Campaign Finance Report

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

Filer Identificati Number :	on 8000	109				port ed B		CANDI	DATE		СОМ	4ITTEE	√	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIE	END	S OF I	NICK MI	COZZII	Ē							
Street Address:	POST OFFICE	BOX 23	34														
City:	CLIFTON HEIG	SHTS						State:	PA			Zip Cod	le: 19	018			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2016					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							мо	DAY	YE	AR	rumber	Touc	REP		23	
								11		8	2016		(SEE IN	STRUCTIO	ONS FOR O	ODES))
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			1 1	20	016	Т	0	3		7	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			38,9	52.24						
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	ı)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			38,9	52.24						
D. Total Expend	ditures (From Sch	edule II	I)				\$			7	91.76						
E. Ending Cash	Balance (Subtract	t Line D	From Line C)				\$			38,1	60.48						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edul	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
			ļ	4FF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f thi	is is	a Can	didate re	eport, o	candio	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	i	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	<u> </u>			-
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	YR					Are	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	omm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
	day of ————————————————————————————————————						_					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF NICK MICOZZIE	From:	1/1/201	<u>6</u> То:	<u>3/7/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					DATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$ 0.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 0.00

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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	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>1/1/2016</u> To:	<u>3/7/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reportii	ng Period			
FRIENDS OF NICK MICOZZIE			From	1/	1/2016	То:	3/7/2016
				DATE			AMOUNT
To Whom Paid ROCK FOR CHOP			мо	DAY	YEAR		
Mailing Address PROVIDENCE	ROAD		1	5	2016	\$	100.00
City SECANE	State PA	Zip Code (Plus 4) 19018	Descrip DONAT	otion of Exp	penditure	1	
To Whom Paid CITIZENS BANK			мо	DAY	YEAR		
Mailing Address 5221 BALTIMO	ORE PIKE		1	19	2016	\$	14.95
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018		otion of Exp			
To Whom Paid BONNIE WONDER GARDEN			МО	DAY	YEAR		
Mailing Address 233 SCOTTDA	LE ROAD		1	20	2016	\$	63.60
City LANSDOWNE	State PA	Zip Code (Plus 4) 19050		otion of Exp			EMONY
To Whom Paid HEWLETT PACKARD			МО	DAY	YEAR		
Mailing Address PO BOX 88000	0		1	22	2016	\$	14.28
City BALTIMORE	State MD	Zip Code (Plus 4) 212883000		otion of Exp CANT SHEE		1	
To Whom Paid CITIZENS BANK			МО	DAY	YEAR		
Mailing Address 5221 BALTIMO	ORE PIKE		1	28	2016	\$	10.99
	1	•	1				

Zip Code (Plus 4)

19018

Description of Expenditure

CHASE CARD SERV. ON LINE PAYMENT

State

PΑ

City

CLIFTON HEIGHTS

To Whom Paid STANLEY PETERSON	мо	DAY	YEAR		
Mailing Address 431 DOE LANE	2	4	2016	\$	18.17
City SPRINGFIELD State PA 2ip Code (Plus 4) 19064		otion of Exp ITE DOMAI			
To Whom Paid VERIZON 610-626-1037	мо	DAY	YEAR		
Mailing Address P.O. BOX 28999	2	5	2016	\$	64.80
City LEHIGH VALLEY State Zip Code (Plus 4) PA 189928000	Descrip UTILIT	otion of Exp	penditure		
To Whom Paid VERIZON 50040421900002(299-0577	МО	DAY	YEAR		
Mailing Address P.O. BOX 25505	2	5	2016	\$	118.10
State Tin Code (Blue 4)		tion of Exp	anditura		
City LEHIGH VALLEY PA Zip Code (Plus 4) 180025505	UTILIT		Jenuiture		
LENIGH VALLET			YEAR		
To Whom Paid	UTILIT	IES		\$	14.95
To Whom Paid CITIZENS BANK	MO 2	DAY 18 ption of Exp	YEAR 2016	\$	14.95
To Whom Paid CITIZENS BANK Mailing Address 5221 BALTIMORE PIKE City CLIFTON HEIGHTS State Zip Code (Plus 4)	MO 2 Descrip	DAY 18 ption of Exp	YEAR 2016	\$	14.95
To Whom Paid CITIZENS BANK Mailing Address 5221 BALTIMORE PIKE City CLIFTON HEIGHTS State PA 19018 To Whom Paid	MO 2 Descrip	DAY 18 otion of Exp	YEAR 2016 Denditure	\$	14.95 84.50
To Whom Paid CITIZENS BANK Mailing Address 5221 BALTIMORE PIKE City CLIFTON HEIGHTS State PA 19018 To Whom Paid DAILY TIMES	MO 2 Descrip UTILIT: MO 2 Descrip	DAY 18 Dition of Exp	YEAR 2016 Penditure YEAR 2016	\$	
To Whom Paid CITIZENS BANK Mailing Address 5221 BALTIMORE PIKE City CLIFTON HEIGHTS State PA 19018 To Whom Paid PA 19018 To Whom Paid DAILY TIMES Mailing Address MILDRED AVENUE City PRIMOS State Zip Code (Plus 4) 19018	MO 2 Descrip UTILIT: MO 2 Descrip	DAY 18 Dition of Exp ES DAY 23 Dation of Exp	YEAR 2016 Penditure YEAR 2016	\$	
To Whom Paid CITIZENS BANK Mailing Address 5221 BALTIMORE PIKE City CLIFTON HEIGHTS State PA 19018 To Whom Paid DAILY TIMES Mailing Address MILDRED AVENUE City PRIMOS State PA 19018 To Whom Paid DAILY TIMES	MO 2 Descrip UTILIT: MO 2 Descrip SUBSC	DAY 18 Dition of Exp IES DAY 23 Dition of Exp RIPTION	YEAR 2016 Penditure 2016 Denditure	\$	

To Whom Paid VERIZON 50040421900002(299-0577			мо	DAY	YEAR		
Mailing Address P.O. BOX 25505			2	25	2016	\$	113.03
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure UTILITIES				
To Whom Paid VERIZON 50040421900002(299-0577			МО	DAY	YEAR		
Mailing Address P.O. BOX 25505			3	4	2016	\$	118.10
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure UTILITIES				
To Whom Paid VERIZON 50040421900002(299-0577			МО	DAY	YEAR		
Mailing Address P.O. BOX 25505			3	4	2016	\$	33.29
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure UTILITIES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Lines Grand Fotor of Expendit	a. co on i age 1, Re	port cover 1 age, Item D	•			\$	791.76