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	DIE	DATE	TE COMMITTEE LOBBYIST					Г		
Name of Filing C	Committee, C	Candida	te or Lo	obbyist:		HEI	DELE	BAUG	H, HEA	ТН	IER S								
Street Address:																			
City:									State:					Zip Cod	e: 15	5228			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRII PRIMARY		-	2.	30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes		No	/
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRII ELECTIO		E-	5.	30 DA		P	OST- 6.		TERMINATION REPORT?		Yes	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֡֓֓֓֡֓֡֓	No	\	
report type)	ANNUAL RE	PORT	7. X	Year 202	20				IG MET CHECK					PAPER		V	DISI	KETTE	
Name of Office S	Sought by Ca	ndidate	e:						DATE	OF	F ELEC	СТІО	N	District Number	Office Code	Pai	rty Cod	le Cou	
									МО		DAY	YE	AR	-1	ATT	REF	•	02	
ATTORNEY GEN	NERAL								:	11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		ınd	МО	DAY	YEA	R			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		1	11 2	24 2	2020	T	0		12	(-)	31	2020						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$			(15,3	56.27)						
B. Total Moneta	ary Contribu	itions A	nd Rec	eipts (Fr	om Sch	edule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ (15,356.27)																			
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(:	15,35	6.27)							
F. Value Of In-	Kind Contrib	utions	Receive	ed (From	Schedu	ıle I	I)	\$					0.00						
G. Unpaid Debt	ts And Oblig	ations (From S	chedule	IV)			\$					0.00			•			
					AF	FID	AVI	ΓSE	CTIO	N									
PART I - If this is		-	•	_															
I swear (or affirm) correct and complete		ort, inclu	ding the	attached	schedule	s file	ed on	paper	or by ele	ectr	onic me	edium	, are to t	he best of	my kno	wledge	and b	elief , ti	rue
Sworn to and subs	cribed before day of	me this		20						-		s	ignature	of Persor	Submit	ting Re	port		
		Signature	e					• =		-				Print	ed Name	e			_
My Commission Ex	cpires							_		-				Emai	ı				
	мо	1	DA	λY	YR	l					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	authoriz	ed Comi	mitte	ee, Ca	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	edge and b	elief thi	s poli	itical	comm	ittee ha	s no	t violat	ted an	y provisi	ions of the	act of J	une 3,1	937 (F	P.L. 133	33,
Sworn to and subsc		ne this											Si	ignature o	f Candid	ate			- $ $
	day of —— —			- —				-						Printe	d Name				-
My Commission Exp	_	nature						-		-				Emai	ı				-
•																			_
	ı	МО	DA	ΑY	YI	2					Area	Code		Da	ytime T	elephor	ne Nun	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
HEIDELBAUGH, HEATHER S	From:	11/24/20	<u>20</u> То:	12/31/2020
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

Name of Filing Committee or Candidate			Reporting Period						
			From:		То	:			
		L		DATE			AMOUNT		
Full Name of Contributing (Committee		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	

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:					
			l		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	nme of Filing Committee or Candidate Repo			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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.)

ame of Filing Committee or Candidate		Rep	orting Pe	riod						
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fait E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		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				Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate							
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00	