### **Campaign Finance Report**

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

Filer Identification 20180159 Report Filed By: CANDIDATE COMMITTEE LOBBYIST									BYIST							
Name of Filing C	Committee, Candid	late or L	obbyist:	•	FRII	END:	S OF I	NATALIE	MIHAI	EK						
Street Address:	PO BOX 81															
City:	HERSHEY							State:	PA			Zip Cod	<b>le:</b> 17	7033		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	<b>!</b> -	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2023					IG METHO				PAPER		<b>/</b>	DISKE	ГТЕ
Name of Office S	Sought by Candida	ite:						DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR	Number	code	REP		-
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł .			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 28	2	023	T	0	12	:	31	2023					
A. Amount Bro	A. Amount Brought Forward From Last Report						\$			21,9	934.03					
B. Total Monetary Contributions And Receipts (From Schedule							\$	\$ 928.00								
C. Total Funds Available (Sum Of Lines A and B)							\$			22,8	362.03					
D. Total Expenditures (From Schedule III)							\$			7,8	306.14					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			15,0	55.89					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$			0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	1			\$				0.00			'		
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	didate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached scho	edules	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me thi day of	S	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signati	ıre					-					Prin	ted Name	•		
My Commission Ex	cpires						_					Ema	il			
	мо	D	AY	YR					Arc	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized C	Comn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f 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		
	day of						-					Printe	d Name			<del></del>
	Signature						-					Ema	il			
My Commission Exp	oires 						_					£ma	··			
	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		
FRIENDS OF NATALIE MIHALEK	From:	11/28/202	<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)			\$	250.00
TOTAL for the Reporting	Period	(2)	\$	250.00
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)			\$	500.00
TOTAL for the Reporting	) Period	(3)	\$	500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	178.00
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			\$	928.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Re	eporting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	g Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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 or Candidate

**Reporting Period** 

FRIENDS OF NATALIE MIHALEK

From:

DATE

11/28/2023 **To:** 

12/31/2023

**AMOUNT** 

Full Name of Contributor MICHAEL WARD				DAY	YEAR	
Mailing Address 250 JACOBS WAY						<b>\$</b> 250.00
City GREENSBURG	State PA	<b>Zip Code (Plus 4)</b> 15601	12	21	2023	

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

**PAGE TOTAL \$** 250.00

#### **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 Candidate			Repo	orting Pe	riod				
FRIENDS OF NATALIE MIHALEK			Fron	n:	11/28/2	<u>1023</u> <b>T</b> o	To: <u>12/31/2023</u>		
				D/	ATE		АМС	DUNT	
Full Name of Contributor AMY KAMINSKI				МО	DAY	YEAR			
Mailing 114 MARLIN DRIVE V	I				-	2025	\$	500.00	
City PITTSBURGH	<b>State</b> PA	Zip Code (Plus 15216	s 4)	12	6	2023	3		
Employer Name MULBERRY PUBLIC A	FFAIRS			Occupat	ion I	EXECUT	IVE		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
PO BOX 1585		PITTSBU	RGH		PA		15230		
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page,	Section	on 3.			PAC	<b>500.00</b>	

## 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 Perio	od			
FRIENDS OF NATALIE MIHALEK			From:		11/28/20	<u>23</u> To:	12/31/20	<u>23</u>
				D	ATE		AMOUNT	
Full Name					DAY	VEAD		
HILTON HOTELS				МО	DAY	YEAR		
Mailing Address 1335 AVE. OF THE	AMERICAS						<b>\$</b>	89.00
City NEW YORK	State	Zip Code (	Plus 4)	12	8	2023		
	NY	10019						
Receipt Description REFUND FOR C	)VERPAYMENT							
Full Name				мо	DAY	YEAR		
HILTON HOTELS				MO	ואס	ILAN		
Mailing Address 1335 AVE. OF THE	AMERICAS						\$	89.00
City NEW YORK	State	Zip Code (	Plus 4)	12	8	2023		
	NY	10019						
Receipt Description REFUND FOR C	)VERPAYMENT	•				•	•	

