### **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	2022	0271				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		FRIE	END:	S OF J	ILL COC	PER							
Street Address:																	
City:	MURF	RYSVILLE							State:	PA			Zip Cod	ie: 15	668		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	PRE-	- [	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					IG METH				PAPER		<b>/</b>	DISKE	TTE
Name of Office S	- Sought by	Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County
DEDDECEMENT	\	IE OENES		EMBLV					МО	DAY	YE	AR	55	STH	REP		65
REPRESENTATI	VE IN IH	IE GENER	KAL ASS	EMBLY					11		5	2024		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	rom:			4 9	20	024	T	0	5	:	13	2024					
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$			33,0	70.92					
B. Total Moneta	ary Contr	ibutions <i>i</i>	And Rec	eipts (From	Sche	dule	e I)	\$			6,8	325.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			39,8	95.92					
D. Total Expend	ditures (F	rom Sch	edule II	I)				\$			3,9	23.61					
E. Ending Cash	Balance	(Subtract	Line D	From Line C	)			\$			35,9	72.31					
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From Sc	hedul	e II	I)	\$			2	32.80					
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)	)			\$			14,3	51.74			'		
					AFF	IDA	٩VI	T SE	CTION								
PART I - If this is		•	•	=						•							
I swear (or affirm) correct and complete		eport, incl	uding the	attached sch	edules	filed	d on	paper o	or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge a	nd belie	ef , true
Sworn to and subs	cribed befo	ore me this	i	20							s	ignature	of Perso	n Submit	ting Rep	ort	
		Signatu	re					-					Prin	ted Name	•		
My Commission Ex	cpires	_						_					Ema	il			
		мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nui	nber	
Part II- If this is	a report	of a cand	lidate's	authorized (	Comm	itte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belie	f this	polit	tical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (P.L.	. 1333,
Sworn to and subsc		re me this										s	ignature o	of Candida	ate		
	day of —							-					Printa	d Name			
		Signature						-						_ name			
My Commission Exp		J											Ema	il			
	_	мо	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	_			
Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF JILL COOPER	From:	4/9/202	<u>4</u> To:	5/13/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	75.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	1,750.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	) Period	(2)	\$	1,750.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,000.00
All Other Contributions (Part D)			\$	2,000.00
TOTAL for the Reporting	Period	(3)	\$	5,000.00
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			\$	6,825.00

#### **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 Candidat	e		Re	porting F	Period			
FRIENDS OF JILL COOPER			Fre	om:	<u>4/9/</u>	/20	<u> 24</u> To:	5/13/2024
					DATE			AMOUNT
Full Name of Contributing Committee PA DENTAL PAC (PAD PAC)				мо	DAY		YEAR	
Mailing Address				4		29	2024	\$ 250.00
City HARRISBURG	<b>State</b> PA	Zip Code (Plus 4	4)	7	•	23	2024	
Full Name of Contributing Committee				мо	DAY		YEAR	
Dental Society of Western PA-Refunded	İ							
Mailing Address				4		18	2024	\$ 250.00
City Monroeville	<b>State</b> PA	Zip Code (Plus 4	4)					
Full Name of Contributing Committee Friends of Tim Oneal				мо	DAY		YEAR	
Mailing Address				4		17	2024	\$ 250.00
<b>City</b> Harrisburg	<b>State</b> PA	Zip Code (Plus 4	4)	4	-	17	2024	
Full Name of Contributing Committee				мо	DAY		YEAR	
NRA-Political Victory Fund								
Mailing Address		T		4	:	17	2024	\$ 250.00
City Fairfax	<b>State</b> VA	Zip Code (Plus 4	4)					
Full Name of Contributing Committee				мо	DAY		YEAR	
PSCOA PAC				МО	DAT		TEAK	
Mailing Address		_		4		17	2024	\$ 250.00
<b>City</b> HARRISBURG	<b>State</b> PA	Zip Code (Plus 4	4)					
Full Name of Contributing Committee PA BANKERS PUB AFFAIRS (PABPAC)				мо	DAY		YEAR	
Mailing Address								\$ 250.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus</b> 4 17110-0000	4)	4	-	17	2024	
Full Name of Contributing Committee	·							
INDEPENDENCE BLUE CROSS PAC (IBC	PAC)			МО	DAY		YEAR	
Mailing Address				4		17	2024	\$ 250.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus</b> 4 191031480	4)	4	-	•′	2024	

PAGE TOTAL

1,750.00

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

#### **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.

Name of Filing Commi	ittee or Candidate	F	Reporting I	Period			
		F	rom:		T	o:	
		\\\		DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

