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 2	006014				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	ommittee, Car	didate or	obbyist:		сох	ر, JII	M FRI	ENDS OF	-								
Street Address:	P O BOX 2	:550															
City:	WEST LAV	/N						State: PA					ie: 19	609-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	-	5.						TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPO	PRT 7.	Year 2014					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Cand	lidate:	-					DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	YI	AR	129	STH	REP		06	
REPRESENTATI	VE IN THE GE	NERAL AS:	SEMBLY					11		4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
Summary of		мо	DAY	YEAR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		10 21	2	014	Т	0	11	-	24	2014						
A. Amount Bro	ught Forward	rom Last	Report				\$			8,3	183.18						
B. Total Moneta	ary Contributio	ns And Re	ceipts (From	Sche	dule	eI)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 8,18								183.18									
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			8,1	83.18						
F. Value Of In-	Kind Contribut	ions Recei	ed (From Sc	chedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligati	ons (From	Schedule IV)			\$				0.00			•			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	a Committee	report, tre	asurer sign h	nere. I	[f th	is is	a Can	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple		including th	e attached sch	nedules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me	this	20							S	Signature	of Perso	n Submitt	ing Rep	ort		-
	- Sign	nature					-					Prin	ted Name	.			-
My Commission Ex	-											Ema	il				-
	мо	I	PAY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	nber		
Part II- If this is	a report of a	andidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge and belie	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	i,
Sworn to and subsc		this									s	ignature o	of Candida	ate			-
	day of 		_ 20				-					Printe	d Name				-
	Signat	ure					-										_
My Commission Exp	ires											Ema	il				
	мо	ı	DAY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COX, JIM FRIENDS OF	From:	10/21/2014	<u>4</u> To:	11/24/2014
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	(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

with an aggregate value from \$50.01 to Name of Filing Committee or Candidate			Re	porting	Period			
		Fr	om:		То	:		
			1		DATE			AMOUNT
Full Name of Contributing	Committee			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.

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 Filling Committee of Candidate					Reporting Period From: 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				ng Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

						Reporting Period					
From:						То:					
			D/	ATE			AMOUNT				
			МО	DAY	YEAR						
Mailing Address						\$	0.00				
Ziţ	p Code (Plus	4)									
			Occupat	tion							
	City			State		Zip Co	ode (Plus 4)				
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00				
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co				

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		Reporting Period						
			From:			To:	То:		
				D	ATE		AM	OUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	•	•		•	•				
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL	
	,,,	. Junimary 1 ago,	5000.011				\$	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						
COX, JIM FRIENDS OF	From:	<u>10/21/2014</u> To:	11/24/2014					
1. 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				Reporting 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:	То:		
					•		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	ption	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	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
	From			То:				
		_		DATE		NUOMA		
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D).			\$	0.00	