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 2019	0341			Rep File			CAND	IDATE		СОМ	MMITTEE V LOBBYIST					
Name of Filing C	Committee, Candid	ate or L	obbyist:		HEI	DELI	BAUG	H FOR A	TTORN	IEY G	ENERA	L INC					
Street Address:	141 WOODHA	VEN DR	IVE														
City:	PITTSBURGH							State:	PA			Zip Cod	de: 15	5228			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDMENT REPORT?		Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- :	5.	30 DA		POST-	6. X		TERMINA REPORT		Yes	No	`	
report type)	ANNUAL REPORT	7.	Year 2021					NG METH CHECK C				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:	-					DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	YI	AR	-1 RI				02	
								1:	L	2	2021	(SEE INSTRUCTIONS FOR				ODES)	
	Receipts and	МО	DAY	YEAF	2			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 19	2	021	Т	0	1	L	22	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			7,:	180.94						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule	I)	\$				21.00]					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			7,2	201.94						
D. Total Expen	ditures (From Scho	edule II	I)				\$			۷	25.55						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			6,7	76.39						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule I\	/)			\$			15,0	00.00			•			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached so	hedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	e,
Sworn to and subs	cribed before me this day of	:	20							S	Signature	of Perso	n Submit	ting Rep	ort		1
	Signatu						- -					Prin	ted Name	e			-
My Commission Ex	_	·										Ema	il				-
	мо	D	ΑY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and bel	ief this	polit	ical	comm	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						_					Printa	d Name				-
	Signature						-										
My Commission Exp	_											Ema	il				
	МО	D	AY	YF	R		-		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From:	10/19/202	<u>1</u> To:	11/22/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	21.00
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			\$	21.00

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 Ca	andidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Commi	ittee		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.

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.

(Exclud	e contributions fro	m political comm	itte	es re _l	ported	in Part	A)	
Name of Filing Committee	or Candidate		Rep	orting P	eriod			
			Fro	m:		To):	
					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 Schedule I, Detailed Summary Page, Section 2.

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				
			From:			То:		
				DA	TE		,	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 Schee	dule 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.)

Name of Filing Committee or Candidate	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 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 Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	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 Peri	od	
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	١	
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 Ca	ndidate		Reporting 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:	•		•	•					
				_	Г				
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	mmittee or Candidate Reporting Period				
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From	10/19/2021	То:	11/22/2021	

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
Stripe			1-10		1 = 7 1				
Mailing Address 510 Towns	send Street		11	22	2021	\$	2.73		
City San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	CA	94103	Merchai	nt Processi	ng Fees				
To Whom Paid			мо	DAY	YEAR				
Zoom			140		ILAK				
Mailing Address 3625 Broo	kside Parkway 4th Fl		11	9	2021	\$	16.04		
City Alpharetta	State	Zip Code (Plus 4)	Description of Expenditure						
	GA	30022	Telecon	nmunicatio	n Service	е			
To Whom Paid US Postmaster			МО	DAY	YEAR				
Mailing Address 1425 Croo	ked Hill Rd		11	1	2021	\$	17.40		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure	<u> </u>			
Tidinobarg	17107	Shippin	-						
To Whom Paid	'	<u> </u>							
Coldspark			МО	DAY	YEAR				
Mailing Address 307 Fourth	n Avenue 14th Floor		10	20	2021	\$	129.43		
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure				
J	PA	15222	E-mail S	Software					
To Whom Paid		•							
Coldspark			МО	DAY	YEAR				
Mailing Address 307 Fourth	n Avenue 14th Floor		10	20	2021	\$	129.43		
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>			
-	PA	15222	E-mail 9	Software					
To Whom Paid	·		MC	DAY	YEAR				
Coldspark			МО	JA1	TEAK				
Mailing Address 307 Fourth	n Avenue 14th Floor		10	20	2021	\$	130.52		
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	15222	E-mail 9	Software					
		_					PAGE TOTAL		
Enter Grand Total of Exper	iditures on Page 1, Rep	oort Cover Page, Item D).			\$	425.55		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
HEIDELBAUGH FOR ATTORNEY GENERAL INC From			From:	<u>10/19/2021</u> To:			11/22/2021		
				DATE				Outstanding Balance of Debt	
Name of Creditor Heather S Heidelbaugh			мо	DAY	YEAR				
Mailing Address 141 Woodhaven Drive				11	21	2019	\$	15,000.00	
City Pittsburgh	State	Zip Code (P	lus 4)	Description of Debt					
PA 15228 LOAN FROM CANDI						IDATE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	15,000.00	