

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		JACOB NIXON COMMITTEE			
Street Address		P.O. BOX 42439			
City	PITTSBURGH	State	PA	Zip Code	15203

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-5-19	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

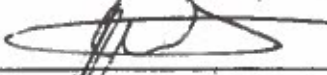
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10-1-19	11-1-19	
A. Amount Brought Forward From Last Report	\$	600 <sup>00</sup>	<div style="border: 2px solid blue; padding: 10px; width: fit-content; margin: auto;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">NOV 1 2019</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">ETHICS HEARING BOARD</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	510 <sup>00</sup>	
C. Total Funds Available (Sum of Lines A and B)	\$	570 <sup>00</sup>	
D. Total Expenditures (From Schedule III)	\$	435 <sup>30</sup>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	134 <sup>70</sup>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	6625 <sup>00</sup>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

### Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this  
31 day of October 20 19

Signature

  
Signature of Person Submitting report  
Printed Name

412                      345-1571  
Area Code                      Daytime Telephone Number


Commonwealth of Pennsylvania - Notary Seal  
JOSEPH CAFARDI - Notary Public  
Allegheny County YR.  
My Commission Expires Jun 6, 2021

Part II- If this is a report of a candidate's Authorized Committee, candidate shall 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  
31 day of October 20 19

Signature

  
Signature of Candidate  
Printed Name

412                      345-1571  
Area Code                      Daytime Telephone Number

My Commission expires 6 6 21  
MO. DAY YR.

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

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	<i>JACOBS NIXON COMMITTEE</i>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	<i>110<sup>00</sup></i>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	<i>- 0 -</i>
All Other Contributions (Part B)		\$	<i>400<sup>00</sup></i>
Total for the reporting period	(2)	\$	<i>400<sup>00</sup></i>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	<i>- 0 -</i>
All Other Contributions (Part D)		\$	<i>- 0 -</i>
Total for the reporting period	(3)	\$	<i>0</i>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	<i>0</i>
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	<i>510<sup>00</sup></i>



**PART B**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	JACOB NIXEN COMMITTEE
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Full Name of Contributor		CLAIRE FABIAN			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	26765	Street Address	CHINA DR		Date [MM/DD/YYYY]	\$	
City	MENIFEE	State	CA	Zip Code	92585	Date [MM/DD/YYYY]	\$
Full Name of Contributor		SUSAN SCHWUCHAN			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	1200	Street Address	BEECHWOOD BLVD		Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JEFF WOODARD			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	227	Street Address	COLTRET AVE		Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ROBERT JONES			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	462	Street Address	BANKY		Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15211	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

400<sup>00</sup>

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

Filer Identification Number: *JACOB NIXON COMMITTEE*

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period (1) \$ *- 0 -*

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period (2) \$ *- 0 -*

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period (3) \$ *6,625<sup>00</sup>*

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) \$ *6,625*



SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	JACOB NIXON COMMITTEE
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Full Name of Contributor					JEFFREY WOODARD		Date [MM/DD/YYYY]	\$	3,796 <sup>00</sup>
House #	207	Street Address			COURT AVE		Date [MM/DD/YYYY]	\$	772 <sup>00</sup>
City	PITTSBURGH		State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$	2,057 <sup>00</sup>
Employer Name					LAW OFFICE		Occupation	ADMINISTRATOR	
Employer Mailing Address / Principal Place of Business					1241 PAGE PITTSBURGH PA 15223		Description of Contribution	MIXING, SIGNS HANDOUTS, NOOD	

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number: JACOB NIXON COMMITTEE

To Whom Paid		<u>PAYPAL</u>			Date [MM/DD/YYYY]	\$	<u>640</u>
House #	<u>2211</u>	Street Address	<u>N. FIRST ST.</u>		Description of Expenditure		
City	<u>SAN JOSE</u>	State	<u>CA</u>	Zip Code	<u>95131</u>	<u>FEES</u>	
To Whom Paid		<u>CEL PHONE RY</u>			Date [MM/DD/YYYY]	\$	<u>5399</u>
House #	<u>4222</u>	Street Address	<u>BLUE BUNNETT DR.</u>		Description of Expenditure		
City	<u>STAMPAO</u>	State	<u>TX</u>	Zip Code	<u>77477</u>	<u>Cell phone</u>	
To Whom Paid		<u>U.S. POSTAL</u>			Date [MM/DD/YYYY]	\$	<u>140<sup>00</sup></u>
House #	<u>140</u>	Street Address	<u>Brownville Rd</u>		Description of Expenditure		
City	<u>McH</u>	State	<u>PA</u>	Zip Code	<u>15210</u>	<u>POSTAGE</u>	
To Whom Paid		<u>U.S. POSTAL</u>			Date [MM/DD/YYYY]	\$	<u>245<sup>00</sup></u>
House #	<u>336</u>	Street Address	<u>4TH AVE</u>		Description of Expenditure		
City	<u>PCH</u>	State	<u>PA</u>	Zip Code	<u>15222</u>	<u>POSTAGE</u>	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

435<sup>30</sup>