**Commonwealth of Pennsylvania** 

## **Campaign Finance Statement**



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

	NUMBER:	2024C009	0 <b>KE</b> F	ORI FILED	ON BEHALF OF:	Candidate
NAME OF FILING COMMITTI	EE, CANDIDATE OR	LOBBYIST	JIM F	PROKOPIAK		
STREET ADDRESS						
CITY		S.	TATE		ZIP CODE 190	54
TYPE OF REPORT 30	0-Day Post-Election	1				
NAME OF OFFICE SOUGH	IT BY CANDIDATE		PRESENTATIVE I SEMBLY	N THE GENER	AL	
DISTRICT CODE 1	140			PARTY C	<b>ODE</b> DEM	
DATE OF ELECTION	11/5/202	24				
DATES OF REPORTING P	ERIOD	10/22/	<sup>2</sup> 2024 <b>TO</b>		11/25/2024	For Office Use Only
AMENDMENT REPORT?	NO		TERMINATI	ON REPORT?	? NO	
CASH BALANCE AT TH PERIOD:	IE END OF REPOR	TING	0.00	)		
TOTAL AMOUNT OF FI DEBTS OR LIABILITIE REPORTING PERIOD:	ES AT THE END OF		0.00	)		
				<u> </u>		
	f of a Contributing L  AGGREGATE RECEIPT	Lobbyist, the	e Lobbyist must	sign here.  BILITIES INCURR		
SWORN TO AND SUBSCRIBED	) BEFORE ME THIS	·	·	THE BEST OF P	MY KNOWLEDGE AND BE	TING PERIOD INDICATED ABOVE DII LIEF, TRUE, CORRECT AND COMPLET
SWORN TO AND SUBSCRIBED  day of	) BEFORE ME THIS	·	THIS REPORT IS, TO			LIEF, TRUE, CORRECT AND COMPLET
SWORN TO AND SUBSCRIBED	D BEFORE ME THIS	·	·			
SWORN TO AND SUBSCRIBED	SIGNATURE	·	·		SIGNATURE OF PE	LIEF, TRUE, CORRECT AND COMPLET
SWORN TO AND SUBSCRIBED		·	·		SIGNATURE OF PE	LIEF, TRUE, CORRECT AND COMPLET
SWORN TO AND SUBSCRIBED day of MY COMMISION EXPIRES	SIGNATURE  MO.	DAY	20YR.	A	SIGNATURE OF PE PRI AREA CODE	LIEF, TRUE, CORRECT AND COMPLET ERSON SUBMITTING REPORT INTED NAME
MY COMMISION EXPIRES  PART II - f statement is filed on behalf	SIGNATURE  MO.  f of a Candidate's A	DAY Authorized C	YR. Committee, Candi	A idate must sig	SIGNATURE OF PE PRI AREA CODE gn here.	LIEF, TRUE, CORRECT AND COMPLET ERSON SUBMITTING REPORT INTED NAME
MY COMMISION EXPIRES  PART II - f statement is filed on behalf	SIGNATURE  MO.  f of a Candidate's A  THE BEST OF MY KNOW AMENDED.	DAY Authorized C	YR. Committee, Candi	A idate must sig	SIGNATURE OF PE PRI AREA CODE gn here.	LIEF, TRUE, CORRECT AND COMPLET ERSON SUBMITTING REPORT ENTED NAME  DAYTIME TELEPHONE NUMBER
MY COMMISION EXPIRES  PART II - f statement is filed on behalf I SWEAR (OR AFFIRM) THAT TO 3, 1937 (P.L. 1333, No. 320) AS	SIGNATURE  MO.  f of a Candidate's A  THE BEST OF MY KNOW AMENDED.	DAY Authorized Co	YR. Committee, Candi	A idate must sig	SIGNATURE OF PE PRI AREA CODE gn here. TEE HAS NOT VIOLATED A	LIEF, TRUE, CORRECT AND COMPLET ERSON SUBMITTING REPORT ENTED NAME  DAYTIME TELEPHONE NUMBER
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YR.

AREA CODE

DAY

DAYTIME TELEPHONE NUMBER