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	20130	291			Rep File			CA	NDII	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:		CITI	ZEN	IS FO	R JAS	SON	ORTIT	ΑY							
Street Address:	228 O	STOP RC	DAD																
City:	BURGI	ETTSTOV	۷N						State	e:	PA			Zip Cod	le: 15	021	_		
TYPE OF REPORT	6TH TUEST PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		lo	/
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDA ELECTION	AY PRE	- 5		30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	Ī	lo	\
report type)	ANNUAL F	REPORT	7. X	Year 2018	l				NG ME					PAPER		\	DISK	ETTE	
Name of Office S	ought by (Candidate	e:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Pa	rty Cod	e Cou	
	,								МО		DAY	YE	AR	Number	Touc	RE	P	1000	-
										11		6	2018		(SEE INS	STRUCT	IONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	1			МО		DAY	YI	AR	FO	R OFFIC	E USI	ONL	′	
Expenditures	from:		1	.1 27	7 20	018	T	0		12	3	31	2018						
A. Amount Bro	ught Forwa	ard From	Last R	eport		·		\$			•	2,1	177.01						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (Fror	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available ((Sum Of I	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	()				\$				7	'86.64						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				1,3	90.37						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obli	gations (From S	chedule I\	/)			\$					0.00			•			
					AFF	ΊDΑ	VI	ΓSE	CTIO	NC									
PART I - If this is	a Commit	tee repo	rt, trea	surer sign	here. 1	[f thi	s is	a Car	ndidat	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	iding the	attached so	hedules	filed	on I	paper	or by e	electr	ronic me	edium	, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20								S	ignature	of Perso	1 Submitt	ing Re	port		
				-				-						Prin	ted Name)			_
My Commission Ex	pires	Signature	е											Emai	il .				_
	M	10	DA	ΛΥ	YR			-			Are	ea Coc	le		e Teleph	one N	ımber		_
Part II- If this is	a report o	of a candi	idate's	authorized	l Comm	nittee	e, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of my	y knowle	dge and bel	ief this	politi	ical	comm	ittee h	as no	ot viola	ed an	y provisi	ions of the	e act of Ju	ıne 3,1	.937 (P	.L. 133	з,
Sworn to and subsc	ribed before	me this											Si	ignature o	f Candida	ate			-
	day of —— —													Drinto	d Name				_
	Si	gnature						-											_
My Commission Exp										•				Ema	il				_
		МО	D/	ΛΥ	YR			•			Area	Code		Da	ytime Te	elepho	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR JASON ORTITAY	From:	11/27/201	<u>8</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Candida	e	R	eporting	Period			
		F	rom:		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candida	Name of Filling Committee of Candidate			Reporting Period					
			Fron	m:		To	o :		
		•			DATE			AMOUNT	
Full Name of Contributor				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.

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p 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, Detaile	ed Sumr	mary 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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 Per	riod	
CITIZENS FOR JASON ORTITAY	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	ate		Reportin	g Period			
			From:			To:	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address	_					7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
CITIZENS FOR JASON ORTITAY	From	11/27/2018	То:	12/31/2018				

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
FEDEX			1-10						
Mailing Address 1720 WASHI	NGTON ROAD		11	29	2018	\$	9.44		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	15241	POSTAG	SE					
To Whom Paid			мо	DAY	YEAR				
FEDEX			1-10		ILAK				
Mailing Address 1720 WASHI	NGTON ROAD		11	29	2018	\$	1.81		
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	15241	PACKAG	SING					
To Whom Paid			МО	DAY	YEAR				
FOAC			1-10		1 Z/IIX				
Mailing Address PO BOX 1111			11	29	2018	\$	60.00		
City MCMURRAY	State	Zip Code (Plus 4)	us 4) Description of Expenditure						
	PA	15317	DONAT	ON					
To Whom Paid			мо	DAY	YEAR				
FACEBOOK			1-10		ILAK				
Mailing Address 1 HACKER W.	AY		12	3	2018	\$	55.16		
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	CA	94025	ADVER1	ISING					
To Whom Paid			мо	DAY	YEAR				
PNC BANK			1-10		I Z/IIX				
Mailing Address 3850 WASHI	NGTON ROAD		12	3	2018	\$	78.00		
City MCMURRAY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	15317	BANK F	EE					
To Whom Paid			мо	DAY	YEAR				
USPS			140		ILAK				
Mailing Address 1620 SMITH	TOWNSHIP STATE ROA	AD	12	4	2018	\$	1.63		
City ATLASBURG State Zip Code (Plus 4)			1) Description of Expenditure						
	PA 15004			SE					
-			•						

To Whom Paid PHOENIX FUNDRAISING PARTNERS Mailing Address 2601 NORTH FRONT STREET			МО	DAY	YEAR	
			12	20	2018	\$ 580.60
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure CONSULTING			
	PA	17110				
						PAGE TOTAL
iter Grand Total of Expenditu	ures on Page 1, Re	eport Cover Page, Item D	-			\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Ro	eport Cover Page, Item D				\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Ro	eport Cover Page, Item D				\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Ro	eport Cover Page, Item D				\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Re	eport Cover Page, Item D				\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Ro	eport Cover Page, Item D	•			\$ 786.64
Enter Grand Total of Expenditu	ures on Page 1, Ro	eport Cover Page, Item D	•			\$ 786.64