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 :				port ed B		CANDI	COMM		MITTEE		LOBE	BYIST					
Name of Filing C	Committee, Candi	date or L	obbyist:		HAR	T F	OR PE	NNSYLVA	ANIA								
Street Address:	P.O. BOX 22																
City:	BRADFORDV	/00DS						State:	PA			Zip Cod	le: 15	5015			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT	MENDMENT Yes PORT?		No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pri	Ē- !	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPOR	T 7.	Year 2022					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candid	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		1000	REP			
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR (ODES)	1
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			10 25	2	022	Т	0	11	:	28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			6,1	.85.23						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	· I)	\$				14.34						
C. Total Funds	Available (Sum (of Lines A	and B)				\$			6,1	.99.57						
D. Total Expen	ditures (From Sc	hedule II	I)				\$			1,0	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			5,1	99.57						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$			2,4	65.00			'			
				AFF	IDA	١٧٢	T SE	CTION									
PART I - If this is		-	_														
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached scl	1edule:	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	1e
Sworn to and subs	cribed before me th	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
							- -					Prin	ted Name	e			-
My Commission Ex	Signat opires	ure										Ema	il				-
•	мо	D	AY	YR			_		Are	ea Cod	e		e Telepi	none Nu	mber		-
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me thi	S									s	ignature o	of Candid	ate			-
	day of						_										_
	Signature						-					Printe	d Name				
My Commission Exp	_	•										Ema	il				_
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	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
Γ				
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 Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

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 Filing Committ	ee or Candidate		Reporting F	Period			
			From:		To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address						I	
Mailing Address City	State	Zip Code (Plus 4)					
	State	Zip Code (Plus 4)					

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

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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	Reporting Pe	eriod	
HART FOR PENNSYLVANIA	From:	10/25/2022 To:	11/28/2022

			D	ATE		AMOUNT	
Full Name			NO.	DAY	VEAD		
ENTERPRISE BANK			МО	DAY	YEAR	\$	14.34
Mailing Address 4091 MOUNT ROYAL	10	31	2022				
City ALLISON PARK	State	Zip Code (Plus 4)	10		2022		
	PA	15101					
Receipt Description INTEREST ON A	CCOUNT						

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 Peri	od	
HART FOR PENNSYLVANIA	From:	10/25/2022 To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Can	didate		Reportin	g Period				
			From:			To	·	
				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 or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
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					TEAR				
Mailing Address 10950 GILROY RD. STE. J			11	25	2022	\$	1,000.00		
City HUNT VALLEY	State	Zip Code (Plus 4)	Description of Expenditure						
	MD		CONSU	LTING					
							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			Outstanding Balance of Debt		
Name of Creditor MELISSA HART				мо	DAY	YEAR				
Mailing Address P.O. BOX 22							\$		2,465.00	
City BRADFORDWOODS	State	Zip Code (P	(Plus 4) Description of Debt UNPAID CAMPAIGN EXPENSI MILEAGE							
	PA	15015					NSES, P.O. BOX, TOLLS,			
								PAGE	TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$		2,465.00	