#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 20                       | 19034    | 11       |                        |            | Rep<br>File |       |                | CANDI        | DATE     |        | СОМ       | <b>4ITTEE</b>      | ✓              | LOBE     | YIST      |                |
|--|-----------------------------|----------|----------|------------------------|------------|-------------|-------|----------------|--------------|----------|--------|-----------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                         | Committee, Can              | didate   | or Lol   | bbyist:                |            | HEID        | DELI  | BAUGI          | H FOR AT     | TORN     | EY GI  | NERAI     | _ INC              |                |          |           |                |
| Street Address:                          | 141 WOOD                    | HAVEN    | N DRI    | VE                     |            |             |       |                |              |          |        |           |                    |                |          |           |                |
| City:                                    | PITTSBURG                   | 3H       |          |                        |            |             |       |                | State:       | PA       |        |           | Zip Cod            | le: 15         | 5228     |           |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY  | 1.       |          | 2ND FRIDAY<br>PRIMARY  | / PRE      | - 2         | 2.    | 30 DA<br>PRIMA |              | POST-    | 3.     |           | AMENDM<br>REPORT   |                | Yes      | No        | ~              |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION | 4.       |          | 2ND FRIDAY<br>ELECTION | / PRE      | - 5         | 5.    | 30 DA<br>ELECT |              | OST-     | 6.     |           | TERMINA<br>REPORT  |                | Yes      | No        | ~              |
| report type)                             | ANNUAL REPO                 | RT 7. )  | X        | <b>Year</b> 2021       |            |             |       |                | IG METHO     |          |        |           | PAPER              |                | <b>/</b> | DISKE     | TTE            |
| Name of Office S                         | ought by Cand               | idate:   |          |                        |            |             |       |                | DATE O       | F ELE    | СТІО   | N         | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|  | ,                           |          |          |                        |            |             |       |                | мо           | DAY      | YE     | AR        | -1                 | code           | REP      |           | 02             |
|  |                             |          |          |                        |            |             |       |                | 11           |          | 2      | 2021      |                    | (SEE IN        | STRUCTIO | ONS FOR ( | ODES)          |
| Summary of Expenditures                  |                             | М        | 0        | DAY                    | YEAR       |             |       | _              | МО           | DAY      | YE     | AR        | FO                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures                             |                             |          | 1:       | 1 23                   | 2          | 021         | Т     | 0              | 12           |          | 31     | 2021      |                    |                |          |           |                |
| A. Amount Bro                            | ught Forward F              | rom La   | st Re    | port                   |            |             |       | \$             |              |          | 6,7    | 76.39     |                    |                |          |           |                |
| B. Total Monet                           | ary Contributio             | ns And   | Rece     | ipts (From             | Sche       | dule        | I)    | \$             |              |          |        | 0.00      |                    |                |          |           |                |
| C. Total Funds                           | Available (Sum              | Of Line  | es A a   | and B)                 |            |             |       | \$             |              |          | 6,7    | 76.39     |                    |                |          |           |                |
| D. Total Expen                           | ditures (From S             | chedul   | le III)  | )                      |            |             |       | \$             |              |          | 4      | 47.71     |                    |                |          |           |                |
| E. Ending Cash                           | Balance (Subt               | act Lin  | ne D F   | rom Line C             | <b>:</b> ) |             |       | \$             |              |          | 6,3    | 28.68     |                    |                |          |           |                |
| F. Value Of In-                          | Kind Contributi             | ons Re   | ceive    | d (From Sc             | hedu       | le II       | )     | \$             |              |          |        | 0.00      |                    |                |          |           |                |
| G. Unpaid Debt                           | s And Obligation            | ns (Fro  | om Sc    | chedule IV             | )          |             |       | \$             |              |          | 15,0   | 00.00     |                    |                | 1        |           |                |
|  |                             |          |          |                        | AFF        | IDA         | VI    | T SE           | CTION        |          |        |           |                    |                |          |           |                |
| PART I - If this is                      | s a Committee I             | eport,   | treas    | urer sign h            | nere. I    | [f thi      | is is | a Can          | ididate re   | port, c  | andio  | late sig  | ın here.           |                |          |           |                |
| I swear (or affirm) correct and comple   |                             | includin | ng the a | attached sch           | edules     | filed       | d on  | paper o        | or by electi | ronic m  | edium, | are to t  | he best o          | f my kno       | wledge a | and belie | ef , true      |
| Sworn to and subs                        | cribed before me<br>day of  | this     |          | 20                     |            |             |       |                |              |          | s      | ignature  | of Perso           | n Submit       | ting Rep | ort       |                |
|  |                             |          |          |                        |            |             |       | -<br>-         |              |          |        |           | Prin               | ted Name       | e        |           |                |
| My Commission Ex                         | -                           | ature    |          |                        |            |             |       |                |              |          |        |           | Ema                | il             |          |           |                |
|  | мо                          |          | DAY      | Y                      | YR         |             |       | -              |              | Are      | ea Cod | e         | Daytim             | e Teleph       | none Nui | nber      |                |
| Part II- If this is                      | a report of a c             | andida   | te's a   | uthorized              | Comn       | nitte       | e, C  | andida         | ate shall :  | sign he  | ere.   |           |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende |                             | of my kr | nowled   | lge and belie          | ef this    | polit       | ical  | commi          | ittee has n  | ot viola | ted an | y provisi | ions of th         | e act of J     | une 3,19 | 937 (P.L  | 1333,          |
| Sworn to and subsc                       |                             | his      |          |                        |            |             |       |                |              |          |        | Si        | ignature o         | of Candid      | ate      |           |                |
|  | day of<br>                  |          |          |                        |            |             |       | -              |              |          |        |           | Printa             | d Name         |          |           |                |
|  | Signatu                     | re       |          |                        |            |             |       | -              |              |          |        |           |                    |                |          |           |                |
| My Commission Exp                        | _                           |          |          |                        |            |             |       |                |              |          |        |           | Ema                | il             |          |           |                |
|  | мо                          |          | DA       | Y                      | YR         |             |       | •              |              | Area     | Code   |           | Da                 | aytime T       | elephon  | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |           |               |            |
|--|-----------|-----------|---------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |               |            |
| HEIDELBAUGH FOR ATTORNEY GENERAL INC   | From:     | 11/23/202 | <u>?1</u> To: | 12/31/2021 |
| 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 Candida | te    |                   | Reporting | 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.

