#### **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	<b>4ITTEE</b>	<b>✓</b>	LOBE	SYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		HEI	DELI	BAUG	H FOR A	TTORI	NEY G	ENERA	L INC						
Street Address:	141 WOODHA	VEN DR	RIVE															
City:	PITTSBURGH							State:	PA			Zip Cod	de: 15	5228				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.			AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	/	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2021					NG METH CHECK (				PAPER		<b>/</b>	DISKE	TTE		
Name of Office S	Sought by Candidat	te:	-					DATE	OF ELE	CTIC	)N	District Number	Office Code	Par	ty Code	Count	ty	
	,							МО	DAY	Υ	EAR	-1	Code	REP		02		
								1:	L	2	2021		(SEE IN	STRUCTION	ONS FOR (	ODES)		
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY			
Expenditures	from:	1	11 23	2	021	Т	0	1	2	31	2021							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			6,	776.39							
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$				0.00	]						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			6,	776.39	9						
D. Total Expen	ditures (From Sch	edule II	I)				\$			4	447.71							
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)			\$			6,3	328.68	]						
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II	)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$			15,	00.00			•				
				AFF	IDA	VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	is is	a Car	ndidate ı	eport,	candi	date sig	jn here.						
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sch	nedule	s filed	l on	paper	or by elec	tronic n	nedium	i, are to t	the best o	f my kno	wledge	and belie	ef , tru	ie,	
Sworn to and subs	cribed before me this day of	;	20							:	Signature	of Perso	n Submit	ting Rep	ort		-	
			_				- -					Prin	ted Name	e			-	
My Commission Ex	Signatu pires	re							-			Ema	il				-	
	мо	DA	AY	YR			_		Aı	rea Co	de	Daytim	ie Telepl	none Nu	mber		-	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viola	ated a	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	,	
Sworn to and subsc	ribed before me this										s	ignature (	of Candid	ate			-	
	day of		_ 20				_					Duinte	d Name				-	
	Signature						-					Printe	ed Name					
My Commission Exp	<del>-</del>											Ema	il				-   	
	МО	D/	AY	YR	ł		-		Area	Code		D	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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE		Α	MOUNT
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 Per	riod	
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	PER 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	TF)		
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candi	date				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			1			Occupa	tion		1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (	of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reportii	ng Period			
HEIDELBAUGH FOR ATTORNE	Y GENERAL INC		From	11/2	3/2021	То:	12/31/2021
				DATE			AMOUNT
<b>To Whom Paid</b> Coldspark			МО	DAY	YEAR		
Mailing Address 307 Fourth	Avenue 14th Floor		11	29	2021	\$	411.64
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222		otion of Exp	penditure		
<b>To Whom Paid</b> UPS Store	·	·	мо	DAY	YEAR		
Mailing Address 4075 Lingle	estown Rd		12	1	2021	\$	19.56
<b>City</b> Harrisburg	State PA	<b>Zip Code (Plus 4)</b> 17112		otion of Exp ng/Printing			
<b>To Whom Paid</b> Zoom	·		МО	DAY	YEAR		
Mailing Address 3625 Brook	kside Parkway 4th Fl		12	9	2021	\$	16.04
<b>City</b> Alpharetta	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 30022		otion of Exp			
<b>To Whom Paid</b> Stripe			мо	DAY	YEAR		
Mailing Address 510 Towns	end Street		11	23	2021	\$	0.47
City San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103		otion of Exp ant Process			
	<u> </u>	l	1				PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report 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>			12/31/2021	
					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
<b>City</b> Pittsburgh	State PA	<b>Zip Code (Pl</b> 15228	us 4)	Description of Debt LOAN FROM CANDIDATE				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 15,000.00