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	20220	C0224				port ed E		CAN	IDII	DATE	√	cc	MMITTEE		LOBI	BYIST	
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		MEI	LISS	A HAF	RT									
Street Address:																		
City:									State	:				Zip Cod	e: 15	015		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRI	≣-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	TION	Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2022					GHECH					PAPER	TTE			
Name of Office S	Sought by	/ Candidat	e:	•					DATI	E O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
									МО		DAY	YE	AR	-1	GOV	REF	,	code
GOVERNOR										11		8	2022	┢─	(SEE IN	STRUCTI	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	YE	AR	FOI	ROFFIC	E USE	ONLY	
Expenditures	from:			11 29	2	022	T	0		12	,	31	2022					
A. Amount Bro	ught For	ward From	ı Last R	eport				\$				(7,19	9.75)					
B. Total Moneta	ary Conti	ributions A	and Rec	eipts (From	Sche	dule	e I)	\$				1,8	23.43					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				(5,37	76.32)					
D. Total Expend	ditures (From Sche	dule II	I)				\$					0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(5,37	6.32)]				
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00					
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV)			\$					0.00			•		
					AFF	ID	AVI	T SE	CTIC	N								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	andid	late sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	hedule	s file	d on	paper	or by e	lectr	onic m	edium,	are to	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed bef	ore me this		20								Si	ignature	e of Person	Submitt	ing Re	oort	
	_	Signatur	e					- -						Print	ed Name	ŀ		
My Commission Ex	cpires							_		-				Email				
		мо	D	AY	YR						Are	ea Code	е	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot viola	ted any	y provis	ions of the	act of Ju	ıne 3,1	937 (P.L.	. 1333,
Sworn to and subsc		re me this											s	ignature of	Candida	ate		
	day of —			_ 20				_						Printed	l Name			
		Signature						_						- rintec				
My Commission Exp										•				Email				
	_	МО	D	AY	YR	l		_			Area	Code		Da	ytime To	elephor	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MELISSA HART	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,823.43
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	1,823.43
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	1,823.43

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						
		-1	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 Commit	tee or Candidate	F	Reporting F	Period			
			From: To:				
		-		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
_	Gt-t-	Zin Code (Blue 4)		1	I		
City	State	Zip Code (Plus 4)					

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 F	Period		
MELISSA HART	From:	11/29/2022	То:	12/31/2022

DATE AMOUNT

Full Name of Contributing Cor	МО	DAY	YEAR			
HART FOR PENNSYLVANIA					ILAK	\$ 1,823.43
Mailing Address P.O. BOX 22				30	2022	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City BRADFORDWOODS	State	Zip Code (Plus 4) 12		2022	
	PA	15015				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 1,823.43

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	eriod				
		From:					То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		I		Occupa	tion	•			
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	ie (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	on 3.			P	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		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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	riod	
MELISSA HART	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	Name of Filing Committee or Candidate					Reporting Period					
						То:					
				DATE			AMOUNT				
Full Name of Contributor			мо	DAY	YEAR						
Mailing Address		_				 		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:		•	•			•					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		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				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 Period					
				From					
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures	on Page 1 Penert C	'over Page Item F					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>,</i> .			\$	0.00		