Campaign Finance Report

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

Filer Identification 20180159 Number :					Repo Filed			CANDI	DATE		СОМИ	AITTEE	✓	LOBI	BYIST		
	Committee, Candida	ate or Lo	bbvist:			-		ATALIE	MIHALE	L						_	
Street Address:	251 FRANKLIN																
City:	UPPER ST. CL	AIR					2	State:	PA			Zip Co	de: 15	241			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE	- 2.		DA) IMA		POST- 3.			AMENDN REPORT		Yes	Ν	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	y pre	≣- 5.		DAY ECTI		POST- 6.			TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2018					G METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office S	Sought by Candidat	te:				-		DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Cod	e Cour Code	
								мо	DAY	YE				REP	•		
		NO	Day	VEAD				11		5	2018	ļ	(SEE INS				6)
Summary of Expenditures	Receipts and from:	мо	DAY	YEAR		то	ļ	мо	DAY	YE			OR OFFIC	E USE	ONLY		
	-	1		2	018	TO		12	3:		2018	-					
A. Amount Brought Forward From Last Report							\$			7 -	79.07	-					
B. Total Monetary Contributions And Receipts (From Schedule I)						,	\$			00	00.00	-					
C. Total Funds Available (Sum Of Lines A and B)						\$				79.07	-						
-	ditures (From Sche	-	-				\$				52.23	-					
	Balance (Subtract			-			\$,	26.84						
	Kind Contributions		•		ie 11)		\$			6,01	2.25	-					
		(11011130	inedule IV	-		/TTT 6	\$				0.00						
PART I - If this is	s a Committee repo	ort treas	urer sign					CTION	aport ca	ndid	ate sir	in here					
) that this report, incl		-						•		-		f my knov	vledge	and be	lief , tr	rue
	cribed before me this day of		20							Sig	gnature	e of Perso	n Submitt	ing Rep	oort		-
		 ra				_						Prin	ted Name				—
My Commission E	-											Ema	il				-
	мо	DAY	r	YR		_			Area	a Code	•	Daytin	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's a	uthorized	Comn	nittee,	Cand	lida	te shall	sign her	ſe.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowled	lge and beli	ef this	politica	al con	nmit	ttee has n	ot violate	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20								S	ignature (of Candida	ite			-
			20									Printe	d Name				-
Signature My Commission Expires											Ema	il				_	
	мо	DA	Y	YR					Area C	ode		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period				
FRIENDS OF NATALIE MIHALEK	From:	<u>11/27/20</u>	<u>18</u> To:	<u>12/31/2018</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	g Period	(1)	\$	100.00		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)						
Contributions Received From Political Committees (Part A)			\$	500.00		
All Other Contributions (Part B)			\$	200.00		
TOTAL for the Reporting	TOTAL for the Reporting Period (2)					
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	0.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	g Period	(3)	\$	0.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)						
TOTAL for the Reporting	g Period	(4)	\$	0.00		
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	800.00		

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 Candidat	e		Re	porting I	Period				
FRIENDS OF NATALIE MIHALEK			Fr	From: <u>11/27/2018</u> To:					<u>12/31/2018</u>
					AMOUNT				
Full Name of Contributing Committee HIGHMARK PAC				мо	DAY		YEAR		
Mailing Address 1800 CENTER ST						6	2018	\$	250.00
City CAMP HILL	State PA	Zip Code (Plus 170890089	4)	12					
Full Name of Contributing Committee				мо	DAY		YEAR		
CAPAC CONSTRUCTORS ASSOC. OF WI	ESTERN PA			MO	DAY		TEAR		
Mailing Address 800 CRANBERRY	WOODS DR. #110			12		6	2018	\$	250.00
City CRANBERRY TWP.	State PA	Zip Code (Plus 4 16066	4)						
								Γ	PAGE TOTAL

