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 2020	C0539			Repo Filed		:	CANDI	DATE	✓	co	OMMITTE	E	LOB	BYIST	Γ	
Name of Filing	Committee, Candida	ate or Lo	obbyist:					H, HEATH	HER S								
Street Address:																	
City:								State:				Zip Cod	e: 15	228			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	3. X		AMENDM REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.		0 da Lect	Y F TION	POST-	6.		TERMINA REPORT?		Yes	N	0	\checkmark
report type)	report type) ANNUAL REPORT 7. Year 2020							IG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Candidat	te:						DATE O	FELE	CTIO	N	District Number	Office Code	Par	ty Code	Cour Code	
ATTORNEY GE								мо	DAY	YE	AR	-1	ATT	REF)	02	
ATTORNET GE	NEKAL							11		3	2020]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	۲			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 19	2	020	то)	6		22	2020						
A. Amount Bro	ought Forward Fron	n Last Ro	eport				\$		(15,28	37.36)						
B. Total Monet	ary Contributions A	And Rece	eipts (Fron	1 Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		(15,28	37.36)						
D. Total Expen	ditures (From Sche	edule III	[)				\$				68.91						
E. Ending Cash	n Balance (Subtract	Line D	From Line	C)		$ \rightarrow$	\$		(15,35	6.27)						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00						
				AFF	IDA	/IT	SE	CTION									
	s a Committee report, incl	•							• •			-	my know	vledge	and be	iof tr	
correct and compl		uting the	attacheu sc	lieuule	s meu u	лі ра	iper (or by elect	ionic m	earann,	ale to	the best of	my know	vieuge		ier, u	ue
Sworn to and sub	scribed before me this day of	5	20							S	ignatur	e of Persor	I Submitt	ing Rep	port		
	Signatu	re										Print	ed Name				-
My Commission E	xpires											Emai	I				_
	МО	DA	NY	YR					Are	ea Cod	e	Daytime	e Teleph	one Nu	mber		
	a report of a cand) that to the best of m ed.								-		y provis	ions of the	act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subs	cribed before me this										s	ignature o	f Candida	ite			-
	day of 											Printe	d Name				_
My Commission Fre	Signature											Emai	1				_
My Commission Ex	unes																_
	мо	DA	NY	YR	2				Area	Code		Da	ytime Te	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** HEIDELBAUGH, HEATHER S From: <u>5/19/2020</u> To: 6/22/2020 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				porting I	Period			
Fro								
					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

\$

PAGE 3

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			orting P	eriod			
			Fro	m:		Тс):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candic	Name of Filing Committee or Candidate			J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led 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	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi 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	I	
HEIDELBAUGH, HEATHER S	From:	<u>5/19/2020</u> То:	<u>6/22/2020</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 PAR	TF)		
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	g Period			
	From:		То:				
				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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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 P	eriod			
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			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 Sch	nedule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
HEIDELBAUGH, HEATHER S			From	<u>5/19</u>	9/2020	То:	<u>6/22/2020</u>
				AMOUNT			
To Whom Paid Robert Wholey's			мо	DAY	YEAR		
Mailing Address 1711 Penn Avenue			6	12	2020	\$	45.91
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
	PA	15222	Campa	ign Meetin	g Food ai	nd Bever	age
To Whom Paid The Enrico Biscotti Co.			мо	DAY	YEAR		
Mailing Address 2022 Penn Ave			6	17	2020	\$	23.00
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	PA	15222	Campa	ign Meetin	g Food ai	nd Bever	age
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I	D .			\$	68.91