Campaign Finance Report

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

Filer Identification	on 202	2C0224			Rep File			CANDI	DATE	✓	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:	1	MEL!	ISS	A HAR	RT					_				
Street Address:																	
City:								State:				Zip Code	: 15	015			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE:	- 5	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	No		\checkmark		
report type)	ANNUAL REPOR	r 7.	Year 2022		\prod			IG METHO				PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candid	ate:						DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО	DAY	YEAR	2	-1	GOV	REP			\neg
GOVERNOR							Ì	11		8 2	022		CODES)	,—			
	Receipts and	МО	DAY Y	'EAR				МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	i from:		5 3	20)22	T	0	6		6 2	022						
A. Amount Bro	ught Forward Fro	m Last R	leport		_		\$			(5,390.	67)						ļ
B. Total Moneta	ary Contributions	And Rec	eipts (From S	chec	Jule	I)	\$			0	.00						
C. Total Funds	Available (Sum C)f Lines A	and B)				\$			(5,390.	67)						ļ
D. Total Expend	ditures (From Sc	nedule II	.1)				\$			1,809	.08						ļ
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			(7,199.	75)						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From Sch	edul	e II)	\$			0	.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)				\$			315	.00		1				
			A	4FFI	IDA	١V	T SE	CTION									
PART I - If this is		•	=														
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sched	dules	filed	l on	paper o	or by elect	ronic m	edium, ar	e to t	he best of i	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	scribed before me th day of	is	20							Sign	ature	of Person	Submitt	ing Rep	ort		-
	Signat				_		- -					Printe	d Name				-1
My Commission Ex	_	uic										Email					-
	МО	D	PAY	YR			_		Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized Co	omm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted any pi	rovisi	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		5									Si	ignature of	Candida	te			-
	day of						-					Printed	Name				-
	Signature						-						Num.				_
My Commission Exp	_											Email					
	МО	D	PAY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MELISSA HART	From:	5/3/202	<u>2</u> To:	6/6/2022
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 value		\$2	250.00) in the			
Name of Filing Comn	nittee or Candidate			eporting	Period	То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	I	I	!			-1		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 Filling Committee of Candidate					Reporting Period From: 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	chedule 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			
			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	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	GE 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 Period		
MELISSA HART	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 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					Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
MELISSA HART			From	<u>5/</u>	3/2022	То:	6/6/2022
				DATE			AMOUNT
To Whom Paid ADVANCE NOTARY MYERS LAW	GRP		мо	DAY	YEAR		
Mailing Address 17025 PERRY	Y HWY		5	6	2022	\$	15.00
City WEXFORD	State PA	Zip Code (Plus 4) 15090	Descrip NOTAR	otion of Exp	penditure	1	
To Whom Paid ADVANCE EZ PASS			МО	DAY	YEAR		
Mailing Address			5	3	2022	\$	115.00
City HARRISBURG	State PA	Zip Code (Plus 4)	Descrip TOLLS	otion of Exp	penditure	•	
To Whom Paid SHEETZ ADVANCE			мо	DAY	YEAR		
Mailing Address			5	7	2022	\$	43.89
City MEADVILLE	State PA	Zip Code (Plus 4)	Descrip GAS	tion of Exp	penditure	<u>.</u>	
To Whom Paid ADVANCE USPS			МО	DAY	YEAR		
Mailing Address 240 EXECUT	IVE DR.		5	12	2022	\$	58.00
City CRANBERRY TWP	State PA	Zip Code (Plus 4) 16066	Descrip POSTA	otion of Exp	penditure	1	
To Whom Paid ADVANCE CENTER ST. GRILL			МО	DAY	YEAR		
Mailing Address			5	13	2022	\$	50.88
City ENOLA	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		

DINNER

PA

To Whom Paid ADVANCE SHEETZ				мо	DAY	YEAR			
Mailing Address	3838 ROUTE 30			5	14	2022	\$	52.84	
City LATROBE		State PA	Zip Code (Plus 4) 15650	Description of Expenditure GAS					
To Whom Paid ADVANCE SHEETZ			МО	DAY	YEAR				
Mailing Address 1233 HWY. 315 BLVD.			5	16	2022	\$	38.99		
City PLAINS T	WP.	State PA	Zip Code (Plus 4) 18702	Descrip GAS	cription of Expenditure				
To Whom Paid ADVANCE SHEETZ			МО	DAY	YEAR				
Mailing Address 300 MAIN			5	16	2022	\$	36.35		
City BROOKVI	LLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure GAS					
To Whom Paid ADVANCE KWIK FILL			МО	DAY	YEAR				
Mailing Address				5	16	2022	\$	35.75	
City CLARION		State PA	Zip Code (Plus 4) 16214	Description of Expenditure GAS					
To Whom Paid ADVANCE WESTMORELAND R. COMM			МО	DAY	YEAR				
ADVAINCE WEST	MORELAND R. COMM								
Mailing Address	MORELAND R. COMM			5	5	2022	\$	120.00	
		State PA	Zip Code (Plus 4)	5 Descrip		2022 penditure		120.00	
Mailing Address	BURG		Zip Code (Plus 4)	5 Descrip	5 tion of Exp	2022 penditure		120.00	
Mailing Address City GREENSB To Whom Paid	BURG		Zip Code (Plus 4)	5 Description DINNER	5 R TICKETS	2022 penditure FOR VOL		120.00	

