

Campaign Finance Report

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

Filer Identification Number : 2022C0224		Report Filed By :		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: MELISSA HART											
Street Address:											
City:					State:		Zip Code: 15015				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
GOVERNOR					MO	DAY	YEAR	-1	GOV	REP	
					11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	3	2022		6	6	2022			
A. Amount Brought Forward From Last Report					\$		(5,390.67)				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		(5,390.67)				
D. Total Expenditures (From Schedule III)					\$		1,809.08				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		(7,199.75)				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		315.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
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 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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 Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 B
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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 MELISSA HART	Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MELISSA HART	From <u>5/3/2022</u> To: <u>6/6/2022</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
ADVANCE NOTARY MYERS LAW GRP	5	6	2022	\$	15.00
Mailing Address 17025 PERRY HWY					
City WEXFORD	State PA	Zip Code (Plus 4) 15090	Description of Expenditure NOTARY		
To Whom Paid ADVANCE EZ PASS	5	3	2022	\$	115.00
Mailing Address					
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure TOLLS		
To Whom Paid SHEETZ ADVANCE	5	7	2022	\$	43.89
Mailing Address					
City MEADVILLE	State PA	Zip Code (Plus 4)	Description of Expenditure GAS		
To Whom Paid ADVANCE USPS	5	12	2022	\$	58.00
Mailing Address 240 EXECUTIVE DR.					
City CRANBERRY TWP	State PA	Zip Code (Plus 4) 16066	Description of Expenditure POSTAGE		
To Whom Paid ADVANCE CENTER ST. GRILL	5	13	2022	\$	50.88
Mailing Address					
City ENOLA	State PA	Zip Code (Plus 4)	Description of Expenditure DINNER		

To Whom Paid ADVANCE SHEETZ			MO	DAY	YEAR	
Mailing Address 3838 ROUTE 30			5	14	2022	
City LATROBE	State PA	Zip Code (Plus 4) 15650	Description of Expenditure GAS			
To Whom Paid ADVANCE SHEETZ			MO	DAY	YEAR	
Mailing Address 1233 HWY. 315 BLVD.			5	16	2022	
City PLAINS TWP.	State PA	Zip Code (Plus 4) 18702	Description of Expenditure GAS			
To Whom Paid ADVANCE SHEETZ			MO	DAY	YEAR	
Mailing Address 300 MAIN			5	16	2022	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure GAS			
To Whom Paid ADVANCE KWIK FILL			MO	DAY	YEAR	
Mailing Address			5	16	2022	
City CLARION	State PA	Zip Code (Plus 4) 16214	Description of Expenditure GAS			
To Whom Paid ADVANCE WESTMORELAND R. COMM			MO	DAY	YEAR	
Mailing Address			5	5	2022	
City GREENSBURG	State PA	Zip Code (Plus 4)	Description of Expenditure DINNER TICKETS FOR VOLUNTEERS			
To Whom Paid ADVANCE RED HYP			MO	DAY	YEAR	
Mailing Address 433 BUTLER ST.			5	3	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15223	Description of Expenditure CAMPAIGN LITERATURE			

To Whom Paid ADVANCE KREBS MOTOR NORTH, INC.			MO	DAY	YEAR	\$	73.56
Mailing Address ROUTE 8			5	21	2022		
City GIBSONIA	State PA	Zip Code (Plus 4) 15044	Description of Expenditure CAR PART DAMAGED ON 5/16 TRIP				
To Whom Paid ADVANCE USPS			MO	DAY	YEAR	\$	34.80
Mailing Address SELDOM SEEN RD.			5	18	2022		
City BRADFORDWOODS	State PA	Zip Code (Plus 4) 15015	Description of Expenditure POSTAGE				
To Whom Paid CITY HARRISBURG-ADVANCE			MO	DAY	YEAR	\$	6.25
Mailing Address			5	13	2022		
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure PARKING				
To Whom Paid ADVANCE EXXON MOBIL			MO	DAY	YEAR	\$	61.22
Mailing Address			5	13	2022		
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure GAS				
To Whom Paid ADVANCE MARATHON PETRO			MO	DAY	YEAR	\$	54.53
Mailing Address			5	12	2022		
City	State PA	Zip Code (Plus 4)	Description of Expenditure GAS				
To Whom Paid SUNOCO ADVANCE			MO	DAY	YEAR	\$	57.02
Mailing Address			5	11	2022		
City	State PA	Zip Code (Plus 4)	Description of Expenditure GAS				

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

SCHEDULE IV

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 MELISSA HART				Reporting Period From: <u>5/3/2022</u> To: <u>6/6/2022</u>			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor PA TURNPIKE TOLL BY PLATE				MO	DAY	YEAR	
Mailing Address							\$ 70.00
City HARRISBURG	State PA	Zip Code (Plus 4)		Description of Debt INEXPLICABLE TOLL BY PLATE BILL/USED EZ PASS			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor CITY OF HARRISBURG				MO	DAY	YEAR	
Mailing Address							\$ 50.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		Description of Debt PARKING TICKET DISPUTED			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor PA TURN PIKE				MO	DAY	YEAR	
Mailing Address							\$ 195.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		Description of Debt FINES DISPUTED			
						Outstanding Balance of Debt	
						DATE	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL	
						\$ 315.00	