Campaign Finance Report

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

Filer Identificat Number :	ion 2022	20012			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing	Committee, Candid	ate or Lo	obbyist:			-	NNSYLV	ANIA				L			
Street Address:	P.O. BOX 22														
City:	BRADFORDW	OODS					State:	PA			Zip Co	de: 15	015		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 DA ELEC		POST-	6.		TERMIN REPORT		Yes	🗸 No	
report type)	ANNUAL REPORT	7. X	Year 2022				FILING METHOD () CHECK ONE				PAPER		DISKETTE		
Name of Office	Sought by Candida	te:					DATE O	F ELEC	стіо	N	District Number	Office Code	Par	ty Code	County Code
			мо					DAY	YE	AR	rtumber	coue	REP	,	couc
							11		8	2022	 	(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	L1 29	20)22 T	0	1		2	2023					
A. Amount Bro	ought Forward From	m Last R	eport			\$			5,1	.99.57					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 23.86															
C. Total Funds Available (Sum Of Lines A and B) \$ 5,223.43															
D. Total Expenditures (From Schedule III) \$ 5,223							23.43								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$				0.00					
				AFFI	IDAVI	T SE	CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign	here. I	f this is	a Car	ndidate re	eport, c	andio	late sig	gn here.				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	edium	, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	S	20						s	ignatur	e of Perso	n Submitt	ing Rep	oort	
			_			-					Prin	ted Name			
My Commission E	Signatu xpires	ire									Ema	il			
	мо	DA	AY	YR		-		Are	a Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ef this (political	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		20							s	ignature	of Candida	ite		
						-					Printe	ed Name			
My Commission Ex	Signature					-					Ema	nil			
						_									
	МО	D	AY	YR				Area (Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** HART FOR PENNSYLVANIA From: <u>11/29/2022</u> **To:** <u>1/2/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 23.86 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 23.86 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 47.72 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing 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.								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				orting P	Period				
				From: To:):		
					DATE			AMOUNT	
Full Name of Contributor				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.								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	Reporting Period					
			From:	То:					
				DA	TE			AMOUNT	
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 Schedule I, Detailed Summary Page, Section							\$	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	Name of Filing Committee or Candidate			Reporting Period					
From				m: To:					
				DATE AMOUNT					
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City					State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P. \$	AGE 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	Name of Filing Committee or Candidate				Reporting Period						
HART FOR PENNSYLVANIA			From:		11/29/202	<u>2</u> To:	: <u>1/2/2023</u>				
				D	ATE			AMOUNT			
Full Name ENTERPRISE BANK				мо	DAY	YEAR	\$	14.10			
Mailing Address 4091 MOUNT ROYAL	BLVD.			11	30	202	2				
City ALLISON PARK	State	Zip Code (Plus 4)								
	PA	15101									
Receipt Description INTEREST ON AC	COUNT	•									
Full Name ENTERPRISE BANK				мо	DAY	YEAR	\$	9.76			
Mailing Address MOUNT ROYAL BLVD.				12	31	202	2				
City ALLISON PARK	State	Zip Code (Plus 4)	12	51	202	2				
	РА	15101									
Receipt Description INTEREST ON AC	COUNT										
		_		_				PAGE TOTAL			
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$	23.86			

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

SE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period											
HART FOR PENNSYLVANIA	From:	<u>11/29/2022</u> To:	<u>1/2/2023</u>									
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00									
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)												
TOTAL for the Reporting Pe	riod (2)	\$	0.00									
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)												
TOTAL for the Reporting Pe	riod (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, 1		\$	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:			1								
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	Name of Filing Committee or Candidate				Reporting Period					
				m:		То:				
					DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac	e of Business C	lity	State Zip Code(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			Reporti	ng Period					
HART FOR PENNSYLVANIA	HART FOR PENNSYLVANIA				9/2022	То:	<u>1/2/2023</u>		
				DATE AMOUNT					
To Whom Paid			мо	DAY	YEAR				
MICHAEL O'CONNELL Mailing Address 1018 CARLISLE ST				30	2022	\$	3,400.00		
City NATRONA HGTS State Zip Code (Plus 4)				l tion of Exp	l enditure				
	PA	15065	CONSU	LTING					
To Whom Paid MELISSA HART			мо	DAY	YEAR				
Mailing Address P.O. BOX 22			12	30	2022	\$	1,823.43		
City BRADFORDWOODS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	15015	EXPENS	E REIMBU	RSEMENT	г			
							PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, keport C	over Page, Item L).			\$	5,223.43		