### **Campaign Finance Report**

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

Filer Identificati	on	2022	C1226				por		CAND	IDATE	<b>✓</b>	CC	MMITTEE		LOBE	BYIST			
Number :	ammitta	o Candida	ato or L	ahbvist.			ed E		CDONA	ONALD								—	
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		ПЕЯ	АІП	K MA	CDONAL	_U									
Street Address:									1				1						
City:									State:				Zip Code	Zip Code: 17011					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b> AMENDMENT Yes REPORT?					No	`		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No	`		
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METH CHECK (				PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	L Sought by	, Candidat	·e:						DATE (	TE OF ELECTION District Office Party C					ty Code	Count Code	y		
									МО	DAY	YEA	\R	Number 103	<b>Code</b> STH	DEN	1	code		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					1:	1	8	2022	<b>-</b>	(SEE INS	TRUCTIO	ONS FOR (	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEA	١R	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:			5 3	2	022	T	0	(	5	6	2022							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$		•	•	0.00							
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dul	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00							
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00		,					
					AFF	-ID	AVI	T SE	CTION										
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign	here.	If th	his is	a Car	ndidate ı	eport,	candida	ate sig	gn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	<b>e</b> ,	
Sworn to and subs	cribed before day of	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort			
	_	Signatur	·e	_				_					Printe	ed Name				-	
My Commission Ex	pires												Email					-	
		мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shal	l sign h	ere.								
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	s poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			۱-	
	day of —							_					Printed	Name				-	
	:	Signature						_										_	
My Commission Exp		-											Email						
	_	МО	D	AY	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		
HEATHER MACDONALD	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 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE 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 Fining 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)	)						

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	lame of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		Α	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 Sci	nedule 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.)

ame of Filing Committee or Candidate				Reporting Period						
	From:						<b>)</b> :			
				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 Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, <b>2000</b>		22300				\$	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		
HEATHER MACDONALD	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	Name of Filing Committee or Candidate Re					Reporting Period					
	From:										
				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 Candidate					Re	porting l	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	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00