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 2019	0341				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		HEI	IDELI	BAUG	H FOR A	TTORN	EY G	ENERAI	L INC					_
Street Address:	141 WOODH	AVEN DE	RIVE														
City:	PITTSBURGH							State:	PA			Zip Code: 15228					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	Y	
report type)	ANNUAL REPORT	7. X	Year 2023					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YE	AR	-1	10000	REP		02	
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY Y	/EAR	R			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	023	T	0	12		31	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			2,8	328.19						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,8	328.19						
D. Total Expend	ditures (From Sch	edule II	I)				\$			6	26.60						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			2,2	01.59						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			15,0	00.00			1			
				AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	If th	nis is	a Can	didate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true	à,
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 Name	e			•
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candid	ate			۱ ا
	day of						-					Printe	d Name				.
Mar Community is T	Signature						-					Ema	il				.
My Commission Exp	oires 						_										
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From:	<u>1/1/202</u>	<u>3</u> To:	12/31/2023
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) 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
			 	1
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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 Committee of	or Candidate		Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	date		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.)

Name of Filing Committee or Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Period		
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From:	<u>1/1/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candid	ate		Reporting	g Period			
			From:			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				<u> </u>		DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)		-				
Employer of Contributor					Occupa	<u>l</u> tion	<u> </u>	<u> </u>	
Employer Mailing Address/Pring Business	cipal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of C	ontribution
Enter Grand Total of Part G Summary Page, Section 3.	on Schedule II	, In-Kind	Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Repor	ing Period			
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From	1/	1/2023	To:	12/31/2023
		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR		

					DATE			
To Whom Paid Coldspark Media			мо	DAY	YEAR			
Three PPG Place Suite 500			7	20	2023	\$	119.94	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Descrip Online					
To Whom Paid Coldspark Media			МО	DAY	YEAR			
Mailing Address Three PPG Place Suite 500			4	3	2023	\$	147.40	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Online Services					
To Whom Paid Coldspark Media			МО	DAY	YEAR			
Mailing Address Three PPG Place Suite 500			2	15	2023	\$	147.40	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Online Services					
To Whom Paid Joel Jukus	•	·	МО	DAY	YEAR			
Mailing Address 4031 Thicket Lane			2	22	2023	\$	14.46	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Shipping Reimbursement					
To Whom Paid Jukus Campaign Finance PLLC			МО	DAY	YEAR			
Mailing Address 4031 Thicket Lane			2	7	2023	\$	50.00	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Accounting and Compliance Service					
		· · · · · · · · · · · · · · · · · · ·	•					

To Whom Paid Coldspark Media Mailing Address Three PPG Place Suite 500			DAY	YEAR		
			1 13	2023	\$	147.40
State PA	Zip Code (Plus 4) 15222	Description of Expenditure Online Services				
		<u> </u>				PAGE TOTAL
es on Page 1, Re	port Cover Page, Item D				\$	626.60
	State PA	State Zip Code (Plus 4) PA 15222	State Zip Code (Plus 4) Descrip	Suite 500 1 13 State Zip Code (Plus 4) Description of Exp PA 15222 Online Services	Suite 500 1 1 3 2023 State Zip Code (Plus 4) Description of Expenditure PA 15222 Online Services	Suite 500 1 1 3 2023 \$ State PA 2ip Code (Plus 4) Description of Expenditure Online Services es on Page 1, Report Cover Page, Item D.

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					
HEIDELBAUGH FOR ATTORNEY GENERAL INC			From:		1/1/2023	То:	<u>1</u>	.2/31/2023
					DATE			Outstanding Balance of Debt
Name of Creditor Heather S Heidelbaugh				мо	DAY	YEAR		
Mailing Address 141 Woodhaven Drive				11	21	2019	\$	15,000.00
City Pittsburgh	State PA	Zip Code (Pl 15228	us 4)	Description of Debt LOAN FROM CANDIDATE				
Enter Grand Total of Unpaid	Debts on Page 1	I, Report Cover Pa	ge, Item	G.			\$	PAGE TOTAL 15,000.00