### **Campaign Finance Report**

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

						D.			CAND	IDATE	./	CC	MMITTEE		LOBI	BYIST			
Filer Identificati Number :	on	2022	C0913				port ed E		CAND	V (30.11.11.11.11.11.11.11.11.11.11.11.11.11									
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		JAS	SON	ORTIT	AY										
Street Address:																			
City:									State:					<b>Zip Code:</b> 15317					
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		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 ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	<b>\</b>		
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG METH				PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	ought by	Candidat	e:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code		
									МО	DAY	YEA	\R	46	STH	REP		Code		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11	L	8	2022	┢──	(SEE INS	TRUCTI	ONS FOR (	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEA	AR .	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:			5 3	2	022	T	0	(	5	6	2022							
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$	•	•	•	0.00							
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (Fron	Sche	dule	e I)	\$				0.00							
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	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$				0.00		,					
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	candida	ate sig	gn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	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 before day of	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort			
	_	Signatur	re	_				- -					Printe	ed Name					
My Commission Ex	cpires							_					Email						
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	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		-											Email						
	_	МО	D	AY	YR	ì		-		Area	Code		Day	time Te	lephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
JASON ORTITAY	From:	5/3/202	<u>2</u> To:	6/6/2022
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)			\$	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 an 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

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					
			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				orting P	eriod			
F				m:		To	):	
		•			DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
					1			

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

#### **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						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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				
Fre					rom: To:				
	DATE						AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:			
		•		E	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	ıs 4)						
Receipt Description	<u>'</u>				•				
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Period		
JASON ORTITAY	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</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 Candidate Re			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor				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-Ki	nd Contributions Detai	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				Rep	orting	Period				
					m:		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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	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)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00