

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20180159		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF NATALIE MIHALEK												
<b>Street Address:</b> PO BOX 81												
<b>City:</b> HERSHEY						<b>State:</b> PA			<b>Zip Code:</b> 17033			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		4	9	2024		5	13	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 11,977.56						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 3,500.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 15,477.56						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,443.70						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 12,033.86						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATALIE MIHALEK	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 100.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 100.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 3,400.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 3,400.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 3,500.00
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**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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF NATALIE MIHALEK	<b>Reporting Period</b>  <b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>DATE</b></td> <td style="width: 40%;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> FORT PITT LODGE #1 PITTSBURGH FOP PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1428 BANKSVILLE ROAD			4	29	2024	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15216				

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

<b>PAGE TOTAL</b>
\$ 100.00



# 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF NATALIE MIHALEK	<b>Reporting Period</b>  <b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee HIGHMARK PAC				MO	DAY	YEAR	\$  300.00
Mailing Address 1800 CENTER ST							
City CAMP HILL	State PA	Zip Code (Plus 4) 17089					
Full Name of Contributing Committee IFAPAC-PAC				MO	DAY	YEAR	\$  500.00
Mailing Address 6059 ALLENTOWN BLVD #310							
City HARRISBURG	State PA	Zip Code (Plus 4) 17112					
Full Name of Contributing Committee INDEPENDENCE PAC				MO	DAY	YEAR	\$  500.00
Mailing Address 1901 MARKET ST							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee MCNEES PAC				MO	DAY	YEAR	\$  500.00
Mailing Address 100 PINE STREET PO BOX 1166							
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					
Full Name of Contributing Committee PA INSURANCE PAC				MO	DAY	YEAR	\$  300.00
Mailing Address 409 N SECOND STREET SUITE 202							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PAA PAC				MO	DAY	YEAR	\$  1,000.00
Mailing Address PO BOX 2955							
City HARRISBURG	State PA	Zip Code (Plus 4) 17105					

<b>Full Name of Contributing Committee</b> PMA PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 225 STATE STREET			4	29	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				

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

<b>PAGE TOTAL</b>
\$ 3,400.00

**PART D**  
**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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

<b>PAGE TOTAL</b>	
\$	0.00

## PART E 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	Reporting Period  From: <span style="float: right;">To:</span>
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF NATALIE MIHALEK		From: <u>4/9/2024</u> To: <u>5/13/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF NATALIE MIHALEK	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
CLEBAK COSULTING LLC				
<b>Mailing Address</b> PO BOX 81	4	9	2024	\$ 308.75
<b>City</b> HERSHEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17033	<b>Description of Expenditure</b> CONSULTING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
MOTTO BY HILTON				
<b>Mailing Address</b> 627 H ST NW	4	9	2024	\$ 468.16
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20001	<b>Description of Expenditure</b> LODGING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
COLONIAL PARKING				
<b>Mailing Address</b> 1710 L ST NW	4	11	2024	\$ 26.45
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20007	<b>Description of Expenditure</b> PARKING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
DEL FRISCO'S				
<b>Mailing Address</b> 950 I ST NW STE 501	4	11	2024	\$ 495.50
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20001	<b>Description of Expenditure</b> MEETING EXPENSE	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
HILTON HOTELS DC				
<b>Mailing Address</b> 1001 16TH STREET NW	4	12	2024	\$ 8.00
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	<b>Description of Expenditure</b> PARKING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
MACKENZIE FOR CONGRESS				
<b>Mailing Address</b> PO BOX 747	4	12	2024	\$ 250.00
<b>City</b> EMMAUS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18049	<b>Description of Expenditure</b> CONTRIBUTION	

To Whom Paid			MO	DAY	YEAR	\$ 17.09
COWTASTIC FROZEN YOGURT						
Mailing Address 465 VALLEY BROOK ROAD			4	18	2024	
City CANNONSBURG	State PA	Zip Code (Plus 4) 15317	Description of Expenditure VOLUNTEER SNACKS			
To Whom Paid			MO	DAY	YEAR	\$ 277.72
HOUSE REPUBLICAN CAMPAIGN COMMITTEE						
Mailing Address 500 N 3RD STREET 4TH FLOOR			4	19	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 713.85
KAP PRINT						
Mailing Address 220 QUINN DRIVE			4	27	2024	
City DRIPPING SPRINGS	State TX	Zip Code (Plus 4) 78620	Description of Expenditure PRINTING SERVICES			
To Whom Paid			MO	DAY	YEAR	\$ 8.00
MELON SQUARE GARAGE						
Mailing Address 529-540 SMITHFIELD STREET			4	29	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure PARKING			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
PACLE						
Mailing Address 601 COMMONWEALTH AVE.			4	29	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure CONTINUED EDUCATION FEE			
To Whom Paid			MO	DAY	YEAR	\$ 84.80
TAR SELF STORAGE						
Mailing Address 3054 WASHINGTON ROAD			5	2	2024	
City MCMURRAY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure STORAGE			
To Whom Paid			MO	DAY	YEAR	\$ 535.38
REPUBLICAN COMMITTEE OF ALLEGHENY COUNTY						
Mailing Address 100 FLEET STREET #205			5	8	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15220	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 150.00
REPUBLICAN PARTY OF PETERS TOWNSHIP						
Mailing Address 636 SCENIC RIDGE DRIVE			5	8	2024	
City VENETIA	State PA	Zip Code (Plus 4) 15367	Description of Expenditure CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL**

\$ 3,443.70