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 178.00

#### **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 Pe	riod	
FRIENDS OF NATALIE MIHALEK	From:	11/28/2023 To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
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	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or C	andidate		Reporti	ng Period			
FRIENDS OF NATALIE MIHALE	EK		From	11/28	3/2023	То:	12/31/2023
				DATE			AMOUNT
To Whom Paid SHUTTERFLY			МО	DAY	YEAR		
Mailing Address 2800 BRID	GE PARKWAY		11	28	2023	\$	142.67
City REDWOOD CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 94065		otion of Exp IGN MATE			
To Whom Paid CAPITOL PRESERVE COMMITT	EE		МО	DAY	YEAR		
Mailing Address 462 MAIN	CAPITOL BLDG		11	30	2023	\$	474.67
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17120		otion of Exp IBUTION	enditure		
To Whom Paid TAR SELF STORAGE			мо	DAY	YEAR		
Mailing Address 3054 WASI	HINGTON ROAD		12	2	2023	\$	84.80
City MCMURRAY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15317	<b>Descrip</b> STORA	otion of Exp GE	enditure		
To Whom Paid TUSCANY STEAKHOUSE	·		мо	DAY	YEAR		
Mailing Address 117 W 58T	H ST.		12	4	2023	\$	895.63
City NEW YORK	State NY	<b>Zip Code (Plus 4)</b> 10019	l l	otion of Exp NG EXPENS			
To Whom Paid HILTON HOTELS			МО	DAY	YEAR		
Mailing Address 1335 AVEN	IUE OF THE AMERICAS		12	5	2023	\$	89.00

10019

NY

TRAVEL EXPENSE

					F	AGE 12
To Whom Paid HILTON HOTELS	мо	DAY	YEAR			
Mailing Address 1335 AVENUE OF THE AMERICAS		12	5	2023	\$	89.00
City NEW YORK State	<b>Zip Code (Plus 4)</b> 10019	Description of Expenditure TRAVEL EXPENSE				
To Whom Paid HILTON HOTELS		мо	DAY	YEAR		
Mailing Address 1335 AVENUE OF THE AMERICAS		12	5	2023	\$	89.00
City NEW YORK State	<b>Zip Code (Plus 4)</b> 10019	Description of Expenditure TRAVEL EXPENSE				
To Whom Paid HILTON HOTELS		МО	DAY	YEAR		
Mailing Address 1335 AVENUE OF THE AMERICAS		12	5	2023	\$	89.00
City NEW YORK State NY	<b>Zip Code (Plus 4)</b> 10019	Description of Expenditure TRAVEL EXPENSE				
To Whom Paid HILTON HOTELS	-	МО	DAY	YEAR		
	-	<b>MO</b> 12	<b>DAY</b> 5	<b>YEAR</b> 2023	\$	3,000.04
HILTON HOTELS	<b>Zip Code (Plus 4)</b> 10019	12 Descrip		2023 penditure	\$	3,000.04
Mailing Address 1335 AVENUE OF THE AMERICAS  City NEW YORK State		12 Descrip	5 ition of Exp	2023 penditure	\$	3,000.04
Mailing Address  1335 AVENUE OF THE AMERICAS  City NEW YORK  State NY  To Whom Paid		12  Descrip TRAVEL	5 Ition of Exp EXPENSE	2023 penditure	\$	3,000.04 2,088.11
Mailing Address  1335 AVENUE OF THE AMERICAS  City NEW YORK  To Whom Paid SAGGESE SRATEGIES LLC		Descrip TRAVEL	5  Ation of Exp EXPENSE  DAY  6	2023 Penditure  YEAR  2023		
Mailing Address 1335 AVENUE OF THE AMERICAS  City NEW YORK  To Whom Paid SAGGESE SRATEGIES LLC  Mailing Address PO BOX 23173  City PITTSBURGH  SAGES STATE AMERICAS  State NY  State State	2ip Code (Plus 4)	Descrip TRAVEL  MO  12  Descrip	5  Ation of Exp EXPENSE  DAY  6	2023 Penditure  YEAR  2023		
Mailing Address 1335 AVENUE OF THE AMERICAS  City NEW YORK State NY  To Whom Paid SAGGESE SRATEGIES LLC  Mailing Address PO BOX 23173  City PITTSBURGH State PA	2ip Code (Plus 4)	Descrip TRAVEL  MO  12  Descrip CONSU	tion of Exp EXPENSE  DAY  6  tion of Exp	2023 Penditure  YEAR  2023 Penditure		

To Whom Paid MARKET DISTRICT			МО	DAY	YEAR		
Mailing Address 7000 OXFORD DRIVE		12	18	2023	\$	300.00	
City BETHEL PARK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15102	Description of Expenditure CAMPAIGN GIFTS				
To Whom Paid NATALIE MIHALEK		МО	DAY	YEAR			
Mailing Address 120 HARDWOOD DRIVE		12	31	2023	\$	344.22	
City VENETIA	State PA	<b>Zip Code (Plus 4)</b> 15367	Description of Expenditure REIMBURSEMENT				
Enter Grand Total of Evnend	litures en Page 1. Pe	uport Cover Page Item D	•				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	7,806.14