# **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 :	ion 8000	109			Report Filed B		CANDI	DATE	СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	bbyist:	1	MICOZZ	IE, N	IICHOLAS	FRIEN	DS OF						
Street Address:	PO BOX 234														
City:	CLIFTON HEIG	GHTS					State:	PA	PA <b>Zip Code:</b> 19018-000				000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					AY F ARY	, POST- 3.			AMENDMENT REPORT?			0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5.X 30 DAY ELECTION					POST- 6	5.	TERMIN/ REPORT		Yes	N	0	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016				NG METHO CHECK OI			PAPER		$\checkmark$	DISK	ЕТТЕ	
Name of Office S	Sought by Candidat	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	Cour	
							мо	DAY	YEAR			REP	1	23	
							11	8	3 2016		(SEE INS	TRUCTI	ONS FOR	CODES	;)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		9 20	20	016 <b>T</b>	0	10	24	4 2016						
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$			30,286.50						
B. Total Monet	ary Contributions	And Rece	eipts (From	n Scheo	dule I)	\$			60.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			30,346.50						
D. Total Expen	ditures (From Sche	edule III	[)			\$			757.85						
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)		\$		2	29,588.65	_					
	Kind Contributions		•		e II)	\$			0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$	\$ 0.00								
							CTION								
	s a Committee repo ) that this report, incl	-	_							-		vledae	and he	ief tr	THE
correct and comple	ete.	-				pape.			,		,	licuge		,	
Sworn to and subs	cribed before me this day of	5	20						Signatur	e of Perso	n Submitt	ing Rep	oort		
		re				-				Prin	ted Name				-
My Commission Ex	-									Ema	il				-
	мо	DA	Y	YR				Area	Code	Daytin	ne Telepho	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	ittee, C	andid	ate shall	sign her	·e.						
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	dge and beli	ef this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20						S	ignature (	of Candida	ite			-
						-				Printe	ed Name				-
My Commission Exp	Signature bires					-				Ema	il				-
	мо	DA	NY	YR		-		Area C	ode	D	aytime Te	elephor	e Num	ber	-

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MICOZZIE, NICHOLAS FRIENDS OF From: <u>9/20/2016</u> **To:** 10/24/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 60.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 60.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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						
Fr				From: To:			:			
		· · · ·		DATE			AMOUNT			
Full Name of Contributing Cor	nmittee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	)							
						Γ	PAGE TOTAL			

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

0.00

\$

PART B 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 or Candidat	e		Rep Froi	orting P m:	eriod	То	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Ca	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Com	mittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

## 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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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			Report					
MICOZZIE, NICHOLAS FRIENDS OF			From:		<u>9/20/201</u>	<u>6</u> To:	To: <u>10/24/20</u>	
				D	ATE			AMOUNT
Full Name NICHOLAS MICOZZIE				мо	DAY	YEAR		
Mailing Address 131 1/2 HILLDALE ROAD							\$	60.00
City LANSDOWNE	State PA	<b>Zip Code (</b> 19050	Plus 4)	10	13	2010	5	
Receipt Description REIMBU	JRSEMENT	·						
Enter Grand Total of Part E on	Schedule T. Detailed	Summary Page	Section	Д				PAGE TOTAL
	Schedule 1, Detailed	Summary Page,	Section	7.			\$	60.00

#### 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 Peri	od	
MICOZZIE, NICHOLAS FRIENDS OF	From:	<u>9/20/2016</u> то:	<u>10/24/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 3		\$	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:			То:					
				DATE		АМС	DUNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	5	0.00		

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
					DATE AMO					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupat	tion		-		
Employer Mailing Address/Principal Place of City State Business				Zip 4)	Code(Plus	Descri	ption of	Contribution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period		Reporting Period					
MICOZZIE, NICHOLAS FRIENDS OF			From	<u>9/20</u>	<u>0/2016</u>	То:	<u>10/24/2016</u>				
				DATE	AMOUNT						
To Whom Paid AOL			мо	DAY	YEAR						
Mailing Address ON LINE			9	26	2016	\$	39.90				
City ON LINE	State Zip Code (Plus 4)   PA 19018			Description of Expenditure FEES FOR SERVICE AND SECURITY							
To Whom Paid DELCO REPUBLICAN CLUB			мо	DAY	YEAR						
Mailing Address 323 WEST FRONT STREET			9	28	2016	\$	400.00				
CityMEDIAStateZip Code (Plus 4)PA19063				Description of Expenditure DONATION							
To Whom Paid BRENDON MURPHY			мо	DAY	YEAR						
Mailing Address 437 MAPLEWOOD R	OAD		10	12	2016	\$	90.00				
City SPRINGFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064		otion of Exp DONATION		1					
To Whom Paid CITIZENS BANK			мо	DAY	YEAR						
Mailing Address BALTIMORE PIKE AN	ND DELMAR ROAD		10	12	2016	\$	3.00				
City CLIFTON HEITHS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19050	<b>Descrip</b> FEE	tion of Exp	benditure	1					
To Whom Paid UD MARINE CORP. DETACHMENT			мо	DAY	YEAR						
Mailing Address PO BOX 2600			10	17	2016	\$	150.00				
City UPPER DARBY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19082	<b>Descrip</b> DONAT	<b>ition of Exp</b> TON	penditure	1					

To Whom Paid CITIZENS BANK			мо	DAY	YEAR		
Mailing Address BALTIMORE PIKE AND DELAMAR ROAD			10	19	2016	\$	14.95
City CLIFTO HEIGHTS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19018	Description of Expenditure FEE				
To Whom Paid CLAM TAVERN			мо	DAY	YEAR		
Mailing Address BROADWAY AVENUE			10	13	2016	\$	60.00
City CLIFTON HEIGHTS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19018	Description of Expenditure DINNER				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	757.85