To Whom Paid ADVANCE KREBS MOTOR NORTH, INC. Mailing Address ROUTE 8 State PA Zip Code (Plus 4) 15044 Description of Expenditure CAR PART DAMAGED ON 5/16 TRIP To Whom Paid ADVANCE USPS Mailing Address SELDOM SEEN RD. State PA Zip Code (Plus 4) 15045 Description of Expenditure CAR PART DAMAGED ON 5/16 TRIP MO DAY YEAR Zip Code (Plus 4) 15015 Description of Expenditure POSTAGE To Whom Paid CITY HARRISBURG-ADVANCE	73.56 IP 34.80
City GIBSONIA State PA 15044 To Whom Paid ADVANCE USPS Mailing Address SELDOM SEEN RD. City BRADFORDWOODS State PA 15015 State PA 2ip Code (Plus 4) 15044 Description of Expenditure CAR PART DAMAGED ON 5/16 TRIP MO DAY YEAR 2ip Code (Plus 4) 15015 Description of Expenditure CAR PART DAMAGED ON 5/16 TRIP MO DAY YEAR FOSTAGE To Whom Paid	IP
To Whom Paid ADVANCE USPS Mailing Address SELDOM SEEN RD. State PA To Whom Paid	
ADVANCE USPS Mo DAY YEAR Mailing Address SELDOM SEEN RD. 5 18 2022 \$ City BRADFORDWOODS State PA 15015 Description of Expenditure POSTAGE To Whom Paid MO DAY YEAR	34.80
City BRADFORDWOODS State PA 15015 Description of Expenditure POSTAGE To Whom Paid MO DAY YEAR	34.80
PA 15015 POSTAGE To Whom Paid MO DAY YEAR	
MO DAY YEAR	
Mailing Address 5 13 2022 \$	6.25
City HARRISBURG State Zip Code (Plus 4) Description of Expenditure PARKING	
To Whom Paid ADVANCE EXXON MOBIL MO DAY YEAR	
Mailing Address 5 13 2022 \$	61.22
City HARRISBURG State PA PA Zip Code (Plus 4) Description of Expenditure GAS	
nakkisborg Description of Expenditure	
To Whom Paid MO DAY YEAR	54.53
To Whom Paid ADVANCE MARATHON PETRO MO DAY YEAR Mailing Address	54.53
To Whom Paid ADVANCE MARATHON PETRO Mailing Address State PA Mo DAY YEAR \$ 12 2022 \$ City Description of Expenditure	54.53
To Whom Paid ADVANCE MARATHON PETRO Mailing Address State PA To Whom Paid	54.53 57.02

To Whom Paid ROB WAGNER ADVANCE			МО	DAY	YEAR			
Mailing Address RT 19			6	1	2022	\$	20.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15237	Description of Expenditure ASSIST W/ CAR REPAIR					
To Whom Paid EZ PASS ADVANCE			МО	DAY	YEAR			
Mailing Address			5	16	2022	\$	115.00	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure TOLLS					
Enter Grand Total of Evnen	ditures on Page 1. Pe	uport Cover Page Item D					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,809.08	

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			Reportir	ting Period					
MELISSA HART			From:		<u>5/3/2022</u>	То:		6/6/2022) =
					DATE			Outstandin Balance of	
Name of Creditor				мо	DAY	YEAR			
PA TURNPIKE TOLL BY PLATE									
Mailing Address							\$		70.00
City HARRISBURG	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot			
	PA			INEXPL PASS	ICABLE TO	LL BY	PLATE	BILL/USE) EZ
				DATE				Outstanding Balance of Debt	
Name of Creditor				мо	DAY	YEAR			
CITY OF HARRISBURG				1-10		ILAK			
Mailing Address							\$		50.00
City HARRISBURG	State	Zip Code (Pl	us 4)	Description of Debt					
TWINING BOING	PA	17101			ption of Debt NG TICKET DISPUTED				
<u> </u>				DATE	D			ng Debt	
Name of Creditor						V=15			
PA TURN PIKE				МО	DAY	YEAR			
Mailing Address							\$		195.00
City HARRISBURG	State Zip Code (Plus 4)		us 4)	Description of Debt					
	PA	17101		FINES	DISPUTED				
				PAGE TOTA				OTAL	
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$		315.00