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 :	ion 2008	059			Repor Filed I	-	CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Candid	ate or Lo	obbyist:	ı	BETTER	r GON	/T FOR PA	I							-	
Street Address:	813 CHAMBE	RS ST														
City:	BRESSLER						State: PA Zip Code: 17					113				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					IAY I 1ARY	POST-	OST- 3.		AMENDMENT REPORT?		Yes	N	C	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I CTION	POST-	POST- 6. X		TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2010				NG METH				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
	5						мо	DAY	YE	AR	Humber	couc			10000	
							11		2	2010	 	(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	1		мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		1 1	. 20	010 1	0	11	2	22	2010						
A. Amount Bro	ought Forward From	n Last Re	eport			4	5		26,7	795.40						
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Sche	dule I)	5	\$	0.00								
C. Total Funds Available (Sum Of Lines A and B) \$								26,7	795.40							
D. Total Expen	ditures (From Sch	edule III	[)			9	\$		17,5	500.00						
E. Ending Cash	Balance (Subtrac	t Line D I	From Line	C)			5		9,2	95.40	-					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		9	\$			0.00						
				AFF	IDAVI	T SI	ECTION									
	s a Committee rep	•	-							-	-					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	s filed on	papei	or by elect	ronic me	edium	, are to t	the best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of 	5	20			_			s	Gignature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_					Prin	ted Name				_
My Commission E	xpires					_					Ema	il				
	мо	DA	Y	YR				Are	ea Cod	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, O	Candio	date shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	dge and beli	ief this	political	comr	nittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20							s	ignature (of Candida	ite			_
						_					Printe	ed Name				-
My Commission Exp	Signature					-					Ema	il				-
						_										_
	мо	DA	Y	YR				Area (Code		D	aytime Te	elephon	e Num	ber	

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			Re	porting I	Period			
Fr				om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	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 Candidat	e		Rep	orting P	eriod			
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		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ing Perio	bd				
From:			From:	om: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		•				ł	-		
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	TAL
		iiai y i uge,	Section				\$		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>
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 R			Reporting	g Period				
F				From: To:				
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: To:				
							AMOUNT			
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
BETTER GOVT FOR PA	BETTER GOVT FOR PA					То:	<u>11/22/2010</u>
		DATE	AMOUNT				
To Whom Paid COMMITTEE TO ELECT TOM QUIGLEY			мо	DAY	YEAR		
Mailing Address 560 PINE STREET				19	2010	\$	1,000.00
City ROYERSFORD	Descrip	tion of Exp	Denditure				
	РА	19468	CONTR	IBUTION			
To Whom Paid FRIENDS OF SCOTT MARTIN			мо	DAY	YEAR		
Mailing Address 1535 NORTH JEFFE	RSON COURT		10	19	2010	\$	16,500.00
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
PA 17602			CONTR	IBUTION			
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I) .			\$	17,500.00