Campaign Finance Report

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

Filer Identification 20190081 Number :							port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		Frie	nds	of Joe	e Pittman									
Street Address:	119 Sout	h 3rd	Street,	PO Box 38	2													
City:	Indiana								State:	PA			Zip Cod	ie: 15	5701			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY						POST-	3.		AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	•	/
report type)	ANNUAL REP	ORT	7. X	Year 2019					IG METHO						/	DISKE	TTE	
Name of Office S	- Sought by Can	didate	e:						DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count	
									МО	DAY	YE	AR		10000	ļ			
									11		5	2019		(SEE IN	STRUCTI	ONS FOR (CODES)	
Summary of Expenditures		ıd	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1	.1 26	2	019	I	<u> </u>	12		31	2019						
A. Amount Bro	ught Forward	From	Last Re	eport				\$			214,8	380.83						
B. Total Moneta	ary Contributi	ons A	nd Rece	eipts (From	Sche	dule	eI)	\$			3	300.00						
C. Total Funds	Available (Su	m Of I	Lines A	and B)				\$			215,1	180.83						
D. Total Expend	ditures (From	Sche	dule III	(1)				\$				0.00						
E. Ending Cash	Balance (Sub	tract	Line D I	From Line (C)			\$		2	215,1	80.83						
F. Value Of In-	Kind Contribu	tions	Receive	ed (From So	hedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligat	ions ((From S	chedule IV)			\$				0.00			•			
					AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee	repo	rt, treas	surer sign l	nere.	If th	is is	a Can	ndidate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		t, inclu	iding the	attached sch	nedule	s file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before m day of	e this		20							S	ignature	of Perso	n Submit	ting Re	port		_
	- Sic	gnature						- -					Prin	ted Name	e			-
My Commission Ex	-	,aca.c	_										Ema	il				-
	мо		DA	·Υ	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		it of my	y knowle	dge and belie	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		this										Si	ignature o	of Candid	ate			-
	day of —— ——							-					Printe	d Name				-
	Signa	ture						-								_		
My Commission Exp	_												Ema	il				
	МС	.	DA	·Υ	YR	ł		•		Area	Code		Da	aytime T	elephoi	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
Friends of Joe Pittman	From:	11/26/201	<u>9</u> To:	12/31/2019
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	Period	(4)	\$	300.00
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 Page 1			\$	300.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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		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.

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate			Reporting Period					
			Fron	n:		To	То:		
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 Perio	od				
Friends of Joe Pittman			From:	<u>11/26/2019</u> To: <u>12/31/2019</u>					
				D	ATE		AMOL	JNT	
Full Name Signal Communication Partne	ers			мо	DAY	YEAR			
Mailing Address 486 N Pik	e Road						\$	150.00	
City Sarver	State	Zip Code (I	Plus 4)	12	31	2019			
	PA	16055							
Receipt Description to cle	ear stale check #1056	•							
Full Name				МО	DAY	YEAR			
Clymer Volunteer Fire Depart	ment #1			MO	DAT	ILAK			
Mailing Address 550 Sherr	man Street						\$	150.00	
City Clymer	State	Zip Code (I	Plus 4)	12	31	2019			
5,,	PA	15728							
Receipt Description to Cle	ear stale check #1078	•		ı			ı		

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

PAGE TOTAL\$ 300.00

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	od	
Friends of Joe Pittman	From:	<u>11/26/2019</u> To:	12/31/2019
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	TF)		
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						\$	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					Re	porting F	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL	
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00	