

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED
 SEP 03 2019
 ETHICS HEARING BOARD

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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>JACOB NIXON (REG REG 1)</i>																							
STREET ADDRESS <i>227 COLTART AVE #3</i>																							
CITY <i>PITTSBURGH</i>		STATE <i>PA</i>	ZIP CODE <i>15213</i>																				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>MEMBER PITTSBURGH CITY COUNCIL</i>		DISTRICT NO. <i>3</i>	PARTY <i>INDEP.</i>	DATE OF ELECTION																		
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY																				
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>7</td><td>17</td><td>19</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>9</td><td>3</td><td>19</td></tr> </table>		MO.	DAY	YEAR	7	17	19	MO.	DAY	YEAR	9	3	19	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>5</td><td>2019</td></tr> </table>			MO.	DAY	YEAR	11	5	2019
	MO.	DAY	YEAR																				
	7	17	19																				
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	9	3	19																				
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11	5	2019																					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 03 2019 ETHICS HEARING BOARD </div>																					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																							
AMENDMENT REPORT?		YES	NO	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>		YES	NO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>														
YES	NO																						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
TERMINATION REPORT?		YES	NO																				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

2 DAY OF September 2019

Commonwealth of Pennsylvania - Notary Seal
 JOSEPH CAPARDI - Notary Public
 Allegheny County
 My Commission Expires Jun 6, 2021
 Commission Number 1313312

SIGNATURE OF PERSON SUBMITTING REPORT
Jacob Nixon

PRINTED NAME
JACOB NIXON

MY COMMISSION EXPIRES 6 MO. 6 DAY 21 YR.

AREA CODE 412 DAYTIME TELEPHONE NUMBER 345-1571

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER