

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>JACOB NIXON</i>					
STREET ADDRESS <i>229 COLTART ST. Apt. 3</i>					
CITY <i>PITTSBURGH</i>		STATE <i>PA</i>	ZIP CODE <i>15212</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY	1.	<i>Pgh City Council Member</i>		<i>3</i>	<i>Ind.</i>
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD		DATE OF ELECTION	
30 DAY POST-PRIMARY	3.	MO. DAY YEAR TO MO. DAY YEAR <i>10 1 19 TO 11 1 19</i>		MO.	DAY YEAR
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0 -</i>		<i>11</i>	<i>5 2019</i>
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0 -</i>		FOR OFFICE USE ONLY	
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>NOV 1 2019</p> <p>ETHICS HEARING BOARD</p> </div>	
ANNUAL REPORT	7.	TERMINATION REPORT? YES <input type="checkbox"/> 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.

My Commission Expires *June 6, 2021*  
 Commission Number *1313312*

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
*31* DAY OF *October* 20*19*

SIGNATURE \_\_\_\_\_  
 MY COMMISSION EXPIRES *6* MO. *6* DAY *21* YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
*Jacob Nixon*  
 PRINTED NAME *JACOB NIXON*  
 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 \_\_\_\_\_