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 2020	0122			Report		CANDI	CANDIDATE COMMITTEE V LOBBYIST									
Name of Filing C	Committee, Candid	late or L	obbyist:	F	RIEND	S OF	HEATHE	R MACI	OONA	LD							
Street Address:	102 SAINT JO	DHN'S C	HURCH ROAD														
City:	CAMP HILL						State:	PA			Zip Cod	le: 1	7011				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2. X	30 DA		POST-	3.		AMENDM REPORT	Yes	No	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No			
report type)	ANNUAL REPORT	7.	Year 2023				NG METHO				PAPER		DISKETTE				
Name of Office S	Sought by Candida	ite:	-				DATE O	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code		
	,						МО	DAY	YE	AR	Number	code			couc		
							11		7	2023		(SEE IN	NSTRUCTIONS FOR CODES)				
	Receipts and	МО	DAY YE	AR			МО	DAY YEAR FOR OFFICE USE ONI					ONLY				
Expenditures	s trom:		3 28	20	23 T	0	5		1	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			4	150.22							
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	ule I)	\$				0.56							
C. Total Funds	Available (Sum O	n Of Lines A and B) \$ 450.78						150.78									
D. Total Expend	ditures (From Sch	edule II	I)			\$	\$ 450.78										
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$ 0.00											
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00							
			А	FFI	DAVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. If	this is	a Car	ndidate re	eport, d	candio	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedu	iles 1	filed on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	ind belie	f , true		
Sworn to and subs	cribed before me thi day of	s	20						s	ignature	of Perso	n Submit	ting Rep	ort			
	Signatu	ıre	-			- -					Prin	ted Nam	e				
My Commission Ex	kpires										Ema	il					
	мо	D	AY ,	ΥR				Are	ea Cod	e	Daytim	e Telepi	none Nur	nber			
Part II- If this is	a report of a can	didate's	authorized Cor	nmi	ittee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of i	my knowle	edge and belief t	his p	oolitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	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		— I		
	day of					_					Printe	d Name			<u> </u>		
	Signature					_						:1			[
My Commission Exp	ires										Ema	II					
	мо	D	AY	YR		-		Area	Code		Da	aytime 1	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_								
Name of Filing Committee or Candidate	Reporting	Period							
FRIENDS OF HEATHER MACDONALD	From:	3/28/202	<u>3</u> To:	<u>5/1/2023</u>					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting) Period	(1)	\$	0.56					
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)	\$	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			\$	0.56					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu									
Name of Filing Comm	nittee or Candidate		Re	Reporting Period						
		Fre	From: To:							
		<u> </u>			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
	•	·			•	•	$\overline{}$	DACE TOTAL		

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

PAGE TOTAL \$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 Committee of Candidate				eporting Period om: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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 Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

porting Period				
NT				
0.00				
ccupation				
us 4)				
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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Perio	od								
FRIENDS OF HEATHER MACDONALD	From:	3/28/2023 To:	5/1/2023							
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 PAR	TF)									
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 Candidat	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period					
FRIENDS OF HEATHER MACD	ONALD		From	<u>3/28</u>	8/2023	То:	5/1/2023		
				DATE			AMOUNT		
To Whom Paid PNC BANK			мо	DAY	YEAR				
Mailing Address 110 SOUTH	H 32ND STREET		2	1	2023	\$ \$	12.00		
City CAMP HILL	City CAMP HILL State PA 2ip Code (Plus 4) 17011				penditure	2			
To Whom Paid PNC BANK	мо	DAY	YEAR						
Mailing Address 110 SOUTH	1 32ND STREET		3	1	2023	\$	12.00		
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Descrip FEE	otion of Exp	penditure	:			
To Whom Paid PNC BANK				DAY	YEAR				
Mailing Address 110 SOUTH	H 32ND STREET		4	1	2023	\$	12.00		
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Descrip FEE	otion of Exp	on of Expenditure				
To Whom Paid PNC BANK	•		мо	DAY	YEAR				
Mailing Address 110 SOUTH	1 32ND STREET		5	1	2023	\$	12.00		
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Descrip FEE	otion of Exp	l penditure	<u> </u>			
To Whom Paid GOOD TROUBLE PROJECT			мо	DAY	YEAR				
Mailing Address 102 SAINT JOHN'S CHURCH ROAD			5	1	2023	\$	402.78		
City CAMP HILL State Zip Code (Plus 4) PA 17011			Descrip DONAT	tion of Exp	penditure				
Enter Grand Total of Expen	ditures on Page 1 Po	mort Cover Page Item I	<u> </u>				PAGE TOTAL		
Enter Grand Total Of Expen	uitures on Paye 1, Re	port cover raye, Item I	/ ·			\$	450.78		