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 :		Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBE	YIST					
Name of Filing C	Committee, Candi	date or L	obbyist:		сох	(, JII	M FRI	ENDS C	F	•							
Street Address:	P O BOX 22	50															
City:	SINKING SP	RING						State:	PA			Zip Code: 19609-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	ND FRIDAY PRE- 2. 3 RIMARY F					POST-	3.		AMENDM REPORT		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	POST- 6.			ATION ?	Yes	No	√	
report type)	ANNUAL REPOR	T 7. X	Year 2022					IG METH CHECK (PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	•		•			DATE	OF ELE	CTIC)N	District Number	Office Code	Part	ty Code	County Code	
								МО	DAY	YI	EAR	129	STH	REP		06	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					1	1	8	2022	-	(SEE IN	STRUCTIO	NS FOR C	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		10 25	20	022	Т	0	1	2	31	2022						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$			45,	514.33						
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				0.00						
C. Total Funds	Available (Sum (Of Lines A	and B)				\$			45,	514.33]					
D. Total Expen	ditures (From Sc	hedule II	I)				\$			4	184.94						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			45,0	29.39						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sch	edul	le II)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From	Schedule IV)				\$				0.00			1			
			ļ	٩FF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign he	re. 1	if thi	is is	a Can	didate	report,	candi	date sig	jn here.					
I swear (or affirm) correct and complete) that this report, in ete.	cluding th	e attached sche	dules	filed	d on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true	
Sworn to and subs	cribed before me the	nis	20							9	Signature	of Perso	n Submit	ting Rep	ort		
							-					Prin	ted Name	e			
My Commission Ex	Signat kpires	ure										Ema	il				
	мо	D	AY	YR			-		Ar	ea Coo	de		e Telepi	none Nur	nber		
Part II- If this is	a report of a ca	ndidate's	authorized Co	omm	itte	e, C	andida	ate shal	nall sign here.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	ical	commi	ittee has	not viola	ited ar	ıy provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,	
Sworn to and subsc	ribed before me thi	s							Signature of Candidate								
	day of						_										
	C:t						-					Printe	d Name				
My Commission Exp	Signature pires	•										Ema	il				
	МО	D	AY	YR			•		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
COX, JIM FRIENDS OF	From:	10/25/202	<u>2</u> To:	12/31/2022
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	J Period	(4)	\$	0.00
			1	
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

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 Fining 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	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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			
				Fror	n:		To):	
					D	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled 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	ting Perio	od			
			From:			To:		
				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 Per	riod	
COX, JIM FRIENDS OF	From:	<u>10/25/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	Reporting	g Period					
	From					To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate						
COX, JIM FRIENDS OF	From	<u> 10/2!</u>	5/2022	То:	12/31/2022		
		<u> </u>		AMOUNT			
To Whom Paid USPS			мо	DAY	YEAR		
Mailing Address 4100 Penn A	11	10	2022	\$	9.45		
City Sinking Spring	State PA	Zip Code (Plus 4) 19608	Descrip Stamps	otion of Exp	penditure		
To Whom Paid Capitol Preservation Committee			МО	DAY	YEAR		
Mailing Address N 3rd St #6.	30		11	14	2022	\$	475.49
City Harrisburg State Zip Code (Plus 4) PA 17120				otion of Exp or Voluntee			
	I						PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

484.94