# **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 :	<b>on</b> 201	.30291			Repor Filed I	-	CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
	Committee, Cand	idate or L	obbvist:				R JASON	ORTITA	 Y					
Street Address:	228 OSTOP								-					
City:	BURGETTST	OWN					State:	<b>de:</b> 15021						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE-	- 2.	30 DA PRIMA		POST- 3		AMENDI REPORT		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		- 5.	30 DA ELECT		POST- 6	-	TERMIN REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPOR	<b>T</b> 7. <b>X</b>	<b>Year</b> 201	6			NG METHO CHECK O			PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candid	ate:					DATE O	F ELECT	ION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	8	2016		(SEE INS	TRUCTI	ONS FOR C	ODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		11 2	9 20	016	0	12	31	2016					
A. Amount Bro	ught Forward Fr	om Last F	Report			\$			3,286.07					
B. Total Monet	ary Contribution	s And Red	ceipts (Fro	m Sche	dule I)	\$			250.00					
C. Total Funds	Available (Sum	Of Lines A	A and B)			\$			3,536.07					
D. Total Expen	ditures (From So	hedule II	II)			\$			2,072.89					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	e C)		\$			1,463.18	-				
	Kind Contributio		•		le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligation	s (From	Schedule I	(V)		\$			0.00					
				AFF	IDAVI	IT SE	CTION							
PART I - If this is			-							-		dadaa		6
correct and compl	) that this report, ir ete.		e attached s	chequies	s mea on	paper	or by elect	ronic med	ium, are to	the best t	л ту кноч	vieuge		er, true
Sworn to and subs	cribed before me t day of 	nis	20			_			Signatur	e of Perso	on Submitt	ing Rep	oort	
	Signa	ture				_				Prir	nted Name			
My Commission E	cpires					_				Ema	ail			
	МО	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	that to the best of							-		sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
No 320) as amendo Sworn to and subso		s								lan-t	of C	**		
	day of		20			_			5	ngnature	of Candida			
						_		_		Printe	ed Name	_		
My Commission Exp	Signatur	2								Ema	ail			
	мо	D	AY	YR		_		Area Co	de	D	aytime Te	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CITIZENS FOR JASON ORTITAY From: <u>11/29/2016</u> **To:** 12/31/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 250.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 250.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

## 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 Candidate			Reporting Period						
Fr					From: To:				
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

PART B 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 Candidat	e			Rep	orting Pe	eriod					
CITIZENS FOR JASON ORTITAY				Fro	m:	<u>11/29/</u>	<u>2016</u> To	):	<u>12/31/2016</u>		
						DATE			AMOUNT		
Full Name of Contributor ROBERT HAPANOWICZ					мо	DAY	YEAR				
Mailing Address 1020 SAINT MELLC	N DRIVE							\$	250.00		
City PRESTO	State		Zip Code (Plus 4)		12	9	2016				
	PA		15142								
									PAGE TOTAL		
Enter Grand Total of Part A on S	Schedule I, I	Detaile	ed Summary Pag	e, Se	ection 2			\$	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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

## 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.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### 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	Name of Filing Committee or Candidate			ing Perio	d			
From						То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description		1				1		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4			PAGE TO	ΓAL
		iiai y i uge,	Section				\$	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 Perio	od	
CITIZENS FOR JASON ORTITAY	From:	<u>11/29/2016</u> то:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	g Period			
	From:			То:			
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					From: To:					
					DATE A					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor						Occupat	ion		•	
Employer Mailing Address/Principal Place of City State Business			State		Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candio	date		Reporti	ng Period			
CITIZENS FOR JASON ORTITAY			From	<u>11/29</u>	<u>9/2016</u>	То:	<u>12/31/2016</u>
				DATE			AMOUNT
To Whom Paid BARRON CONSULTING			мо	DAY	YEAR		
Mailing Address 426 N. ARMISTE	EAD ST. #204		12	6	2016	\$	2,011.42
City ALEXANDRIA State Zip Code (Plus 4)   VA 22312				<b>ition of Exp</b>		2	
<b>To Whom Paid</b> PNC BANK	мо	DAY	YEAR				
Mailing Address P.O. BOX 609	12	1	2016	\$	15.00		
City PITTSBURGH State Zip Code (Plus 4)   PA 15230				tion of Exp EE	penditure	2	
To Whom Paid FED EX			мо	DAY	YEAR		
Mailing Address 215 SUMMIT PA	.RK DR.		12	1	2016	\$	35.50
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15275	<b>Descrip</b> POSTA	<b>otion of Ex</b> GE	penditure	5	
To Whom Paid USPS			мо	DAY	YEAR		
Mailing Address 1602 MAIN STR	EET		12	1	2016	\$	10.97
City     BURGETTSTOWN     State     Zip Code (Plus 4)       PA     15021			<b>Descrip</b> POSTA	<b>otion of Ex</b> GE	penditure	2	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	PAGE TOTAL
							2,072.89