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	20060	014				port ed B		CA	NDII	DATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		Frie	nds	of Jin	n Cox						·				
Street Address:	P O BO	OX 2550	l																
City:	WEST	LAWN							State	e:	PA			Zip Cod	le: 19	609			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRI PRIMARY		E-	2.	30 DA PRIMA		Р	OST-	T- 3.		AMENDMENT REPORT?		Yes	N)	\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRI ELECTIO		RE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N)	√
report type)	ANNUAL R	REPORT	7. X	Year 20	08				NG ME CHEC		_			PAPER		√	DISK	TTE	
Name of Office S	ought by C	Candidat	e:						DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
REPRESENTATI	VE IN THE	GENER.	AL ASS	EMBLY					МО		DAY	YI	EAR		STH	REF	1	06	
				_						11		4	2008	(SEE INSTRUCTIONS FOR CODES)					
Summary of Expenditures		and	МО	DAY	YEA		_	_	МО		DAY		EAR	FO	R OFFIC	E USE	ONLY		
-				1	1	2008	Т	1		12		31	2008						
A. Amount Broo				-	6-1-		\	\$				11,	584.78 0.00						
B. Total Moneta					om Scn	eauie	= 1)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 11,584.78																			
D. Total Expend					_			\$					147.59						
E. Ending Cash								\$				11,4	137.19						
F. Value Of In-						ule II	()	\$					0.00						
G. Unpaid Debt	s Ana Obli	gations	(From S	cneaule				\$					0.00						_
								ΓSE											
PART I - If this is I swear (or affirm) correct and comple	that this re	-	-	_											f my knov	vledge	and bel	ief , tr	ue,
Sworn to and subs	cribed befor	e me this										S	Signature	of Person	n Submitt	ing Re _l	ort		-
	day of							-						Print	ted Name				
My Commission Ex	pires	Signatur	e							-				Emai					_
	_	10	D	AY	Y	R		-			Are	ea Cod	de		e Teleph	one Nu	mber		_
Part II- If this is	a report o	of a cand	idate's	authoriz	ed Com	mitte	ee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.										з,									
Sworn to and subsc		me this											s	ignature o	f Candida	ite			-
	day of — –			- <u>-</u> —				-						Printe	d Name				-
	Sig	gnature						-											_
My Commission Exp	ires													Ema	iI				
	_	мо	D	AY	Y	R		•			Area	Code		Da	ytime Te	elephor	e Numi	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age	-			
Name of Filing Committee or Candidate	Reporting	Period		
Friends of Jim Cox	From:	1/1/200	<u>8</u> To:	12/31/2008
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	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	Period	(3)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

0.00

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Reporting Period					
		Fron	n:		То	:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s 4)						
			Occupat	ion				
e of	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code	

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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
Friends of Jim Cox	From:	<u>1/1/2008</u> To:	12/31/2008
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Candidat	:e		Reporting	g 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:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
Friends of Jim Cox			From	<u>1/</u>	1/2008	То:	12/31/2008
				DATE			AMOUNT
To Whom Paid United States Postal Service - W	/est Lawn Branch		МО	DAY	YEAR		
Mailing Address 2212 Penn A	ve.		12	2	2008	\$	58.00
City Reading	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
	PA 19609-999				ental		
To Whom Paid John Yurconic Agency			мо	DAY	YEAR		
Mailing Address 3657 Penn A	ve		12	3	2008	\$ \$	5.00
City Sinking Spring	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
	PA	19608	Notary				
To Whom Paid Capitol Preservation Committee			МО	DAY	YEAR		
Mailing Address Room 630 M	ain Capitol		12	16	2008	\$	84.59
City Harrisburg	State	Zip Code (Plus 4)	Descrir	tion of Exp	l penditure	<u> </u>	
PA 17120				eer Apprec			
	·	·	<u> </u>				PAGE TOTAL
Enter Grand Total of Expendi	itures on Page 1, Re	port Cover Page, Item D).				

147.59