### 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.

| Name of Filing Commi     | ttee or Candidate | 1                 | Reporting I | Period |      |    |        |
|--------------------------|-------------------|-------------------|-------------|--------|------|----|--------|
|                          |                   | ı                 | From:       |        | To   | o: |        |
|                          |                   | L                 |             | DATE   |      |    | AMOUNT |
| Full Name of Contributor | r                 |                   | мо          | DAY    | YEAR |    |        |
| Mailing Address          |                   |                   |             |        |      | \$ | 0.00   |
| City                     | State             | Zip Code (Plus 4) |             |        |      |    |        |

7/3/2025 1:28:01 PM

#### **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  |      | A   | MOUNT      |
| Full Name of Contributing Committee   |                      |          |             | МО     | DAY | YEAR | \$  | 0.00       |
| Mailing Address                       |                      |          |             |        |     |      | 7 * | 0.00       |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |     |            |
|                                       |                      |          |             |        |     |      |     | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | lule 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  |      |     |                 |
|---|---------------------|----------------|---------|-----------|-------|------|-----|-----------------|
|   |                     |                | Fron    | n:        |       | т    | o:  |                 |
|   |                     |                |         | D         | ATE   |      |     | AMOUNT          |
| Full Name of Contributor                |                     |                |         | мо        | DAY   | YEAR | \$  | 0.00            |
| Mailing Address                         |                     |                |         |           |       |      |     |                 |
| City                                    | State               | Zip Code (Plus | s 4)    |           |       |      |     |                 |
| Employer Name                           |                     |                |         | Occupat   | tion  |      |     |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City           |         | •         | State |      | Zip | Code (Plus 4)   |
| Enter Grand Total of Part C on Schee    | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$  | PAGE TOTAL 0.00 |
|   |                     |                |         |           |       |      | т   | 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:  |    |            |
|                           |                           | •               |         | C        | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                 |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                 |         |          |     |      | 7  |            |
| City                      | State                     | Zip Code (P     | Plus 4) |          |     |      |    |            |
| Receipt Description       | •                         | -               |         | •        | •   | •    |    |            |
| Enter Crand Total of Dark | E on Schodule I. Detailed | Summany Base    | Cootion | 4        |     |      |    | PAGE TOTAL |
| enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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>11/23/2021</u> <b>To:</b> | 12/31/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR | 1                            |            |
| 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 Can | ame of Contributor  ag Address  State  Zip Code (Plus 4) |                        |         | Reporting Period |      |             |            |      |
|---------------------------------|--|------------------------|---------|------------------|------|-------------|------------|------|
|                                 |  |                        | From:   |                  |      | To          | ·          |      |
|                                 |  |                        |         | DATE             |      |             | AMOUNT     |      |
| Full Name of Contributor        |  |                        | МО      | DAY              | YEAR |             |            |      |
| Mailing Address                 |  |                        |         |                  |      | <b>7</b> \$ |            | 0.00 |
| City                            | State  | Zip Code (Plus 4)      |         |                  |      |             |            |      |
| Description of Contribution:    | •  | •                      | •       | •                |      | ·           |            |      |
|                                 |  |                        |         |                  | -    |             |            |      |
| Enter Grand Total of Part F or  | n Schedule II, In-Ki                                     | nd Contributions Detai | led Sun | mary Pa          | ge,  |             | PAGE TOTAL | -    |
| Section 2.                      |  |                        |         |                  |      | \$          |            | 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.                | <b></b>          |      |                  |        |         |              |       |      |                     | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reportii | ng Period |             |              |
|---------------------------------------|----------|-----------|-------------|--------------|
| HEIDELBAUGH FOR ATTORNEY GENERAL INC  | From     | 11/23/202 | <u>1</u> To | : 12/31/2021 |
|                                       |          | DATE      |             | AMOUNT       |
| T. W P. 14                            |          |           |             |              |

