Campaign Finance Report

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

							eport CANDII			DATE	√	CC	COMMITTEE LOBBYIST						
Number : Name of Filing C	ommitte	e Candida	ate or L	ohhvist:		Ь—		y : A HAI	T T										—
Nume of Fining C		c, canala		obbyist.		11111		AHAI	<u> </u>										
Street Address:									1					1					
City:									State	e:				Zip Code	e: 15	015			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	No)	√
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		POST- 6. X			TERMINAT REPORT?	TION	Yes	No)	√	
report type)	ANNUAL	REPORT	7.	Year 2022					NG ME					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Cought by	Candidat	ъ.						DAT	ΕO	F ELE	СТІС)N	District	Office	Par	ty Code		
Nume of office of	ought by	Cumulaut							МО		DAY	YI	EAR	Number -1	Code GOV	REP	•	Code	
GOVERNOR										11		8	2022	-	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR								МО		DAY	Y	EAR	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:			10 25	2	022	T	0		11	2	28	2022						
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$			•	(7,1	99.75)						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				(7,1	99.75)						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(7,19	99.75)						
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	CTIC	N									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Caı	ndidat	e re	port, c	andi	date sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by e	lecti	ronic me	edium	, are to	the best of	my know	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20								5	Signature	e of Person	Submitt	ing Rep	oort		-
	_	Signatur	re					- -						Printe	ed Name				-
My Commission Ex	cpires									•				Email					_
		мо	D	AY	YR						Are	ea Co	le	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sh	nall s	sign he	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 h	as n	ot violat	ted ar	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 133	3,
Sworn to and subsc		re me this											s	ignature of	Candida	ite			-
	day of —			_ 20				_						Printed	l Name				-
		Signature						-											_
My Commission Exp										Email									
	_	мо	D	AY	YR	₹		-			Area	Code		Day	ytime Te	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -										
Name of Filing Committee or Candidate	Reporting	g Period								
MELISSA HART	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)	\$	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	\$	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 an 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

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						
		F	rom:		То	I			
		•		DATE			AMOUNT		
Full Name of Contributing Committee	Full Name of Contributing Committee				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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate				Reporting Period					
				Froi	m:		To):	
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
				- 1					
Mailing Address				╛				\$	0.00
Mailing Address City	State	Z	Zip Code (Plus 4)					\$	0.00

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.

lame of Filing Committee or Candidate		Reporting Period						
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, So				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	ame of Filing Committee or Candidate			Reporting Period					
			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		•		Occupation					
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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
		•		D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address	Mailing Address						7		
City	State	Zip Code (Plu	ıs 4)						
Receipt Description	<u>'</u>	<u>'</u>			•				
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 Per	iod							
MELISSA HART	From:	<u>10/25/2022</u> To:	11/28/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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					
						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•		•			
					-				
	Inter Grand Total of Part F on Schedule II, In-Kind Contributions Det				ge,		PAGE TOTAL	•	
ection 2.						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupation				
Employer Mailing Address/Principal Place of Business City				State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
		DATE	AMOUNT					
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				Description of Expenditure				
inter Count Tatal of French distance on Board Board Count Board Thomas							PAGE TOTAL	
ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<i>,</i> .			\$	0.00	

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 (me of Filing Committee or Candidate				rting Period					
MELIS	SA HART			From:	<u>10</u>)/25/2022	To:	<u>1</u>	1/28/2022	
						DATE			tstanding ance of Debt	
Name	of Creditor				мо	DAY	YEAR			
CITY (OF HARRISBURG				1.10					
Mailin	Mailing Address							\$		0.00
City	HARRISBURG State Zip Code (Plus 4)					tion of Deb	t			
		PA			DISPUT	E RESOLVE	ED			
Name	of Creditor				мо	DAY	YEAR			
PA TU	RNPIKE				MO	DAI	ILAK			
Mailin	g Address							\$		0.00
City	HARRISBURG	State	Zip Code (P	Plus 4)	Descrip	tion of Deb	t			
		PA			DISPUT	E RESOLVI	ED			
									PAGE TOTA	AL
Ent	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				ı G.			\$		0.00