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 :	ion 2024	C0090			Repo Filed		CAN	DID	ATE	 Image: Construction 	СОММІТТЕ	E	LOBI	BYIST			
Name of Filing C	Committee, Candida	ate or L	obbyist:		JIM PR	OKOP	IAK										
Street Address:																	
City:							State:				Zip Coo	Zip Code: 19054					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		PO	ST- 3	8.		AMENDMENT REPORT?		Nc	 Image: A start of the start of		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	PRE- 5. 30 DAY ELECTION				ST- 6			TERMINATION REPORT?		Nc	Y		
report type)	ANNUAL REPORT	7. X	Year 2024				NG MET CHECK				PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by Candidat	te:					DATE	OF	ELEC	TION	District Number	Office Code	Par	ty Code	County		
							мо	D	DAY	YEAR	140	STH	DEN	1			
REPRESENTATIVE IN THE GENERAL ASSEMBLY							:	11	5	5 202	24	(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	2		мо	D	DAY	YEAR	FO	R OFFIC	e use	ONLY			
Expenditures	s from:	:	11 26	2	024	то	:	12	31	L 202	24						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$	5			0.0	00						
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule I)	\$	5			0.0	0						
C. Total Funds	Available (Sum Of	Lines A	and B)			4	5			0.0	00						
D. Total Expen	ditures (From Scho	edule II	I)			¢,	5			0.0	0						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		4	5			0.0	0						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	4	5			0.0	0						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')		4	5			0.0	0						
				AFF	IDAV	IT SE	CTIO	Ν									
	s a Committee repo		-						•		-						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedules	s filed o	n paper	or by ele	ectro	nic med	lium, are i	o the best o	f my know	ledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of	i	20					_		Signat	ure of Perso	n Submitt	ing Rep	oort			
	Signatu	re				_		_			Prin	ted Name					
My Commission Ex	-							_			Ema	il					
	мо	D	AY	YR					Area	Code	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee,	Candio	date sha	ıll sig	gn her	e.							
No 320) as amendo		ıy knowle	edge and beli	ef this	politica	l comr	nittee ha	s not	violate	d any pro	visions of the	e act of Ju	ne 3,1	937 (P.L	1333,		
Sworn to and subso	ribed before me this day of		20					_			Signature o	of Candida	te				
						_		_			Printe	d Name					
My Commission Exp	Signature					_		_			Ema	il					
	мо	D	AY	YR		_		_	Area Co	ode	Da	aytime Te	lephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

F							
Name of Filing Committee or Candidate	Reportin	g Period					
JIM PROKOPIAK	<u>11/26/202</u>	2 <u>4</u> To:	<u>12/31/2024</u>				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporti	ng 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 Reportin	ng 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 Reportin	ng Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)						
TOTAL for the Reportin	ng Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover F			\$	0.00			
			L				

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 Candidate				Reporting Period					
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00		

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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				Reporting Period				
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **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			Reporting Period						
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•							
		_	.	_				PAGE TO	ΓAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary 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 Perio	d	
JIM PROKOPIAK	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	_	_				\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		-		1	- I			
Enter Grand Total of Part F on Sc Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	_		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Period			
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Exponditures	on Page 1. Penert (Cover Bage Item [`				PAGE TOTAL
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00