Campaign Finance Report

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

Filer Identificat Number :	ion 2022	C0913			Repor Filed		CAND	IDATE	\checkmark	CC	OMMITTE	E	LOB	BYIST	
	Committee, Candida	ate or Lo	obbyist:		JASON	-	TAY								
Street Address:															
City:							State:		Zip			e: 15	317		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D PRIM		POST- 3.			AMENDM REPORT?	ENT	Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5.	30 D ELEC	AY TION	POST-	POST- 6.			TERMINATION REPORT?			· 🗸
report type)	ANNUAL REPORT	7.	Year 2022		FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE	
Name of Office	Sought by Candidat	te:					DATE O	OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
	IVE IN THE GENER						мо	DAY	Y	AR	46	STH	REP	•	
REPRESENTAL			11	L	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)				
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 29	2	022 1	0	5	5	2	2022					
A. Amount Bro	ought Forward Fron	n Last Ro	eport			\$;			00.00)					
B. Total Monet	ary Contributions A	And Rece	eipts (From	1 Sche	dule I)	\$	5	1,500.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (From Sche	edule III	[)			\$	5			0.00					
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		\$	5			0.00	-				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$	5			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$	5			0.00					
							CTION								
	s a Committee report, incl											my know	vledae	and beli	ef . true
correct and compl	ete.	2				pupe.				,		,			
Sworn to and sub	scribed before me this day of	5	20						S	ignatur	e of Persor	Submitt	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	xpires					_					Emai	I			
	мо	DA	NY	YR				Ar	ea Coo	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, G	Candio	late shall	sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of m ed.	ny knowle	dge and beli	ef this	political	comn	nittee has i	not viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.I	. 1333,
Sworn to and subse	cribed before me this day of		20							s	ignature o	f Candida	ite		
						_					Printe	d Name			
My Commission Ev	Signature					_					Emai	<u> </u>			
My Commission Ex	ри сэ 					_									
	мо	DA	NY	YR	2			Area	Code		Da	ytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JASON ORTITAY From: <u>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate					Reporting Period						
Fro						:					
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City State Zip Code (Plus 4)											
							Γ	PAGE TOTAL			

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

0.00

\$

PART B 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 Candidat	e		Rep Froi	oorting P m:	eriod	тс):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

PAGE 5

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 Cand	Reporting Period							
JASON ORTITAY	From:	<u>3/2</u>	<u>9/2022</u>	То:	<u>5/2/2022</u>			
	DA	TE	AM	AMOUNT				
Full Name of Contributing Commit CITIZENS FOR JASON ORTITAY	мо	DAY	YEAR					
Mailing Address 228 OSTOP RC)AD						\$	1,500.00
City BURGETTSTOWN	e (Plus 4)	1	18	2022				
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	1,500.00

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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate			Reporting Period						
From					m: To:					
				D	ATE			AMOUNT	1	
Full Name				мо	DAY	YEAR	1			
Mailing Address							\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description						•	•			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL	
		illi y i uge,	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 Period		
JASON ORTITAY	From:	<u>3/29/2022</u> то:	<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, 1		\$	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:			То:					
				DATE		АМО	UNT		
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 Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

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						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

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	Descrij	otion of Exp	penditure				
Enter Grand Total of Expenditures	`				PAGE TOTAL		
	on rage 1, Report C	over rage, item i				\$	0.00