### **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 :	ion	2019	0341			Rep File			CANDI	DATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	YIST	
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		HEII	DELI	BAUG	H FOR A	ITORN	EY G	ENERAI	L INC				
Street Address:	141 \	WOODHA	VEN DR	IVE													
City:	PITTS	BURGH							State:	PA			Zip Cod	de: 1!	5228		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUES		4. <b>X</b>	2ND FRIDAY ELECTION	Y PRE	Ē- 5	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					IG METHO				PAPER		$\checkmark$	DISKE	ΓΤΕ
Name of Office S	Sought by	Candidat	te:	•		-			DATE O	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
ATTORNEY GEN	- ,								МО	DAY	YE	AR	-1	ATT	REP		02
ATTORNET GEN	VLKAL								11		5	2024		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
Summary of Expenditures		and	МО	DAY	YEAR		_	_	МО	DAY		AR		R OFFI	CE USE	ONLY	
				5 14	2	024	ı	<u> </u>	9		16	2024					
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$			1	166.59					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1	166.59					
D. Total Expen	ditures (F	rom Sche	edule II	I)				\$			1	.66.59					
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$				0.00					
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	chedu	le II	)	\$				0.00					
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule IV	)			\$				0.00			1		
					AFF	IDA	١٧٧	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	nere. I	If thi	is is	a Can	ndidate re	eport, c	andi	date sig	jn here.				
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	nedules	s filed	d on	paper (	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed befo	ore me this	<b>:</b>	20							s	ignature	of Perso	n Submit	ting Rep	ort	
								-					Prin	ted Name	e		
My Commission Ex	xpires	Signatu	re										Ema	:1			
,		мо	D/	AY	YR			-		Are	ea Cod	le		ie Telepl	none Nui	nber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e. C	andida	ate shall	sian he	ere.						
I swear (or affirm) No 320) as amende	that to the						•			_		y provisi	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		e me this										Si	ignature (	of Candid	ate		
	day of			_ 20				_									
								_					Printe	d Name			
My Commission Exp		Signature											Ema	il			
	_	мо	DA	AY	YR	l		•		Area	Code		D	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:	5/14/2024	<u>4</u> To:	9/16/2024				
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	(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	J 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			\$	0.00				

#### **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 Candidat	e	'	Reporting Period						
			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.

### 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.

Name of Filing Com	mittee or Candidate	R	eporting F	Period			
		F	rom:		To	o:	
		l		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
			1			1	
							PAGE TOTAL

#### **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	me of Filing Committee or Candidate		Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	2			Rep	orting Pe	eriod			
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summa	ary Page,	Section	on 3.				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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				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 Peri	od						
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From:	<u>5/14/2024</u> <b>To:</b>	9/16/2024					
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 PART 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 Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	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 Pe	eriod		
HEIDELBAUGH FOR ATTORNEY GENERAL INC	From	5/14/2024	То:	9/16/2024

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Rightway Compliance LLC			М		ILAK		
Mailing Address PO Box 60162				16	2024	\$	166.59
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17106	Account	ing and Co	ompliance	e Service	e
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							166.59