

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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JACOB NIXON								
STREET ADDRESS 227 COLTART AVE #3								
CITY PITTSBURGH		STATE PA	ZIP CODE 15213					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	PITTSBURGH CITY COUNCIL		3	INDEP	MO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		11	5	2019	
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
	30 DAY POST-PRIMARY	3.	9	4	19	<div style="border: 1px solid blue; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>OCT 01 2019</p> <p>ETHICS HEARING BOARD</p> </div>		
	6TH TUESDAY PRE-ELECTION	4.	TO	10	1			19
	2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD:		\$			0
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	0			
ANNUAL REPORT	7.	AMENDMENT REPORT?		YES	NO			<input checked="" type="checkbox"/>
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

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
 1st DAY OF October 2019

Commonwealth of Pennsylvania Notary Seal
 JOSEPH CAFARDI - Notary Public
 My Commission Expires Jun 6, 2021
 Commission number 1313312

SIGNATURE OF PERSON SUBMITTING REPORT
 JACOB NIXON

PRINTED NAME
 JACOB NIXON

AREA CODE
 412

DAYTIME TELEPHONE NUMBER
 745-1571

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 OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES
 _____ MO. _____ DAY _____ YR.

AREA CODE

DAYTIME TELEPHONE NUMBER
