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	20240	0019				Repoi Filed	_	CA	ANDI	DATE	*	(C	OMMITTE	E	LOB	BYIST		
Name of Filing C	Committee,	Candida	te or Lo	obbyi	st:	C	COOPE	R, JIL	L NI>	KON									
Street Address:																			
City:	_								Stat	e:				Zip Co	de: 15	668			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 D PRIM		P	POST-	3.		AMENDN REPORT		Yes		lo	/
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND ELEC	FRIDAY TION	PRE-	· 5. X	30 D ELEC	AY TION	P	POST-	6.		TERMINA REPORT		Yes	١	lo	\
report type)	ANNUAL RI	EPORT	7.	Year	2024				NG M					PAPER	DISK	ETTE			
Name of Office S	- Sought by C	andidate	e:						DA	ΤΕ Ο	F ELE	СТ	ION	District Number	Office Code	Pa	rty Cod	e Cour	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBL	Y				МО		DAY		YEAR	55	STH	REI	•	65	
			140	l.,	I	VEAD				11	l	5	2024	1	<u> </u>	STRUCTI			5)
Summary of Expenditures		and	МО	DA	14	YEAR 20	24	го	МО	10	DAY	21	YEAR 2024		R OFFI	CE USE	ONL	(
A. Amount Bro	ught Forwa	rd From	Last R				_	_	 ;				(179.15)						
A. Amount Brought Forward From Last Report \$ (179.15) B. Total Monetary Contributions And Receipts (From Schedule I) \$ 321.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 141.85																			
D. Total Expenditures (From Schedule III) \$ 321.00																			
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C)		9	5			([179.15]						
F. Value Of In-	Kind Contri	butions	Receive	ed (Fr	om Sc	hedule	e II)	4	5				0.00						
G. Unpaid Debt	s And Oblig	ations (From S	ched	ule IV))		\$	5				0.00						
						AFFI	DAV	IT SE	ECTI	ON									
PART I - If this is	s a Committ	ee repo	rt, trea	surer	sign h	ere. If	f this i	s a Ca	ndida	ite re	port,	can	didate si	gn here.					
I swear (or affirm) correct and comple		ort, inclu	iding the	attacl	hed sch	edules	filed or	paper	or by	electi	ronic m	ediu	ım, are to	the best o	f my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	me this		20									Signatu	e of Perso	n Submit	ting Re	port		_
		Signature	e	_				_						Prin	ted Name	•			
My Commission Ex	cpires							_		,				Ema	il				
	МС)	D#	ΑY		YR					Ar	ea C	Code	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	autho	rized (Commi	ittee,	Candio	late s	hall	sign h	ere							
I swear (or affirm) No 320) as amende		est of my	y knowle	edge aı	nd belie	f this p	politica	comn	nittee	has n	ot viola	ted	any provi	sions of th	e act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		me this		26									:	Signature (of Candid	ate			-
	day of 							_						Printe	d Name				-
My Commission F	_	nature						_						Ema	il				_
My Commission Exp	es							_						210					_
		МО	DA	AY		YR					Area	Cod	le	D	aytime T	elepho	ne Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COOPER, JILL NIXON	From:	<u>5/14/202</u> 4	<u>4</u> То:	10/21/2024
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)			\$	321.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	321.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	321.00

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	Name of Filing Committee or Candidate				Reporting Period							
		-1	From:		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 Comm	nittee or Candidate	Re	eporting F	Period			
		Fr	rom:		To) :	
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
					1	1	
					1		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	Reporting Pe			
COOPER, JILL NIXON	From:	5/14/2024	То:	10/21/2024

DATE AMOUNT

Full Name of Contributing Committee	МО	DAY	YEAR				
FRIENDS OF JILL COOPER					ILAK	\$ 321	1.00
Mailing Address				11	2024		
City MURRYSVILLE	State	Zip Code (Plus 4)	9	11	2024		
	PA	15668					

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

PAGE TOTAL \$ 321.00

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	1			Reporting Period					
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 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 Sumn	nary 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	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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 Perio	od							
COOPER, JILL NIXON	From:	<u>5/14/2024</u> To:	10/21/2024						
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 Car	ndidate		Reportin	g Period	Reporting Period				
			From:			To			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•		•			
					-				
	nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta					PAGE TOTAL			
Section 2.						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						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				State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

321.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporting Period					
COOPER, JILL NIXON	From	<u>5/1</u> 4	<u>1/2024</u>	То:	10/21/2024			
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Sign City			1.10					
Mailing Address			9	10	2024	\$	321.00	
City Wexford	State	Zip Code (Plus 4)) Description of Expenditure					
PA 15090				Campaign Magnets				
							PAGE TOTAL	

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