### **Campaign Finance Report**

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

						_					- 4							
Filer Identificati Number :	on	2014	C1013				port ed B		CANDI	DATE	<b>\</b>	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		JAS	SON A	A. OR	TITAY									
Street Address:																		
City:									State:				Zip Code	e: 15	017			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	<u>-</u>	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	<b>√</b> No	)	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	<b>E</b> -	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No		<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2014					IG METH				PAPER	DISK	TTE			
Name of Office S	Sought by	, Candidat	re:						DATE 0	F ELE	CTIO	N	District	Office	Par	ty Code		
Nume of office of	ought by	Cultulati							МО	DAY	YE	AR	Number 46	Code STH	REP	)	Code	,
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		4	2014	<b>-</b>	(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		s and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			4 1	2	014	Т	0	5	5	5	2014						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	_			0.00						
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			1,8	43.28						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(1,84	3.28)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$				0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ididate r	eport, o	candic	late si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper o	or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20							S	ignatur	e of Person	Submitt	ing Rep	ort		_
	_	Signatu	re					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					
		МО	D/	AY	YR					Are	ea Cod	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the act of June 3,1937 (P.L. 1333					
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
		Signature						-										_ [
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	ł		-		Area	Code		Day	time Te	lephor	ne Numb	er	-

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
JASON A. ORTITAY	From:	4/1/201	<u>4</u> To:	<u>5/5/2014</u>
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	J Period	(4)	\$	0.00
			Γ	
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

Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	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 Filling Committee of Candidate				Reporting Period From: To:					
					DATE		AN	4OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)	1						

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 Candida	te		Reporting	Period				
			From:			То:		
				DA	ΛΤΕ.		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							<b>\$</b>	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I, Detail	ed Summary 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.)

			_	orting Pe				
			Fror	n:		To	):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s <b>4</b> )					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4)  al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4)  Occupation  Oliver State	State Zip Code (Plus 4)  Occupation  Olympia Place of City State  Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Olivy  State Zip Code  Occupation  State Zip Code

# 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	GE 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 Period		
JASON A. ORTITAY	From:	<u>4/1/2014</u> <b>To:</b>	5/5/2014
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 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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
JASON A. ORTITAY			From	4/	1/2014	То:	<u>5/5/2014</u>
				DATE			AMOUNT
To Whom Paid CITIZENS FOR JASON ORTITAY			МО	DAY	YEAR		
Mailing Address 228 OSTOP R	OAD		2	18	2014	\$	1,494.00
City BURGETTSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15021		otion of Exp			
<b>To Whom Paid</b> FACEBOOK			МО	DAY			
Mailing Address 1 HACKER W	AY		3	7	2014	\$	20.00
City MENLO PARK	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94025		Description of Expenditure ADVERTISING			
To Whom Paid WYNDHAM HARRISBURG HOTEL			мо	DAY	YEAR		
Mailing Address 765 EISENHO	OWER BLVD		1	7	2014	\$	73.86
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Descri</b> HOTEL	otion of Exp	penditure		
To Whom Paid HARRISBURG PARKING GARAGE	•	·	мо	DAY	YEAR		
Mailing Address			1	7	2014	\$	9.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Descri</b> PARKIN	otion of Exp	enditure	1	
To Whom Paid VIRGIN MOBILE	<u> </u>	·	мо	DAY	YEAR		
Mailing Address 10 INDEPEND	DENCE BLVD		1	19	2014	- \$	44.40

Zip Code (Plus 4)

07059

**Description of Expenditure** 

**CELL PHONE MINUTES** 

State

NJ

City

WARREN

							PAGE 12
To Whom Paid BURGETTSTOWN NOTARY				DAY	YEAR		
Mailing Address 100 MAIN ST.			1	24	2014	\$	20.00
City BURGETTSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15021	Description of Expenditure NOTARY				
To Whom Paid STAPLES			МО	DAY	YEAR		
Mailing Address 6521 STEUBENVILLE PIKE			2	12	2014	\$	28.03
<b>City</b> PITTSBURGH	State PA	<b>Zip Code (Plus 4)</b> 15205	Description of Expenditure COPIES				
<b>To Whom Paid</b> ZIMMER PRINTING				DAY	YEAR		
Mailing Address 410 WEST MAIN ST.						\$	23.00
City MONONGAHELA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15063	Description of Expenditure TICKET PRINTING				
To Whom Paid LEAF AND BEAN			МО	DAY	YEAR		
Mailing Address 3525 WASHINGTON RD.			2	28	2014	\$	20.00
City MCMURRAY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15317	Description of Expenditure  VENUE RENTAL				
To Whom Paid WYNDHAM HARRISBURG HOTEL				DAY	YEAR		
Mailing Address 765 EISENHOWER BLVD			3	7	2014	\$	110.99
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 4) 17111	Description of Expenditure HOTEL				
Enter Grand Total of Expend	itures on Page 1 Pe	nort Cover Page Item D					PAGE TOTAL
Linter Grana Total of Expende	icai es on Fage 1, Re	port corer rage, item b	•			\$	1,843.28