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 201	90081			Repo Filed	-	CANDI	DATE		COM	4ITTEE	✓	LOBI			
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIEN	DS OF	JOE PITT	MAN								
Street Address:	119 SOUTH	3RD STR	EET,PO BO	X 382												
City:	INDIANA						State:	PA		Zip Code: 15		15701				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE-	2.	30 DA		POST-	3.			AMENDMENT REPORT?		No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	- 5.	30 D		POST-	6.		TERMINA REPORT?		Yes	No)	√
report type)	ANNUAL REPORT	7.	Year 2020				NG METH				PAPER		√	DISKE	TTE	
Name of Office S	ought by Candid	ate:	-		-		DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
CENIATOD IN TI	HE GENERAL ASS	EMDIV					МО	DAY	YI	AR	41	STS	REP)	32	
SLINATOR IN TI	IL GLINERAL ASS	CIMIDET					1		14	2020		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEAR			МО	DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		12 31	20	019	то	1		24	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			215,:	180.83						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule I)	\$,			0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			215,:	180.83						
D. Total Expenditures (From Schedule III)					\$			13,3	881.44							
E. Ending Cash Balance (Subtract Line D From Line C)				C)		\$:	201,7	99.39						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedul	e II)	\$		0.00								
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)		\$	•			0.00						
				AFF:	IDAV	IT SE	CTION									
PART I - If this is		•	_									e l	.1		-e	
correct and comple	that this report, in ete.	cluaing the	e attached scr	ieauies	riiea o	n paper	or by elect	ronic m	eaium	, are to t	ne best o	r my knov	vieage	and bei	er, tr	ue,
Sworn to and subs	cribed before me th day of	is	20						S	Signature	of Perso	n Submitt	ing Rep	oort		
	Signat	ure				_					Prin	ted Name				_
My Commission Ex	xpires					_					Emai	il				
	МО	D	AY	YR				Ar	ea Coo	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	didate's	authorized	Comm	ittee,	Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	politica	l comm	ittee has r	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed before me this day of	.	20							s	ignature o	of Candida	ite			_
						_					Printe	d Name				-
My Commission Exp	Signature					_					Ema	il				-
, сеолоп Ехр						_										_
	МО	D	AY	YR				Area	Code		Da	aytime Te	lephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOE PITTMAN	From:	12/31/20	<u>19</u> To:	1/24/2020
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)	\$	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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Filing Committee or Candida	Name of Filling Committee of Candidate			oorting P	eriod			
			Fro	m:		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			Rep	orting Pe	riod			
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
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 Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, 131,				4	•	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	iod	
FRIENDS OF JOE PITTMAN	From:	12/31/2019 To :	<u>1/24/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 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 l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reportir	ng Period			
FRIENDS OF JOE PITTMAN			From	12/3	1/2019	То:	1/24/2020
				DATE			AMOUNT
To Whom Paid CARDMEMBER SERVICES - S&	amp;T BANK		мо	DAY	YEAR		
Mailing Address PO BOX 79	0408		1	6	2020	\$	125.00
City ST. LOUIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
31. 20013	МО	63179	GIFT C			,	
To Whom Paid CARDMEMBER SERVICES - S&&	amp;T BANK		МО	DAY	YEAR		
Mailing Address PO BOX 790	0408		1 6 2020 \$				502.91
City ST. LOUIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
511 20010	МО	63179		TMAS LUNG			
To Whom Paid CARDMEMBER SERVICES - S&&	amp;T BANK		мо	DAY	YEAR		
Mailing Address PO BOX 79	0408		1	6	2020	\$	14.15
City ST. LOUIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
511 20015	МО	63179	POSTA				
To Whom Paid INDIANA COUNTY CHAMBER O	F COMMERCE		МО	DAY	YEAR		
Mailing Address 1019 PHILA	ADELPHIA STREET		1	6	2020	\$	165.00
City INDIANA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	15701	1 .	RSHIP DU			
To Whom Paid INDIANA MARCH FOR LIFE			МО	DAY	YEAR		
Mailing Address 561 PHILAD	DELPHIA STREET		1	11	2020	\$	250.00
City INDIANA	State	Zip Code (Plus 4)	Description of Expenditure				

15701

PΑ

DONATION

							PAG	E 12
To Whom Paid IRMC AUXILIAR	·			МО	DAY	YEAR		
Mailing Address	PO BOX 788 835 HO	OSPITAL ROAD		1	11	2020	\$	650.00
City INDIANA	1	State PA	Zip Code (Plus 4) 15701		otion of Exp			
To Whom Paid MORAINE TRAIL	S COUNCIL BOY SCOU	TS OF AMERICA		МО	DAY	YEAR		
Mailing Address	830 MORTON AVEN	UE EXTENSION		1	11	2020	\$	250.00
City BUTLER		State PA	Zip Code (Plus 4) 16001	Descri DONAT	otion of Exp	penditure		
To Whom Paid JOSEPH PITTMA	N			МО	DAY	YEAR		
Mailing Address	254 CHESTNUT STR	REET		1	14	2020	\$	784.94
City INDIANA		State PA	Zip Code (Plus 4) 15701	Description of Expenditure TRAVEL REIMBURSEMENT				
To Whom Paid REPUBLICAN CO	MMITTEE OF ARMSTRO	ONG CO.		МО	DAY	YEAR		
Mailing Address	PO BOX 739			1	14	2020	\$	2,000.00
City WORTHI	NGTON	State PA	Zip Code (Plus 4) 16262		otion of Exp	penditure		
To Whom Paid FRIENDS OF BO	B BROOKS			МО	DAY	YEAR		
Mailing Address	PO BOX 213			1	15	2020	\$	1,841.00
City MURRYS	VILLE	State PA	Zip Code (Plus 4) 15668	Description of Expenditure PETITION EVENT				
To Whom Paid SENATE REPUBL	ICAN CAMPAIGN COMI	MITTEE		МО	DAY	YEAR		
Mailing Address 112 STATE STREET 3RD FLOOR			1	16	2020	\$	6,475.44	
City HARRISBURG State Zip Code (Plus 4) PA 17101				Descri	otion of Exp	enditure		

To Whom Paid THE INDIANA GAZETTE			МО	DAY	YEAR		
Mailing Address PO BOX 10			1	17	2020	\$	133.00
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure NEWSPAPER AD				
To Whom Paid REPUBLICAN PARTY OF PENNSYLVANIA			мо	DAY	YEAR		
Mailing Address 112 STATE STREET			1	24	2020	\$	190.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure EVENT TICKETS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	13,381.44