|                           |                         |                         |         | DATE        |           |    | AMOUNT     |
|---------------------------|-------------------------|-------------------------|---------|-------------|-----------|----|------------|
| To Whom Paid              |                         |                         | МО      | DAY         | YEAR      |    |            |
| Coldspark                 |                         |                         | 1.0     |             |           |    |            |
| Mailing Address 307 Fourt | th Avenue 14th Floor    |                         | 11      | 29          | 2021      | \$ | 411.64     |
| City Pittsburgh           | State                   | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure  |    |            |
|                           | PA                      | 15222                   | Online  | services    |           |    |            |
| To Whom Paid              |                         |                         | мо      | DAY         | YEAR      |    |            |
| UPS Store                 |                         |                         | 140     |             | ILAK      |    |            |
| Mailing Address 4075 Ling | glestown Rd             |                         | 12      | 1           | 2021      | \$ | 19.50      |
| <b>City</b> Harrisburg    | State                   | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure  |    |            |
| PA 17112                  |                         |                         |         | g/Printing  |           |    |            |
| To Whom Paid              |                         |                         | МО      | DAY         | YEAR      |    |            |
| Zoom                      |                         |                         | 1.0     |             |           |    |            |
| Mailing Address 3625 Broo | okside Parkway 4th Fl   |                         | 12      | 9           | 2021      | \$ | 16.04      |
| <b>City</b> Alpharetta    | State                   | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure  |    |            |
|                           | GA                      | 30022                   | Telecon | nmunicatio  | n Service | 9  |            |
| To Whom Paid              |                         |                         | мо      | DAY         | YEAR      |    |            |
| Stripe                    |                         |                         | 140     |             | ILAN      |    |            |
| Mailing Address 510 Town  | nsend Street            |                         | 11      | 23          | 2021      | \$ | 0.47       |
| City San Francisco        | State                   | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure  | •  |            |
|                           | CA                      | 94103                   | Mercha  | nt Processi | ng Fees   |    |            |
|                           |                         |                         |         |             |           |    | PAGE TOTAL |
| Enter Grand Total of Expe | nditures on Page 1, Rep | port Cover Page, Item D | ).      |             |           | \$ | 447.71     |
|                           |                         |                         |         |             |           |    |            |

## 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:               | <u>11/23/2021</u> <b>To:</b> |      | <u>12/31/2021</u> |    |                            |
|  |                      |                 |                     |                              | DATE |                   |    | tstanding<br>lance of Debt |
| Name of Creditor Heather S Heidelbaugh |                      |                 |                     | мо                           | DAY  | YEAR              |    |                            |
| Mailing Address 141 Woodhaven Drive    |                      |                 |                     | 11                           | 21   | 2019              | \$ | 15,000.00                  |
| <b>City</b> Pittsburgh                 | State                | Zip Code (F     | Plus 4)             | Description of Debt          |      |                   |    |                            |
|  | PA                   | 15228           | LOAN FROM CANDIDATE |                              |      |                   |    |                            |
|  |                      |                 |                     |                              |      |                   |    | PAGE TOTAL                 |
| Enter Grand Total of Unp               | aid Debts on Page 1, | Report Cover Pa | ge, Item            | G.                           |      |                   | \$ | 15,000.00                  |