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 202	4C0019				port ed B		CAN	DIE	DATE	√	cc	MMITTE		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		COC	OPER	R, JILI	NIXO	N									
Street Address:																		
City:								State:					Zip Cod	e: 15	668			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	OST-	3. X		AMENDMI REPORT?	ENT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		P	OST-	6.		TERMINA REPORT?	TION	Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2024					IG MET					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candida	ate:	•		-			DATE	OI	FELE	СТІО	N	District Number	Office Code	Par	ty Cod	Code	
REDRESENTATI	VE IN THE GENE	ΡΔΙ Δςς	EMRI Y					МО		DAY	YE	AR	55	STH	REF)	65	
KLIKESENTATI	VE IN THE GENE	NAL A33	LINDLI						11		5	2024 (SEE INSTRUCTIONS FOR C						5)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FO	R OFFI	E USE	ONLY	7	
			4 9	2	024	Т	<u>О</u>		5	1	13	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expenditures (From Schedule III)							\$				1	79.15						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				(17	9.15)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule I\	/)			\$					0.00			•			
				AFF	IDA	٩VI	ΓSE	CTIO	N									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	re	port, c	andic	late sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached so	hedule	s file	d on	paper	or by el	ectr	onic me	edium,	are to t	the best of	my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th	is	20						-		s	ignature	e of Person	Submit	ing Re	oort		_
							-		-				Print	ed Name				_
My Commission Ex	Signat cpires	ıre							_				Email					-
	мо	D	AY	YR						Are	ea Cod	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	polit	tical	comm	ittee ha	s no	t violat	ted an	y provis	ions of the	act of J	une 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me this	;										s	ignature o	f Candida	ate			-
	day of —— ————						_						Printed	l Name				-
	Signature						-		_									_
My Commission Exp	ires												Emai					
	МО	D	AY	YR	1		•			Area	Code		Da	ytime T	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COOPER, JILL NIXON	From:	4/9/20	<u>24</u> To:	5/13/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

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 Candida	e	R	eporting	Period			
		F	rom:		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.

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 Com	nittee or Candidate		Reporting	Period			
			From:		To	o:	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I						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	me of Filing Committee or Candidate		Reporting Period						
			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)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed 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 of	or Candidate		Report	ing Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	-	•			•	•	•	
Enter Grand Total of Part I	on Schodulo I. Dotailad	Summary Bago	Section	4				PAGE TOTAL
Enter Granu 10tal Of Part I	on Schedule 1, Detalled	Summary Page,	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 Period								
COOPER, JILL NIXON	From:	4/9/2024 To :	<u>5/13/2024</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
COOPER, JILL NIXON	From	4/9/2024	То:	5/13/2024	

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
Minuteman Press Printing					ILAK	
Mailing Address			5	11	2024	\$ 179.15
City North Versailles	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	15137	Campai	gn Literatu	ire	
						PAGE TOTAL
Enter Grand Total of Expenditur		\$ 179.15				