#### **PART C**

### **Contributions Received From Political Committees**

Name of Filing Committee or Candidate

**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.

**Reporting Period** 

FRIENDS OF JILL COOPER		Fro	m:	<u>4/</u>	9/2024	То:	<u>5/13/2024</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC				МО	DAY	YEAR	\$ 250.00
Mailing Address				4	17	2024	
City CAMP HILL	State	Zip Code (Plus	s 4)	•			
	PA	17089-0000					
Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC				МО	DAY	YEAR	\$ 250.00
Mailing Address		_		4	17	2024	
City CAMP HILL	State PA	<b>Zip Code (Plus</b> 17089-0000	s 4)	·			
Full Name of Contributing Committee				мо	DAY	YEAR	
PA Committee for Affordable Housing							\$ 1,000.00
Mailing Address		1		4	17	2024	
City Camp Hill	State	Zip Code (Plus	s 4)				
	PA	17011					
Full Name of Contributing Committee							
				мо	DAY	YEAR	
Friends of Joe Pittman				МО	DAY	YEAR	<b>\$</b> 1,000.00
Friends of Joe Pittman  Mailing Address	T	T		<b>MO</b> 4	<b>DAY</b> 17	<b>YEAR</b> 2024	\$ 1,000.00
Friends of Joe Pittman	State	Zip Code (Plus	s 4)				\$ 1,000.00
Friends of Joe Pittman  Mailing Address	<b>State</b> PA	Zip Code (Plus	s 4)				\$ 1,000.00
Friends of Joe Pittman  Mailing Address  City Indiana  Full Name of Contributing Committee		1	s 4)				\$ 1,000.00
Friends of Joe Pittman  Mailing Address  City Indiana  Full Name of Contributing Committee  Taxpayers for Torren		1	s 4)	4	17	2024	\$ 1,000.00
Friends of Joe Pittman  Mailing Address  City Indiana  Full Name of Contributing Committee  Taxpayers for Torren  Mailing Address	PA	15701		4	17	2024	
Friends of Joe Pittman  Mailing Address  City Indiana  Full Name of Contributing Committee  Taxpayers for Torren		1		4 MO	17	2024 YEAR	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 3,000.00

### 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.)

			Rep	orting Pe	riod			
			Fror	n:	<u>4/9/2</u>	<u>024</u> To	):	5/13/2024
				D/	ATE			AMOUNT
				МО	DAY	YEAR		1 000 00
				1.0	27		] *	1,000.00
T				4	24	2024		
State	Ziı	Code (Plus	4)					
PA	15	6668						
				Occupat	ion	Preside	nt	
e of Business		City			State		Zip C	ode (Plus 4)
		Beaver Fa	lls		PA		1501	0
				мо	DAY	YEAR	T <sub>e</sub>	1,000.00
								1,000.00
Γ				4	17	2024	.	
State	Ziı	Code (Plus	4)	l				
FL	34	786						
				Occupat	ion	Retired		
e of Business		City			State		Zip C	ode (Plus 4)
		Winderme	re		FL		3478	6
dule T. Detailed Si	ımn	narv Page	Section	nn 3				PAGE TOTAL
and 1/ Detailed of	#11111	, . ugc,	55561	J J.			\$	2,000.00
	State FL Se of Business	PA 15  The of Business  State Zill  FL 34  The of Business	PA 15668  Ce of Business City Beaver Fa  State Zip Code (Plus 34786  Ce of Business City Winderme	State Zip Code (Plus 4) 15668  The of Business City Beaver Falls  State Zip Code (Plus 4) 34786  The of Business City Windermere	State Zip Code (Plus 4) PA 15668 Occupate Beaver Falls  MO  State Zip Code (Plus 4) PA 15668 Occupate Plus 4) PA 34786	DATE  MO DAY  State Zip Code (Plus 4) PA 15668  Occupation  Se of Business  City Beaver Falls  MO DAY  MO DAY  State PA  State PA  To Code (Plus 4) FL 34786  Occupation  Se of Business  City State PA  To Code (Plus 4) State PA  To Code (	From: 4/9/2024   To	From: 4/9/2024 To:

## 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:			То:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	lus 4)					
Receipt Description	<b>'</b>	<b>.</b>					<u> </u>	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Perio	od	
FRIENDS OF JILL COOPER	From:	<u>4/9/2024</u> <b>To:</b>	5/13/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	l	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	232.80
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,	•	\$	232.80

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Full Name of Contributor House Republican Campaign Committee  DATE AMOUNT  MO DAY YEAR	Name of Filing Committee or Candi	date	ı	Reporting	Period			
Full Name of Contributor House Republican Campaign Committee  Mo DAY YEAR  Mailing Address  City Harrisburg State PA 17101  Full Name of Contributor  MO DAY YEAR  232  4 25 2024	FRIENDS OF JILL COOPER		ı	From:	<u>5/13/2024</u>			
House Republican Campaign Committee  Mo DAY YEAR  Mailing Address  City Harrisburg State PA 17101  PA 17101  State PA 17101  PA 17101			•		DATE			AMOUNT
Mailing Address  City Harrisburg  PA  25  2024  2024		mittee		МО	DAY	YEAR		222.00
City Harrisburg State Zip Code (Plus 4) PA 17101	Mailing Address			1	25	2024	*	232.80
	City Harrisburg	State	Zip Code (Plus 4)	]	23	2024		
Description of Contribution: In-kind: Postcards and postage		PA	17101					
	Description of Contribution: In-	kind: Postcards and p	oostage	-				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.  PAGE TOTAL		Schedule II, In-Kin	d Contributions Detail	led Sumi	mary Pag	e,		PAGE TOTAL

