

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190081		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Friends of Joe Pittman												
<b>Street Address:</b> 119 South 3rd Street, PO Box 382												
<b>City:</b> Indiana						<b>State:</b> PA			<b>Zip Code:</b> 15701			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						1	14	2020				
<b>Summary of Receipts and Expenditures from:</b>						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
						11	1	2019				<b>TO</b>
<b>A. Amount Brought Forward From Last Report</b>						\$ 219,859.13						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 1,000.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 220,859.13						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 5,978.30						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 214,880.83						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Friends of Joe Pittman	From: <u>11/1/2019</u> To: <u>12/30/2019</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,000.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 1,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Friends of Joe Pittman	<b>From:</b> <u>11/1/2019</u> <b>To:</b> <u>12/30/2019</u>

DATE				AMOUNT
Full Name of Contributing Committee				
Cigna PAC				
Mailing Address				
1601 Chestnut Street, TL16B				
City	State	Zip Code (Plus 4)		
Philadelphia	PA	19192		
		12	19	2019
				\$ 1,000.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## 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 Candidate	Reporting Period
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Friends of Joe Pittman		From: <u>11/1/2019</u> To: <u>12/30/2019</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

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

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Friends of Joe Pittman	From <u>11/1/2019</u> To: <u>12/30/2019</u>

DATE				AMOUNT
<b>To Whom Paid</b> Bellefonte Little League	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> PO Box 517	12	11	2019	
<b>City</b> Bellefonte	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16823	<b>Description of Expenditure</b> Memorial Donation	
<b>To Whom Paid</b> St. Pier Group LLC	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 130.00
<b>Mailing Address</b> 840 Philadelphia Street	12	11	2019	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> Radio Advertising - IUP Football	
<b>To Whom Paid</b> St. Pier Group LLC	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 620.00
<b>Mailing Address</b> 840 Philadelphia Street	12	11	2019	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> Radio Advertising - High School Football	
<b>To Whom Paid</b> Levity Brewing Company	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1380 Wayne Ave #A	12	12	2019	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> Christmas gifts	
<b>To Whom Paid</b> Jeremy Dias	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 235.38
<b>Mailing Address</b> 217 Sunview Drive	12	16	2019	
<b>City</b> Verona	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15147	<b>Description of Expenditure</b> Expense reimbursement	

<b>To Whom Paid</b> Kittanning Township VFD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 13050 State Route 422			12	16	2019	
<b>City</b> Kittanning	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16201	<b>Description of Expenditure</b> Donation			

  

<b>To Whom Paid</b> Teddy Bear Fund Drive			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 123 Hospital Drive			12	19	2019	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> Donation			

  

<b>To Whom Paid</b> Cardmember Services - S&T Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 13.85
<b>Mailing Address</b> PO Box 790408			12	19	2019	
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code (Plus 4)</b> 63179	<b>Description of Expenditure</b> Postage			

  

<b>To Whom Paid</b> Cardmember Services - S&T Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> PO Box 790408			12	19	2019	
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code (Plus 4)</b> 63179	<b>Description of Expenditure</b> Donation - Foundation for IUP Memorial Scholarship			

  

<b>To Whom Paid</b> Cardmember Services - S&T Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 479.07
<b>Mailing Address</b> PO Box 790408			12	19	2019	
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code (Plus 4)</b> 63179	<b>Description of Expenditure</b> Travel Expense			

  

<b>To Whom Paid</b> Friends of Nicole Ziccarelli			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 2300 Freeport Road Suite 3			12	27	2019	
<b>City</b> New Kensington	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15068	<b>Description of Expenditure</b> Contribution			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 5,978.30

