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	2C0224				port ed B		CANE	DIDA.	TE	✓	СО	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		MEL	LISS	A HAF	. ₹Τ										
Street Address:																		
City:	_							State:					Zip Code	e: 15	015			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE	-	2. X	30 DA		POS	T- 3	3.		AMENDME REPORT?	NT	Yes	N	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	DAY PRI N	Ē-	5.	30 DA		POS	T- 6	5.		TERMINAT REPORT?	ΓΙΟΝ	Yes	٨	lo	\
report type)	ANNUAL REPORT	7.	Year 20	22				IG METI CHECK					PAPER		\	DISK	ETTE	
Name of Office S	ought by Candida	ite:	-					DATE	OF E	LEC	TION		District Number	Office Code	Pai	ty Cod	e Cou	
								МО	DA	ΑY	YEAR		-1	GOV	REF)	1	
GOVERNOR								1	1	8	3 20	022		(SEE IN:	STRUCTI	ONS FOI	CODES	5)
Summary of	•	МО	DAY	YEAR	ł			МО	DA	ΑY	YEAR		FOR	OFFIC	CE USE	ONLY	7	
Expenditures	from:		3	29 2	022	T	0		5	2	2 2	022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			(3,836.	92)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fr	om Sche	dule	e I)	\$				0	.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			(3,836.	92)						
D. Total Expend	ditures (From Sch	edule II	I)				\$				1,553	.75						
E. Ending Cash	Balance (Subtrac	t Line D	From Lir	ne C)			\$			(5,390.6	57)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule	IV)			\$				0	.00						
				AFF	·ID/	AVI	T SE	CTION	١									
	s a Committee rep	-	_						=	-		_						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached	schedule	s file	ed on	paper	or by ele	ctroni	ic med	dium, are	e to t	he best of	my knov	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me thi day of	s	20								Signa	ature	of Person	Submitt	ting Re	oort		_
	Signati	ıre					-		_				Printe	ed Name	e			_
My Commission Ex	pires								_				Email					-
	МО	D	AY	YR						Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authoriz	ed Comr	nitte	ee, C	andid	ate sha	ll sig	n her	·e.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and b	pelief this	poli	itical	comm	ittee has	not v	iolate	d any pi	rovisi	ons of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this day of		20						_			Si	gnature of	Candida	ate			_
							-		_				Printed	Name				- $ $
My Commission Exp	Signature						-						Email					-
							-		_									_
	МО	D	AY	YR	ł				A	rea C	ode		Day	time T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MELISSA HART	From:	3/29/202	<u>2</u> To:	<u>5/2/2022</u>
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 ar 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

Name of Filing Committee or Candidate			ing F				
		From:			То	:	
				DATE			AMOUNT
ommittee		МС	o	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus 4)						
			MO	МО	ommittee MO DAY	ommittee MO DAY YEAR	ommittee MO DAY YEAR \$

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 o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
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 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 Sche	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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Pe	riod	
MELISSA HART	From:	3/29/2022 To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
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						\$	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 Candidate	e				Re	porting P	Period			
					Fro	m:		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

STATEMENT OF EXPENDITURES

Name of Filipp Committee on Condid							
Name of Filing Committee or Candid	ate		Reporti	ng Period			
MELISSA HART			From	<u>3/29</u>	9/2022	То:	5/2/2022
				DATE			AMOUNT
To Whom Paid COSTCO			МО	DAY	YEAR		
Mailing Address 1050 CRANBERR	XY SQ DR.		4	29	2022	\$	35.54
City CRANBERRY TWP.	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
5.022	PA	16066		FOR OFFIC			
To Whom Paid COMMONWEALTH OF PA			МО	DAY	YEAR		
Mailing Address 500 NORTH OFF	ICE		4	25	2022	\$	40.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Descrip LATE F	otion of Exp EES	penditure		
To Whom Paid COSTCO		·	мо	DAY	YEAR		
Mailing Address 1050 CRANBERR	RY SQ. DR.					\$	267.60
City CRANBERRY TWP.	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>	
	PA	16066		OR CAMPAI			
To Whom Paid SHEETZ		·	мо	DAY	YEAR		
Mailing Address VARIOUS						\$	396.77
City	State PA	Zip Code (Plus 4)	1	otion of Exp			
To Whom Paid MYERS LAW GROUP, LLC			МО	DAY	YEAR		
Mailing Address 17025 PERRY HV	NY.		4	5	2022	\$	10.00

