### **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	20220	C0913				port		CAN	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		JAS	ON (	ORTIT	AY										
Street Address:																			
City:									State:					Zip Code	e: 15	317			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	,	<b>√</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA		P	OST-	6. <b>)</b>	K	TERMINAT REPORT?	ΓΙΟΝ	Yes	No	,	<b>√</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG MET CHECK					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by	· Candidat	:e:						DATE	0	F ELEC	СТІ	ON	District Number	Office Code	Par	ty Code	Cour	
				EMBL)/					МО		DAY	)	<b>YEAR</b>	46	STH	REP		Toods	
REPRESENTATI	VE IN IF	IE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	١	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			10 25	2	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$					0.00						
D. Total Expenditures (From Schedule III)							\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	re	port, c	and	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule:	s file	ed on	paper	or by el	ectr	onic me	ediu	m, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					-						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		мо	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	any provisi	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed befo day of	re me this		20									Si	ignature of	Candida	te			-
								_						Printed	Name				-
	:	Signature						-											_
My Commission Exp	ires													Email					
	_	мо	D	AY	YR	t .		-			Area	Code	e	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:	10/25/202	2 <u>2</u> To:	11/28/2022			
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 Comm	Name of Filing Committee or Candidate			Re	Reporting Period						
				Fr	om:		То	:			
						DATE			AMOUNT		
Full Name of Contribut	ing 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	

#### **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	ame of Filing Committee or Candidate		Reporting	Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							<b>-</b>   \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
nter Grand Total of Part C on Schedule I, Detailed Summary P			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	lame of Filing Committee or Candidate			Reporting Period					
Fr				From:			То:		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	PAGE TOTAL 0.00	
							7	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								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Peri	od					
JASON ORTITAY	From:	10/25/2022 <b>To:</b>	11/28/2022				
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	ame of Filing Committee or Candidate				Reporting Period					
						То:				
		DATE AMOUNT								
Full Name of Contributor				DAY	YEAR					
Mailing Address		_				<b> </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 Section 2.			iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	(	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	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 Place of Business City					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.								0.00		

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period					
						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 Evpenditures on Page 1. Penert Cover Page. Item I							PAGE TOTAL			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00			