

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		8000109		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF NICK MICOZZIE												
Street Address: POST OFFICE BOX 234												
City: CLIFTON HEIGHTS						State: PA			Zip Code: 19018			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2012		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	163	STH	REP	23
						11	6	2012	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	23	2012		11	26	2012				
A. Amount Brought Forward From Last Report						\$		140,939.52				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		11,871.74				
C. Total Funds Available (Sum Of Lines A and B)						\$		152,811.26				
D. Total Expenditures (From Schedule III)						\$		29,400.66				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		123,410.60				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		13,790.41				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		0.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF NICK MICOZZIE	From: <u>10/23/2012</u> To: <u>11/26/2012</u>

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)	\$ 11,300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 11,300.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 11,300.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	<div style="display: flex; align-items: center;"> \$ 0.00 </div>
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
<div style="display: flex; align-items: center;"> \$ 0.00 </div>

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 Candidate FRIENDS OF NICK MICOZZIE	Reporting Period From: <u>10/23/2012</u> To: <u>11/26/2012</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee I.U.E.C LOCAL 5 PAC FUND 12273				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 12273 TOWNSEND RD.				10	26	2012	
City PHILADELPH	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributing Committee I.U.E.C LOCAL 5 PAC FUND 12273				MO	DAY	YEAR	\$ 500.00
Mailing Address 12273 TOWNSEND RD.				10	26	2012	
City PHILADELPH	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributing Committee THE HARTFORD ADVOCATES FUND				MO	DAY	YEAR	\$ 1,000.00
Mailing Address FEDERAL ACCT. 690 ASYLUM AVE.				10	25	2012	
City HARTFORD	State PA	Zip Code (Plus 4) 06115					
Full Name of Contributing Committee PRUDENTIAL FINANCIAL PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 751 BROAD STREET				10	25	2012	
City NEWARK	State NJ	Zip Code (Plus 4) 07102					
Full Name of Contributing Committee PARD PHIL PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 7425 FRANKFORD AVE. 2ND FL.				11	2	2012	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136					

Full Name of Contributing Committee HARRISBU PA. BANKERS PAC3897 NORTH FRONT STREET			MO	DAY	YEAR	\$ 500.00
Mailing Address 3897 NORTH FRONT STREET			11	2	2012	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				
Full Name of Contributing Committee SPRINKLER FITTERS LOCAL UNION 692 PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 14002 MCNULTY ROAD			11	2	2012	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154				
Full Name of Contributing Committee UNIVERSITY CITY HOUSING ASSOCIATES			MO	DAY	YEAR	\$ 500.00
Mailing Address 1062 LANCASTER STE 30B			11	7	2012	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributing Committee PSEA PACE			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 400 NORTH 3RD ST. PO BOX 2			11	9	2012	
City HARRISBURG	State PA	Zip Code (Plus 4) 171051724				
Full Name of Contributing Committee COMMITTEE FOR AFFORDABLE HOUSING			MO	DAY	YEAR	\$ 300.00
Mailing Address 600 N. 12TH STREET			11	18	2012	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043				
Full Name of Contributing Committee NATIONWIDE PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address NATIONWIDE PLAZA			10	31	2012	
City COLUMBUS	State OH	Zip Code (Plus 4) 43216				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 11,300.00

PART D
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	
	From:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E

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	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	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 NICK MICOZZIE		From: <u>10/23/2012</u> To: <u>11/26/2012</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

