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	90341				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	date or L	obbyist:		HEI	DELI	BAUG	H FOR A	TTORN	EY G	ENERAI	L INC	_			
Street Address:	141 WOODH	AVEN DE	RIVE													
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 PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pri	<u>-</u> !	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2021					IG METHO				PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	ate:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	-1		REP		02
								11		2	2021		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	irom:		10 19	2	021	Т	<u> </u>	11	:	22	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			7,1	.80.94					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	ı)	\$				21.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			7,2	201.94					
D. Total Expend	ditures (From Sch	nedule II	I)				\$			4	25.55					
E. Ending Cash	Balance (Subtra	t Line D	From Line (C)			\$			6,7	76.39					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	:)	\$				0.00					
G. Unpaid Debt	s And Obligations	s (From S	Schedule IV)			\$			15,0	00.00			,		
				AFF	IDA	١٧٢	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here.	If thi	is is	a Can	ndidate re	eport, o	andi	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached scl	hedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me th	is	20							S	ignature	of Perso	n Submit	ting Rep	ort	
			_				- -					Prin	ted Nam	e		
My Commission Ex	Signati opires	ure										Ema	il			
	мо	D	AY	YR			-		Are	ea Cod	e	Daytim	ie Telepl	none Nui	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot 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	ed Name			
	Signature						-									
My Commission Exp	-											Ema	il	_		
	МО	D	AY	YR	l		•		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

Name of Filing Commi	ttee or Candidate		Reporting				
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributin	g 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 Filing Committee of	or Candidate		Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 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 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 Candidat	e				Re	porting F	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	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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

				DATE		AMOUNT
To Whom Paid Stripe			мо	DAY	YEAR	
Mailing Address 510 Townser	nd Street		11	22	2021	\$ 2.73
City San Francisco	State CA	Zip Code (Plus 4) 94103		nt Process		
To Whom Paid Zoom			МО	DAY	YEAR	
Mailing Address 3625 Brooks	side Parkway 4th Fl		11	9	2021	\$ 16.04
City Alpharetta	State GA	Zip Code (Plus 4) 30022		otion of Exp		
To Whom Paid US Postmaster		МО	DAY	YEAR		
Mailing Address 1425 Crooke	ed Hill Rd		11	1	2021	\$ 17.40
City Harrisburg	State PA	Zip Code (Plus 4) 17107	Descrip Shippin	otion of Exp	penditure	
To Whom Paid Coldspark			МО	DAY	YEAR	
Mailing Address 307 Fourth A	Avenue 14th Floor		10	20	2021	\$ 129.43
City Pittsburgh	State PA	Zip Code (Plus 4) 15222		otion of Exp Software	penditure	
To Whom Paid Coldspark			МО	DAY	YEAR	
Mailing Address 307 Fourth A	Avenue 14th Floor		10	20	2021	\$ 129.43
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	1	l otion of Exp Software	enditure	

								PAGE 12
To Whom Paid Coldspark	мо	DAY	YEAR					
Mailing Address 307 Fourth Avenue 14th Floor					20	2021	\$	130.52
City Pittsburgh		State Zip Code (Plus 4) Description of Expenditu						
_		PA	15222	E-mail	Software			
		l	I					PAGE TOTAL
Enter Grand Total	of Expenditures of	on Page 1, Re	port 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					То:	11/22/2021				
				DATE			Outstanding Balance of Debt			
Name of Creditor Heather S Heidelbaugh										
Mailing Address 141 Woodhaven Drive					2019	\$	15,000.00			
State PA	Zip Code (Pl 15228	us 4)	Description of Debt LOAN FROM CANDIDATE							
		_	_				PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.										
	aven Drive State PA	aven Drive State Zip Code (Plant) PA 15228	State Zip Code (Plus 4) PA 15228	State Zip Code (Plus 4) Descrip LOAN F	DATE MO DAY aven Drive 11 21 State Zip Code (Plus 4) Description of Del LOAN FROM CANI	From: 10/19/2021 To: DATE MO DAY YEAR aven Drive 11 21 2019 State Zip Code (Plus 4) Description of Debt PA 15228 LOAN FROM CANDIDATE	DATE			