### **Campaign Finance Report**

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

									CAND	IDATE	/	CC	MMITTEE		LOBI	BYIST	
Filer Identificati Number :	on	2022	C0913				port ed B		CARD	IDAIL	DATE COMMITTEE LOBBYIST						
Name of Filing C	committe	e, Candida	ate or L	obbyist:		JAS	SON	ORTIT	ΓΑΥ					_			
Street Address:																	
City:									State:				Zip Code	e: 15	317		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	<b>~</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	<b>\</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METH CHECK (				PAPER		✓	DISKE	TTE
Name of Office S	Sought by	/ Candidat	te:						DATE (	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YE	AR	46	STH	REP		Couc
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					1	1	8	2022		(SEE INS	TRUCTI	ONS FOR (	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YI	EAR	FOF	ROFFIC	E USE	ONLY	
Expenditures	from:			3 29	2	022	Т	0		5	2	2022					
A. Amount Bro	ught For	ward Fron	1 Last R	eport				\$	<u>'</u>		(1,5	00.00)	1				
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$			1,5	500.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00					
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate i	report,	candi	date sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	edium	, are to	the best of	my know	/ledge	and beli	ef , true
Sworn to and subs	cribed bef day of	ore me this		20							S	Signature	e of Person	Submitt	ing Rep	ort	
	_	Signatur	re					- -					Printe	ed Name			
My Commission Ex	cpires												Email				
		мо	D	AY	YR					Ar	ea Cod	le	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							_					Printed	Name			
		Signature						-									
My Commission Exp	oires												Email				
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	time Te	lephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting Period						
JASON ORTITAY	From:	3/29/202	<u>2</u> To:	5/2/2022			
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)			\$	1,500.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	Period	(3)	\$	1,500.00			
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,500.00			

#### **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 Candidat	e	'	Reporting Period					
			From:		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 Candidate		Reporting Period						
				From: To			<b>)</b> :		
					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, 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 Pe	riod		
JASON ORTITAY	From:	3/29/2022	То:	5/2/2022

DATE AMOUNT

Full N	Full Name of Contributing Committee					YEAR	
CITIZENS FOR JASON ORTITAY				МО	DAY	ILAK	<b>\$</b> 1,500.00
Mailir	Mailing Address 228 OSTOP ROAD			1	18	2022	
City	BURGETTSTOWN	State	Zip Code (Plus 4)	-		2022	
		PA	15021				

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

**PAGE TOTAL \$** 1,500.00

### 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	From:				То:		
	DATE						AMOUNT				
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address											
City	State	Zi	p Code (Plus	s 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						$\neg$	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	•	
			<b>.</b>	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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 Perio	od	
JASON ORTITAY	From:	3/29/2022 <b>To</b> :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candi	idate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			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				
	From:						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.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Futor Cuand Tatal of Funon diturns	n Daniel Banant C	Savan Dana Itana F					PAGE TOTAL	
Enter Grand Total of Expenditures	m Page 1, Report C	over Page, Item L	<i>)</i> .			\$	0.00	