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	20012				port ed B		CAND	IDATE		СОМ	ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		HAR	RT F	OR PE	NNSYLV	ANIA									
Street Address:	P.O. BOX 22																	
City:	BRADFORDW	OODS						State:	PA			Zip Cod	le: 15	5015				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	. [2.	30 DA PRIMA		POST-	T- 3.		AMENDMENT REPORT?		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT?		Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2022					IG METH CHECK C				PAPER		\checkmark	DISKE	ГТЕ		
Name of Office S	Sought by Candida	te:	•					DATE ()F ELE	CTIC	N	District Number	Office Code	Part	ty Code	County Code		
								МО	DAY	ΥI	EAR		10000	REP	1			
								11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)		
	Receipts and	МО	DAY YI	EAR				мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		10 25	20	022	Т	0	1:	L	28	2022							
A. Amount Bro	ught Forward Fro	n Last R	eport				\$			6,	185.23							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$				14.34							
C. Total Funds Available (Sum Of Lines A and B) \$ 6,199.									199.57									
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,0	00.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			5,1	.99.57							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II	I)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			2,4	165.00			'				
			Α	۱FF	IDA	AVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. 1	if th	nis is	a Can	didate r	eport,	candi	date sig	jn here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	lules	filed	d on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true		
Sworn to and subs	cribed before me thi day of	5	20							S	Signature	of Perso	n Submit	ting Rep	ort			
	Signatu		_				- -					Prin	ted Name	e				
My Commission Ex	_											Ema	il					
	МО	D	AY	YR			-		Ar	ea Cod	de	Daytim	e Telepi	none Nur	nber			
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief	this	polit	tical	commi	ittee has	not viola	ted ar	ıy provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,		
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate				
	day of						-					Drinto	d Name					
	Signature						-											
My Commission Exp	_											Ema	ii					
	МО	D	AY	YR			•		Area	Code		Da	ytime T	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
HART FOR PENNSYLVANIA	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	14.34
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)	\$	14.34
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			\$	28.68

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 Candi	date	R	eporting	Period			
		F	rom:		То	ŧ	
		•		DATE			AMOUNT
Full Name of Contributing Committee	2		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Com	mittee or Candidate	R	eporting F	Period			
		F	rom:		To	o:	
		l		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
			1			1	
							PAGE TOTAL

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		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							~	0.00
City	State	Zip Cod	e (Plus 4)					
	•						•	PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule 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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	Reporting Pe	eriod	
HART FOR PENNSYLVANIA	From:	<u>10/25/2022</u> To:	11/28/2022

			D	ATE		AMOUNT	
Full Name				5.04	W=45		
ENTERPRISE BANK			МО	DAY	YEAR	\$	14.34
Mailing Address 4091 MOUNT ROYA	L BLVD.		10	31	2022		
City ALLISON PARK	State	Zip Code (Plus 4)]		2022		
	PA	15101					
Receipt Description INTEREST ON	ACCOUNT	•					

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

PAGE TOTAL \$14.34

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 Per	iod	
HART FOR PENNSYLVANIA	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candidate	Reporting Period							
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period					
				Fro	m:		To:				
						DATE			AMOUN	т	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								1	\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	oation					
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion	
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period					
HART FOR PENNSYLVANIA	From	10/25/2022	То:	11/28/2022			

			DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR						
RENEGADE COMMUNICATIONS	MO	DAI	ILAK						
Mailing Address 10950 GILROY RD. STE. J				25	2022	\$	1,000.00		
City HUNT VALLEY	State	Zip Code (Plus 4)	Description of Expenditure						
	MD		CONSULTING						
							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,000.00		

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			Reporting Period							
HART FOR PENNSYLVANIA				<u>10/25/2022</u> To:				11/28/2022		
					DATE			Outstandii Balance of		
Name of Creditor MELISSA HART				мо	DAY	YEAR				
Mailing Address P.O. BOX 22							٦ ,	\$	2,465.00	
City BRADFORDWOODS	State	Zip Code (P	lus 4)	Description of Debt						
	PA	15015		UNPAID CAMPAIGN EXPENSES, P.O. BOX, TOLL MILEAGE				OX, TOLLS,		
								PAGI	E TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.									2,465.00	