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period			
				Fro	m:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	7	Zip Code(Plus 4)						
Employer of Contributor	•				Occup	ation		•	
Employer Mailing Address/Principal Plac	ce of Business	City	•	Stat	e Zip	Code(Plus 4)	Descr	iption (	of Contribution
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd C	ontributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	<b></b>				-				0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
FRIENDS OF JILL COOPER	From	4/9/2024	То:	5/13/2024

			•					
					DATE			AMOUNT
To Wh	nom Paid			мо	DAY	YEAR		
Right	way Compliance LLC			110				
Mailin	ng Address			4	22	2024	\$	150.00
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17106	Account	ing and Co	ompliance	Service	
To Wh	nom Paid			мо	DAY	YEAR		
Right	way Compliance LLC			МО		ILAK		
Mailin	ng Address			5	13	2024	\$	18.73
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17106	Printing	and Shipp	ing		
To Wh	nom Paid			мо	DAY	YEAR		
Right	way Compliance LLC			МО		ILAK		
Mailin	ng Address			5	13	2024	\$	150.00
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17106	Account	ing and Co	ompliance	Service	
To Wh	nom Paid			мо	DAY	YEAR		
Penn	Franklin News			МО	DAY	TEAK		
Mailin	ng Address			4	11	2024	\$	728.00
City	Murrysville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15668	Advertis	sement			
To Wh	nom Paid				l <sub>DAY</sub>	VEAD		
					DAY	YEAR		
Penn	Franklin News			МО				
	Franklin News			4	18	2024	\$	728.00
	ng Address	State	Zip Code (Plus 4)	4	18		\$	728.00
Mailin		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15668	4	l tion of Exp		\$	728.00
Mailin City	ng Address			4  Descript Advertis	tion of Exp sement	enditure	\$	728.00
Mailin City To Wh	ng Address Murrysville			4 Descript	l tion of Exp		\$	728.00
Mailin City To Wh	Murrysville			4  Descript Advertis	tion of Exp sement	enditure	\$	
Mailin City To Wh	Murrysville  nom Paid trategies LLC			4  Descript Advertis  MO	tion of Exp sement	YEAR 2024		728.00 959.70

To Whom Paid			МО					
Italian-American Club				DAY	YEAR			
Mailing Address				23	2024	\$	240.00	
rialling Address			4	23	2024	·		
City Export State Zip Code (Plus 4) Descript			ption of Expenditure					
	PA	15632	Campaign Food					
To Whom Paid				DAY	YEAR			
Capitol Promotions Inc	МО	DA1	ILAK					
Mailing Address				22	2024	\$	306.34	
<b>City</b> Glenside	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19038	Campai	gn Pens				
To Whom Paid				L	VEAD			
Minuteman Press Printing				DAY	YEAR			
Mailing Address			4	19	2024	\$	638.74	
City North Versailles	State	Zip Code (Plus 4)	Description of Expenditure					
PA 15137 Ca				Campaign Literature				
To Whom Paid					\			
Winred Technical Servi	МО	DAY	YEAR					
Mailing Address				15	2024	\$	4.10	
City Arlington State Zip Code (Plus 4) Description of Expend				enditure	I			
	VA	22219	Processing Fee					
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2 022 61	
						\$	3,923.61	

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Rep			Reporti	porting Period					
FRIENDS OF JILL COOPER From:			From:		<u>4/9/2024</u>	То:		5/13/2024	
						DATE			Outstanding Balance of Debt
Name	of Creditor				мо	DAY	YEAR		
Jill Co	ooper				140				
Mailing Address				5	13	2024	4] :	<b>\$</b> 14,037.59	
City Murrysville State Zip Code (Plus 4)			Description of Debt						
PA 15668			Loans to campaign from 3/29/22 to 11/28/22						
Name of Creditor				МО	DAY	YEAR			
Jill Co	ooper				140		ILAK		
Mailir	ng Address				4	11	2024	4 !	<b>\$</b> 179.1!
City Murrysville State Zip Code (Plus 4)		Description of Debt							
	PA 15668			Campaign Literature					
Name	of Creditor				МО	DAY	YEAR		
Danie	elle Alisesky				МО	DAT	TEAR		
Mailir	g Address				5	13	2024	4 :	<b>\$</b> 135.00
City	Export	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t		
	PA 15632 Advertisement- Franklin					anklin	Regi	onal Theatre Guild	
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	14,351.74		