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 :	i on 2013	0291			Repor Filed I		CANDI	DATE		СОМ	MITTEE	<	LOBE	BYIST	
	Committee, Candid	ate or Lo	obbyist:			-	R JASON	ORTIT	AY						
Street Address:	228 OSTOP R	OAD													
City:	BURGETTSTO	WN					State: PA Zip Code: 15						021		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST-	3. X		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣- 5.	30 DA		POST- 6.			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2018				FILING METHOD FILING METHOD FILING METHOD						\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			REP		
							11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	MO DAY YEAR MO DAY YEAR							FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	. 2	018 1	0	6		4	2018					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			8,5	539.60					
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	\$	\$ 2,349.60								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			10,8	389.20					
D. Total Expen	ditures (From Sch	edule II	I)			\$			2,7	21.30					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			8,1	67.90					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	Schedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	/)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee rep	•	-					•		-	-				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	hedule	s filed on	paper	or by elect	ronic me	edium	, are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prir	ted Name			
My Commission E	xpires					_					Ema	il			
	мо	D/	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cano	didate's	authorized	l Comn	nittee, G	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and bel	ief this	political	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature bires					-					Ema	il			
	мо	D/	AY	YR	1	-		Area	Code		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>5/1/2018</u> **To:** 6/4/2018 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) \$ 250.00 **Contributions Received From Political Committees (Part A)** 0.00 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)** 1,000.00 1,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 99.60 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,349.60 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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					Period		
CITIZENS FOR JASON ORTITAY			Fr	om:	<u>5/1/20</u>	0 <u>18</u> To:	<u>6/4/2018</u>
					DATE		AMOUNT
Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAG	2			мо	DAY	YEAR	
Mailing Address 500 NORTH THIF	D STREET			5	25	2018	\$ 250.00
City HARRISBURG	State PA	Zip Code (Plus 4 17101	4)				
	-						PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I, Detaile	ed Summary Page, S	ectio	on 2.			\$ 250.00

Use this Part to it	emize all othe 50.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s wi ortin	ith an ng peri	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_						\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00

PAGE 5

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	g Period					
CITIZENS FOR JASON ORTITAY			From:	om: <u>5/1/2018</u> To:				<u>6/4/2018</u>	
				DA	TE		А	MOUNT	
Full Name of Contributing Committee DTE ENERGY COMPANY PAC				мо	DAY	YEAR	\$	1,000.00	
Mailing Address 1 ENERGY PLAZA				5	8	2018		_,	
City DETROIT	State MI	Zip Cod 48226	e (Plus 4)						
				_				PAGE TOTAL	
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	1,000.00		

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 Rep				Repo	orting Pe	riod				
CITIZENS FOR JASON ORTITAY				From	1:	<u>5/1/2</u>	<u>018</u> T	To: <u>6/4/2018</u>		
					DA	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	4	500.00	
ELIZABETH COWDEN						2711		_ *	• 500.00	
Mailing Address 158 CIAFFONI ROA	AD				5	4	2018			
City CANONSBURG	State	Zip	o Code (Plus	4)	0					
	PA	15	317							
Employer Name RETIRED					Occupat	ion	RETIRE	D		
Employer Mailing Address/Principal Pla	ce of Business		City			State		Zip	Code (Plus 4)	
Full Name of Contributor					мо	DAY	YEAR	4	500.00	
CHARLES JOHNS								_ `	- 500.00	
Mailing Address400 WHITE OAKS	BLVD.				5	4	2018			
City BRIDGEPORT	State	Zip	o Code (Plus	4)						
	WV	26	330							
Employer Name STEPTOE & amp; JOH	INSON				Occupat	ion	ATTORI	NEY		
Employer Mailing Address/Principal Pla	ce of Business		City			State		Zip	Code (Plus 4)	
PO BOX 1588			CHARLEST	ON		wv				
							Г		PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule I, Detailed S	Summ	nary Page, S	Sectio	on 3.					
								\$	1,000.00	

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 Ca	andidate		Report	ting Perio	d				
CITIZENS FOR JASON ORTITAY			From:		<u>5/1/201</u>	<u>8</u> To:	e: <u>6/4/2018</u>		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	_	00.00	
DAVE REED FOR CONGRESS				MO	DAT	TEAR	\$	99.60	
Mailing Address 550 PHILAD	ELPHIA STREET			5	4	2018			
City INDIANA	State	Zip Code (Plus 4)						
	PA	15701							
Receipt Description REFUNE	D OF DONATION			•		1			
						ſ		PAGE TOTAL	
Enter Grand Total of Part E on	Schedule I, Detailed	l Summary Page,	Section	4.			\$	99.60	

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		
CITIZENS FOR JASON ORTITAY	From:	<u>5/1/2018</u> то:	<u>6/4/2018</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 PART	「 F)		
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			Reporting	Period				
			From:			То:		
				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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL	
						\$	0.00	

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

Name of Filing Committee or Candidate			Rej	porting I	Period		
						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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
CITIZENS FOR JASON ORTITAY			From	<u>5/</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
PHOENIX FUNDRAISING PARTNERS								
Mailing Address 2601 NORTH FRONT	STREET		5	8	2018	\$	500.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17110	CONSU	LTING FEE				
To Whom Paid PNC BANK			мо	DAY	YEAR			
Mailing Address 3850 WASHINGTON	ROAD		5	8	2018	\$	1.50	
City MCMURRAY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
	PA	15317	BANK F					
To Whom Paid RICK SACCONE FOR CONGRESS			мо	DAY	YEAR			
Mailing Address 135 TECHNOLOGY D	DRIVE		5	9	2018	\$	995.00	
City CANONSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
	PA	15317	DONATION					
To Whom Paid WASHINGTON COUNTY COUNCIL OF RE	EPUBLICAN WOMEN		мо	DAY	YEAR			
Mailing Address 75 EAST MAIDEN ST	REET SUITE 100		5	14	2018	\$	500.00	
City WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15301	DONAT	ION				
To Whom Paid FACEBOOK			мо	DAY	YEAR			
Mailing Address 1 HACKER WAY			5	15	2018	\$	100.00	
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
	СА	94025	ADVERT	ISING				
To Whom Paid BARRON CONSULTING			мо	DAY	YEAR			
Mailing Address 426 NORTH ARMIST	EAD STREET		5	22	2018	\$	604.80	
City ALEXANDRIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	VA	22312	CONSU	LTING				

To Whom Paid FACEBOOK			мо	DAY	YEAR	
Mailing Address 1 HACKER WAY			6	1	2018	\$ 20.00
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	CA	94025	ADVERT	ISING		
						PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D.				\$ 2,721.30
					I	