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

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\$

500.00

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	te		Rep	orting Pe	eriod					
FRIENDS OF NATALIE MIHALEK				om: <u>11/27/2018</u> To: <u>12/31/201</u>					<u>12/31/2018</u>	
DATE									AMOUNT	
Full Name of Contributor RANDY A. CASTRIOTA				мо	DAY		YEAR			
Mailing Address 342 SNOWBERRY (CIR.							\$	100.00	
City VENITIA	State	Zip Code (Plus 4)	12		6	2018			
	PA	15367								
Full Name of Contributor MICHELLE FISHER REYES				мо	DAY		YEAR			
Mailing Address 109 WALNUT DR.								\$	100.00	
City VENITIA	State	Zip Code (Plus 4)	12		6	2018			
	PA	15367								
									PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detaile	ed Summary Pag	je, S	ection 2				\$	200.00	

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						
				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 Sched	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	lame of Filing Committee or Candidate			Reporting Period					
			From	n:		Т):		
				D/	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			PA \$	GE 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 Candidate			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Perio	d	
FRIENDS OF NATALIE MIHALEK	From:	<u>11/27/2018</u> то:	<u>12/31/2018</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)	\$	6,012.65
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		\$	6,012.65

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
F			From:			То:		
		·		DATE			AMOUNT	
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address		-				_ \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
				_	Г			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					e,	PAGE TOTAL		
						\$		0.00

PAGE 10

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

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				porting	Period			
FRIENDS OF NATALIE MIHALEK				Fro	m:	<u>11/27/201</u>	<u>8</u> To:	To: <u>12/31/2018</u>	
						DATE			AMOUNT
Full Name of Contributor PAGOP					мо	DAY	YEAR		
Mailing Address 112 STATE ST.					11	27	2018	\$	6,012.65
City HARRISBURG	State		Zip Code(Plus 4)						
	PA		17101						
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Plac	e of Business	Cit	У	State	e Zip	Code(Plus 4)	Descri	otion o	of Contribution
							MAILIN	١G	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								PAGE TOTAL	
Summary Page, Section 3.					-				6,012.65

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF NATALIE MIHALEK			From	<u>11/27</u>	7/2018	То:	<u>12/31/2018</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
NATALIE MIHALEK								
Mailing Address 251 FRANKLIN DR.			12	5	2018	\$	1,886.09	
City UPPER ST. CLAIR	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	PA	15241	REIMBU	IRSEMENT	FOR EXP	ENSES	FOR A NYC TRIP	
To Whom Paid VANESSA RAPANSHEK			мо	DAY	YEAR			
Mailing Address 68 INDIAN SPRINGS	5		12	5	2018	\$	350.00	
City RED LION	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	17356	CONSU	LTING FEE				
To Whom Paid BETHEL PARK CHAMBER OF COMMERCE	To Whom Paid BETHEL PARK CHAMBER OF COMMERCE			DAY	YEAR			
Mailing Address 2380 SOUTH PARK F				5	2018	\$	30.00	
City BETHEL PARK	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	15102	EVENT FEE					
To Whom Paid DEVELIN ROBINSON			мо	DAY	YEAR			
Mailing Address 193 CALVERT ST.			12	5	2018	\$	2,000.00	
City BRIDGEVILLE	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	15017	CONSU	LTING &am	ıp; CAMP	PAIGN V	VORK	
To Whom Paid ADVANTAGE DIRECT COMMUNICATION	S		мо	DAY	YEAR			
Mailing Address 2303 14TH ST. NW S	SUITE 414		12	5	2016	\$	586.95	
City WASHINGTON	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I		
	DC	20009	CAMPAI	GN ADVER	TISING			
To Whom Paid BRENTWOD BANK			мо	DAY	YEAR			
Mailing Address 401 MCMURRAY RD.			12	11	2018	\$	34.19	
City BETHEL PARK	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1		
	PA	15102	CHECK PRINTING FEE					

To Whom Paid				мо	DAY	YEAR			
BETHEL PARK PRI	NTING								
Mailing Address	5237 BRIGHTWOOD	DR		12	29	2018	\$	665.00	
City		State	Zip Code (Plus 4)	Description of Expenditure					
PRINTING OF MAILERS &ar							mp; EN	/ELOPES	
Enter Grand Tot	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								