Zip Code (Plus 4)

15086

Description of Expenditure

NOTARY SERVICES

State

PΑ

City

WARRENDALE

To Whom Paid							
STAPLES			мо	DAY	YEAR		
Mailing Address 1675 RT. 22	8		4	16	2022	\$	8.69
City CRANBERRY TWP.	State PA	Zip Code (Plus 4) 16066	Descrip PRINTI	I otion of Exp NG	penditure		
To Whom Paid WEXFORD BEER			мо	DAY	YEAR		
Mailing Address 10624 PERR	Y HWY		4	5	2022	\$	41.72
City WEXFORD	State PA	Zip Code (Plus 4) 15090		otion of Exp AGES FOR		SER	
To Whom Paid ANGIES BROOKSIDE			МО	DAY	YEAR		
Mailing Address 1360 EISEN	HOWER BLVD.		3	24	2022	\$	35.23
City HARRISBURG	State PA	Zip Code (Plus 4) 17111		otion of Exp			
To Whom Paid MT. LEBANON			мо	DAY	YEAR		
Mailing Address 710 WASHIN	NGTON RD		4	20	2022	\$	2.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15228	Descrip PARKIN	ition of Exp IG	enditure		
	i						
To Whom Paid SOUTHERN TIER PGH.	1		МО	DAY	YEAR		
	RE DR.		мо 4	DAY 20	YEAR 2022	\$	56.56
SOUTHERN TIER PGH.	RE DR. State PA	Zip Code (Plus 4) 15212	4 Descrip		2022 penditure		56.56
SOUTHERN TIER PGH. Mailing Address 316 N. SHO	State		4 Descrip	20 otion of Exp	2022 penditure		56.56
SOUTHERN TIER PGH. Mailing Address 316 N. SHOI City PITTSBURGH To Whom Paid	State PA		4 Descrip	20 Potion of Exp	2022 Denditure AIGN MEE		56.56

						PAG	⊏ 13	
To Whom Paid CADENCE CLUBHOUSE CAFE				DAY	YEAR			
Mailing Address 9999 KUMMER RD			4	8	2022	\$	46.52	
City ALLISON PARK	State PA	Zip Code (Plus 4) 15101	Descri p CAMPA					
To Whom Paid ETENDED STATE AMERICA				DAY	YEAR			
Mailing Address 300 N. MOREHALL RD.						\$	94.34	
City MALVERN	State PA	Zip Code (Plus 4) 19355		Description of Expenditure LODGING				
To Whom Paid NORTH HILLS COMM OUTREACH	I		МО	DAY	YEAR			
Mailing Address 1975 FERGUSON RD.			4	3	2022	\$	35.00	
City ALLISON PARK	State PA	Zip Code (Plus 4) 15101	Description of Expenditure EVENT					
To Whom Paid SOHO RESTAURANT			МО	DAY	YEAR			
Mailing Address FEDERAL ST			4	12	2022	\$	50.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15212	Description of Expenditure CAMPAIGN MTG					
To Whom Paid WALNUT GRILL			МО	DAY	YEAR			
Mailing Address 12599 PERRY HWY			4	6	2022	\$	35.96	
City WEXFORD	State PA	Zip Code (Plus 4) 15090		DESCRIPTION OF EXPENDITURE DINNER MTG W/ TREASURER				
To Whom Paid EZ PASS			мо	DAY	YEAR			
EZ PASS								
Mailing Address 300 EAST PA	RK DR.					\$	255.00	

To Whom Paid BJ'S			мо	DAY	YEAR		
Mailing Address 3805 HARTZDALE DR.			4	22	2022	\$	39.22
City HARRISBURG	State PA	Zip Code (Plus 4) 17011	Description of Expenditure GAS				
To Whom Paid SUNOCO			МО	DAY	YEAR		
Mailing Address RTS. 309 & amp; 378			4	13	2022	\$	18.72
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure GAS				
To Whom Paid SUNOCO				DAY	YEAR		
Mailing Address 1101 N. CAMERON ST.			4	14	2022	\$	24.82
City HARRISBURG	State PA	Zip Code (Plus 4) 17011	Description of Expenditure GAS				
To Whom Paid KC FUEL	·	·	МО	DAY	YEAR		
Mailing Address 7397 LINCOLN HIGHWAY			4	2	2022	\$	18.16
City CENTRAL CITY	State PA	Zip Code (Plus 4)	Description of Expenditure GAS				
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 1,553.75