH JEFFER	SON COURT		10	19	2010	\$	16,500.00				
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	17602	CONTRI	BUTION							
							PAGE TOTAL				
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	17,500.00				