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 2013	0291			Repoi		CA	WDI	DATE		COM	AITTEE	Y	LUBB	1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	,	CITIZE	NS FC	R JA	SON	ORTIT	AY						
Street Address:	228 OSTOP R	DAC														
City:	BURGETTSTO	WN					Stat	e:	PA			Zip Co	de: 15	021		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2014				NG MI					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candidat	te:					DAT	TE O	F ELE	CTIC	N	District Number	Office Code	Part	y Code	County Code
							МО		DAY	YI	EAR			REP		
								11		4	2014		(SEE INS	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		11 25	20	014	ТО		12	,	31	2014					
A. Amount Bro	ught Forward Fron	1 Last R	eport			\$				15,9	942.10					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	\$;				300.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	1			16,2	242.10					
D. Total Expend	ditures (From Sche	edule II	I)			\$;			9,6	92.08					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				6,5	50.02					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	1				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$,				0.00					
					IDAV											
	that this report, incl	•	_								_		f my knov	vledge a	nd belie	f , true
•	cribed before me this										Signature	of Parso	n Submitt	ing Pen	ort	
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	Signatu	re				_						Prin	ted Name			
My Commission Ex						_					_	Ema				
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Sworn to and subsc	day of		20								s	ignature	of Candida	ite		
												Printe	d Name			
My Commission Exp	Signature ires											Ema	il			—
	мо	D	AY	YR		_			Area	Code		D	aytime Te	elephone	Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR JASON ORTITAY	From:	11/25/201	<u>4</u> То:	12/31/2014
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)			\$	300.00
TOTAL for the Reporting) Period	(2)	\$	300.00
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			\$	300.00

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		Reporting Period					
			Fre	om:		То	:	
		<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)

Nam	ne of Filing Committee or Candidat	e		Rep	orting Po	eriod			
CIT	IZENS FOR JASON ORTITAY			Fro	m:	11/25/2	2 <u>014</u> To):	12/31/2014
						DATE			AMOUNT
	ame of Contributor N ABELA				МО	DAY	YEAR		
Mailin	g Address 3815 LAMP POST L	ANE						\$	100.00
City	CAMP HILL	State	Zip Code (Plus 4)		11	26	2014		
		PA	17011						
	ame of Contributor N ORTITAY				МО	DAY	YEAR		
Mailin	g Address 3000 GARDEN APA	RTMENT DR. APT 2	1					\$	200.00
City	BRIDGEVILLE	State	Zip Code (Plus 4)		12	18	2014		

15017

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

РΑ

PAGE TOTAL \$ 300.00

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			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	ting Perio	bd			
			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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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							
CITIZENS FOR JASON ORTITAY	From:	<u>11/25/2014</u> To:	12/31/2014						
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	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 Candidat	:e		Reporting	g Period			
			From:				
				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 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	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	ation		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Damanti	n a Dowland			
Name of Filing Committee or C	andidate		Reportii	ng Period			
CITIZENS FOR JASON ORTITA	ΛY		From	11/2	5/2014	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid DOUG BARTON			мо	DAY	YEAR		
Mailing Address 228 OSTOR	PRD.		11	26	2014	\$ \$	500.00
City BURGETTSTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
20.021.0.0	PA	15021		IGN STAFF			
To Whom Paid FEDEX			МО	DAY	YEAR		
Mailing Address 600 VISTA PARK				28	2014	\$	28.57
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
111135611611	PA	15108	POSTAGE				
To Whom Paid USPS			мо	DAY	YEAR		
Mailing Address 1936 PARK	MANOR BLVD.		11	28	2014	\$	2.03
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>	
	PA	15108	POSTA				
To Whom Paid PAYPAL			мо	DAY	YEAR		
Mailing Address 2211 NORT	TH FIRST ST.		11	26	2014	\$	3.20
City SAN JOSE	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>	
	CA	95131		CE CHARGE			
To Whom Paid JEFF FOUTZ			МО	DAY	YEAR		
Mailing Address 162 COUNT	TRY CLUB ROAD		12	1	2014	\$	500.00

Zip Code (Plus 4)

15301

Description of Expenditure

CAMPAIGN STAFF

State

PΑ

City

WASHINGTON

							PAGL 12
To Whom Paid BARRON CONSULTING			мо	DAY	YEAR		
Mailing Address 426 N. ARMI	STEAD ST. #204		12	1	2014	\$	6,658.20
City ALEXANDIRA	State VA	Zip Code (Plus 4) 22312		tion of Exp IGN STAFF			
To Whom Paid AMTRAK			МО	DAY	YEAR		
Mailing Address 1100 LIBERT	Y AVE.		12	1	2014	\$	330.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditu				
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address LIBERTY AVE	<u> </u>		12	1	2014	\$	150.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222		otion of Exp CE CHARGE			
To Whom Paid FED EX	·		МО	DAY	YEAR		
Mailing Address 600 VISTA P	ARK		12	11	2014	\$	46.50
City PITTSBURGH	State PA	Zip Code (Plus 4) 15108	Descrip POSTA	otion of Exp GE	penditure		
To Whom Paid PITTSBURGH GRANT ST. GARAC	GE		мо	DAY	YEAR		
Mailing Address			12	16	2014	\$	23.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Descrip PARKIN	otion of Exp NG	penditure		
To Whom Paid NEW YORK PALACE	,	<u> </u>	мо	DAY	YEAR		
Mailing Address 455 MADISON AVE.			12	17	2014	\$	1,450.58
City NEW YORK State NY Zip Code (Plus 4) 10022			Description of Expenditure HOTEL				
Enter Grand Total of Expendi	itures on Page 1. Re	port Cover Page. Item D					PAGE TOTAL
The state of Experior		F	-			\$	9,692.08