### **Campaign Finance Report**

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

Filer Identification 2020C0539 Report Filed By: CANDIDATE COMMITTEE LOBI								BYIST									
Name of Filing Committee, Candidate or Lobbyist: HEIDELBAUGH,								H, HEAT	THER S	5							
Street Address:																	
City:								State:				Zip Code	: 15	228			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION							POST-	6. 2	х	TERMINAT REPORT?	ION	Yes	No		<b>/</b>	
report type)	ANNUAL REPO	<b>PRT</b> 7.	<b>Year</b> 2020					IG METH CHECK (				PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	ought by Cand	idate:						DATE (	OF ELE	ECTI	ON	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	1	YEAR	-1	ATT	REP		02	
ATTORNEY GEN	IERAL							1	1	3	2020		(SEE INS	TRUCTI	ONS FOR C	ODES	
Summary of		мо	DAY Y	EAR				МО	DAY		YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		10 20	20	)20	Т	0	1	1	23	2020						
A. Amount Bro	ught Forward F	rom Last P	leport				\$			(15,	356.27)						
B. Total Moneta	ary Contributio	ns And Rec	eipts (From S	chec	dule	I)	\$				0.00						
C. Total Funds	Available (Sun	າ Of Lines A	and B)				\$			(15,	356.27)						
D. Total Expend	litures (From S	Schedule II	.I)				\$				0.00						
E. Ending Cash	Balance (Subt	ract Line D	From Line C)				\$			(15,3	356.27)						
F. Value Of In-	Kind Contribut	ions Receiv	ed (From Scho	edul	e II	)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (From	Schedule IV)				\$				0.00		,				
			A	AFF!	IDA	VI	T SE	CTION									
PART I - If this is		• /							• •		_						
I swear (or affirm) correct and comple		including the	e attached sched	dules	filed	l on	paper o	or by elec	tronic n	nediu	m, are to t	the best of i	my know	/ledge	and belie	ef , tru	ıe'
Sworn to and subs	cribed before me day of	this	20								Signature	e of Person	Submitt	ing Rep	oort		-
	Sia	nature					_					Printe	d Name				-
My Commission Ex	-											Email					_
	мо	D	PAY	YR					A	rea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	andidate's	authorized Co	omm	itte	e, C	andida	ate shal	l sign h	iere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politi	ical	commi	ittee has	not viol	ated a	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	١,
Sworn to and subsc		this									s	ignature of	Candida	te			-
	day of ————————————————————————————————————						-					Printed	Name				-
	Signati	ure					-										_
My Commission Exp	ires						_					Email					
	МО	D	DAY	YR			-		Area	a Code	e	Day	time Te	lephon	e Numb	er	۱ ٔ

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period						
HEIDELBAUGH, HEATHER S	From:	10/20/20	<u>20</u> To:	11/23/2020			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	) Period	(1)	\$	0.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)			\$	0.00			
All Other Contributions (Part B)			\$	0.00			
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			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	) 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			\$	0.00			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

## 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 Fining Committee of Candidate				Reporting Period From: To:				
			Fro	m:		10	):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

**PAGE TOTAL \$**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					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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.)

lame of Filing Committee or Candidate					Reporting Period					
	Fr					To	То:			
				D	ATE		АМ	OUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	5 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	<b>GE TOTAL</b> 0.00		

## 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	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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 Per	od	
HEIDELBAUGH, HEATHER S	From:	<u>10/20/2020</u> <b>To:</b>	<u>11/23/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidate Rep				g Period			
	From:						
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	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	Period			
					Fro	om:		To:		
							DATE			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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	<b>-,</b> -									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00