

0007

CAMPAIGN FINANCE REPORT

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

Filer Id Number	8800197	PAC	<input type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
Name of	COMM FOR A BETTER HARRISBURG				
Street Address	C/O TREAS: KAY ANN WETZEL 1118 Hudson Street				
City	Harrisburg, PA 17104		State:	Zip Code:	

TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30-DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30-DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR: 2010		FILING METHOD (CHECK ONE)	<input checked="" type="checkbox"/> PAPER	<input type="checkbox"/> DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
City of Harrisburg Office of Mayor	11/16/2010		OTH	DEM	22
			(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	From: MD. DAY. YEAR	To: MD. DAY. YEAR	FOR OFFICE USE ONLY				
	3/30/2010	12/31/2010					
	A. Amount Brought Forward From Last Report	\$					(987.34)
	B. Total Monetary Contributions and Receipts (From Schedule II)	\$					250.00
	C. Total Funds Available (Sum of Lines A and B)	\$					(1,737.34)
	D. Total Expenditures (From Schedule III)	\$					(450.62)
	E. Ending Cash Balance (Subtract Line D from Line C)	\$					(1,187.96)
	F. Value of In-Kind Contributions Received (From Schedule III)	\$					0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0					

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30 day of January, 2011

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 LAURA A. TARASEWICH, Notary Public
 Susquehanna Twp., Dauphin County
 My Commission Expires Aug 30, 2012

[Signature: Kay Ann Wetzel]
 Signature of Person Submitting Report
 KAY ANN WETZEL
 717-238-0855
 Area Code: 717 Daytime Telephone Number: 238-0855

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]
 Signature of Candidate
 Stephen R. Reed
 717-230-8861
 Area Code: 717 Daytime Telephone Number: 230-8861

Dauphin County Election Bureau
 2 S. 2nd St.
 PO Box 1295
 Harrisburg PA 17108

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From <u>3/30/10</u> To <u>12/31/10</u>
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UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>250.00</u>
TOTAL for the Reporting Period	(2) \$ <u>250.00</u>

CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>0</u>
TOTAL for the Reporting Period	(3) \$ <u>0</u>

OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

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 Page 1, Report Cover Page, Item B.)	\$ <u>250.00</u>
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PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From <u>3/30/10</u> To <u>12/31/10</u>
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	DATE	AMOUNT
Full Name of Contributor	MEMO	\$
Mailing Address	MEMO	\$
City State Zip Code (Plus 4)	MEMO	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MEMO	\$
Mailing Address	MEMO	\$
City State Zip Code (Plus 4)	MEMO	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MEMO	\$
Mailing Address	MEMO	\$
City State Zip Code (Plus 4)	MEMO	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MEMO	\$
Mailing Address	MEMO	\$
City State Zip Code (Plus 4)	MEMO	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MEMO	\$
Mailing Address	MEMO	\$
City State Zip Code (Plus 4)	MEMO	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

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

PAGE TOTAL

\$ 0

**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 COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From <u>3/30/10</u> To <u>12/31/10</u>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MON	TUE	WED	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MON	TUE	WED	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MON	TUE	WED	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MON	TUE	WED	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MON	TUE	WED	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <u>0</u>

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 COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From <u>3/30/10</u> To <u>12/31/10</u>
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UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>0</u>

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>0</u>

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, Report Cover Page, Item F.)	\$ <u>0</u>
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**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From 3/30/10 To 12/31/10
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To Whom Paid Stephen K. Reed			Amount \$ 450.62
Mailing Address 212 Cumberland Street	Description of Expenditure:		
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	REIMBURSEMENTS
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid			Amount \$
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 450.62

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate COMMITTEE FOR A BETTER HARRISBURG	Reporting Period From <u>3/30/10</u> To <u>12/31/10</u>
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Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

PAGE TOTAL
\$ 0

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.