

Commonwealth of Pennsylvania

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 : 20220012		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: HART FOR PENNSYLVANIA										
Street Address: P.O. BOX 22										
City: BRADFORDWOODS			State: PA	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.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	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
				MO	DAY	YEAR	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	
		6	7	2022	TO	9	19	2022		
A. Amount Brought Forward From Last Report				\$		4,224.51				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		11,534.09				
C. Total Funds Available (Sum Of Lines A and B)				\$		15,758.60				
D. Total Expenditures (From Schedule III)				\$		5,000.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		10,758.60				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		2,879.08				

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
HART FOR PENNSYLVANIA	From: <u>6/7/2022</u> To: <u>9/19/2022</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)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 11,034.09

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.)	\$ 11,534.09
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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 HART FOR PENNSYLVANIA	Reporting Period From: <u>6/7/2022</u> To: <u>9/19/2022</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
RICHARD ANDRUS					
Mailing Address 513 DELMAR DRIVE	6	28	2022	\$	500.00
City BRADFORDWOODS State PA Zip Code (Plus 4) 15015					
Employer Name SELF	Occupation INSURANCE				
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
\$ 500.00

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 HART FOR PENNSYLVANIA	Reporting Period From: <u>6/7/2022</u> To: <u>9/19/2022</u>
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			DATE			AMOUNT
Full Name	Mailing Address	City	MO	DAY	YEAR	
ACCELEVATE 2020, LLC	3800 CREEK RD.	DRIPPING SPRINGS	9	19	2022	\$ 11,000.00
		State TX				
		Zip Code (Plus 4) 78620				
Receipt Description PAYMENT UNCASHED FOLLOWING FAILURE TO PERFORM REP INSTRUCTIONS FROM CAMPAIGN						
ENTERPRISE BANK	4091 MT. ROYAL	ALLISON PARK	6	30	2022	\$ 10.12
		State PA				
		Zip Code (Plus 4) 15101				
Receipt Description INTEREST ON ACCOUNT						
	4091 MT ROYAL	ALLISON PARK	7	31	2022	\$ 10.19
		State PA				
		Zip Code (Plus 4) 15101				
Receipt Description INTEREST ON ACCOUNT						
	4091 MT ROYAL	ALLISON PARK	8	31	2022	\$ 13.78
		State PA				
		Zip Code (Plus 4) 15101				
Receipt Description INTEREST ON ACCOUNT						

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

PAGE TOTAL	
\$	11,034.09

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 HART FOR PENNSYLVANIA	Reporting Period From: <u>6/7/2022</u> To: <u>9/19/2022</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:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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
HART FOR PENNSYLVANIA	From <u>6/7/2022</u> To: <u>9/19/2022</u>

	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
RENEGADE COMMUNICATIONS				
Mailing Address 10950 GILROY RD. SUITE J	6	27	2022	\$ 5,000.00
City HUNT VALLEY	State MD		Zip Code (Plus 4) 21031	Description of Expenditure CONSULTING
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 5,000.00

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 HART FOR PENNSYLVANIA				Reporting Period From: <u>6/7/2022</u> To: <u>9/19/2022</u>			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor RED HYP				MO	DAY	YEAR	
Mailing Address 433 BUTLER ST.				5	17	2022	\$ 1,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15223		Description of Debt			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor MELISSA HART				MO	DAY	YEAR	
Mailing Address P.O. BOX 22				5	17	2022	\$ 1,809.08
City BRADFORDWOODS	State PA	Zip Code (Plus 4) 15015		Description of Debt ADVANCED CAMPAIGN COSTS			
						Outstanding Balance of Debt	
						DATE	
Name of Creditor US POSTAL SERVICE				MO	DAY	YEAR	
Mailing Address SELDFOM SEEN RD.							\$ 70.00
City BRADFORDWOODS	State PA	Zip Code (Plus 4) 15015		Description of Debt			
						PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	2,879.08