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 2022	0012				port ed B		CANDI	DATE		СОМ	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		HAR	RT F	OR PE	NNSYLV	ANIA								
Street Address:	PO BOX 22																
City:	BRADFORD W	OODS						State:	PA			Zip Cod	le: 15	5015			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2021					IG METH				PAPER		\	DISKE	TTE	
Name of Office S	ought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	, , , , , , , , , , , , , , , , , , ,							МО	DAY	YE	AR	Number	couc	REP		couc	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES))
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	rrom:		11 23	20	021	Т	0	12	:	31	2021						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$			2,7	'50.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			2,7	'50.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			2,7	50.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
			,	AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. 1	[f th	is is	a Can	ididate r	eport, d	andi	late sig	ın here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached sche	dules	file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	e			
My Commission Ex	xpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	polit	tical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
my commission exp																	_
	МО	D	AY	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		
HART FOR PENNSYLVANIA	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)			\$	2,500.00
TOTAL for the Reporting) Period	(3)	\$	2,500.00
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			\$	2,500.00

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 Cand	idate	R	Reporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		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.

From: To: DATE AMOUNT	Name of Filing Comm	nittee or Candidate		Rep	orting F	Period			
Full Name of Contributor MO DAY YEAR Mailing Address \$ 0.				Froi	m:		To) :	
MO DAY YEAR Mailing Address \$ 0.			ı			DATE			AMOUNT
	Full Name of Contribut	or			мо	DAY	YEAR		
City State Zip Code (Plus 4)	Mailing Address							\$	0.00
	City	State	Zip Code (Plus 4)						
									PAGE TOTAL

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							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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					eporting Period					
HART FOR PENNSYLVANIA				From:	m: <u>11/23/2021</u>			<u>1</u> To : <u>12/31/2021</u>		
					DATE				AMOUNT	
Full Name of Contributor				мо	DAY		YEAR	\$	500.00	
JANICE SCHOENBERGER] *	300.00	
Mailing Address PO BOX 172				1	2 2	26	2021	l		
City SARVER	State	Zip Cod	de (Plus 4	•)						
	PA	16055	i			-				
Employer Name RETIRED				Occu	ation					
Employer Mailing Address/Principal	Place of Business	Cit	ty		State			Zip Co	ode (Plus 4)	
Full Name of Contributor				МО	DAY		YFAR		2 000 00	
Full Name of Contributor MICHAEL J. ROGAL				МО	DAY		YEAR	\$	2,000.00	
	ST DRIVE							\$	2,000.00	
MICHAEL J. ROGAL	ST DRIVE	Zip Coo	de (Plus 4	1		1	YEAR 2021	\$	2,000.00	
MICHAEL J. ROGAL Mailing Address 1092 LYNDHUR		Zip Coo 15206	•	1				\$	2,000.00	
MICHAEL J. ROGAL Mailing Address 1092 LYNDHUR	State	-	•)				\$	2,000.00	
MICHAEL J. ROGAL Mailing Address 1092 LYNDHUR City PITTSBURGH	State PA	-	5)	2 :	11	2021		2,000.00 ode (Plus 4)	
MICHAEL J. ROGAL Mailing Address 1092 LYNDHUR City PITTSBURGH Employer Name RETIRED	State PA Place of Business	15206	ty) 1 Occup	pation	11	2021	Zip Co	,	

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 of	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 (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	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 Per	iod	
HART FOR PENNSYLVANIA	From:	<u>11/23/2021</u> To:	12/31/2021
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	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	orting	Period								
From:										
DATE								AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address						\$				
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4) Description of Contribution					
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed PAGE TOTAL							PAGE TOTAL			
Summary Page, Section 3.								0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures of	on Dago 1 Bonort C	over Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures (ni rage 1, keport C	over rage, Item L	, .			\$	0.00