Campaign Finance Report

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

Filer Identificati Number :	on	20200	0539				port ed B		CAN	IDI	DATE	\	со	MMITTE		LOB	BYIST		
Name of Filing C	committee,	Candida	te or Lo	obbyist:		HEI	DELE	BAUG	H, HE	ATH	IER S								
Street Address:																			
City:									State	:				Zip Cod	e: 15	5228			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIE PRIMARY		-	2.	30 DA		Р	OST-	3.		AMENDMENT Yes No REPORT?					\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIC		E-	5.	30 DA		Р	OST-	6.		TERMINA' REPORT?	TION	Yes	N	0	\
report type)	ANNUAL R	EPORT	7. X	Year 202	20				CHECK					PAPER		V	DISK	ETTE	
Name of Office S	ought by C	Candidate	e:						DAT	E OI	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	Y	EAR	-1	ATT	REF)	02	
ATTORNEY GEN	IERAL									11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		and	МО	DAY	YEAF	2			МО		DAY	Y	'EAR	FOI	ROFFIC	CE USE	ONLY	,	
Expenditures	from:		1	11 2	24 2	020	T	0		12	, ,	31	2020						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$			(15,3	356.27)						
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts (Fro	m Sche	edule	e I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			(15,3	356.27)						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (S	Subtract	Line D	From Lin	e C)			\$			(15,3	56.27)						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From	Schedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedule	IV)			\$					0.00						
					AFF	-ID/	AVI	ΓSE	CTIO	N									
PART I - If this is		-	•										_						
I swear (or affirm) correct and comple		port, inclu	iding the	attached	schedule	s file	d on I	paper	or by e	lectr	onic m	ediun	n, are to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before	e me this		20						•			Signature	of Person	Submit	ting Re	ort		_
		Signature	e					- -		•				Print	ed Name	·			-
My Commission Ex	cpires									-				Email					
	M	o	D#	λY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report o	f a candi	idate's	authorize	ed Comr	nitte	ee, Ca	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and b	elief this	s poli	itical	comm	ittee ha	as no	ot viola	ted a	ny provisi	ions of the	act of J	une 3,1	937 (P	L. 133	з,
Sworn to and subsc		me this											Si	ignature of	Candid	ate			-
	day of — —			- —				-						Printed	l Name				- $ $
My Commission 5	_	gnature						-		-				Email					_
My Commission Exp	ures 																		_
		мо	DA	AY	YF	₹					Area	Code	1	Da	ytime T	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
HEIDELBAUGH, HEATHER S	HEIDELBAUGH, HEATHER S From: 11/24/2020 To:						
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 an 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

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				Period			
		'	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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 Filing Commit	tee or Candidate	F	Reporting F	Period			
		F	From:		To):	
		-		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
_	Gt-t-	Zin Code (Blue 4)		1	I		
City	State	Zip Code (Plus 4)					

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Þ	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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.)

Name of Filing Committee or Candidate				Reporting Period				
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Per	iod	
HEIDELBAUGH, HEATHER S	From:	<u>11/24/2020</u> To:	12/31/2020
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	Reporting Period							
	From:							
				DATE			AMOUNT	
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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
F					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address]	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL		
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00		