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	80001	109				port ed B		CA	NDII	DATE		СОММ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:	l	MIC	OZZ	IE, N	ICHO	LAS	FRIEN	NDS	OF						
Street Address:	РО ВО	OX 234																	
City:	CLIFT	ON HEIG	HTS						State	e:	PA			Zip Cod	ie: 19	018-0	000		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FR PRIMAR	IDAY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	√ N	0	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FR ELECTION	IDAY PRI ON	E-	5.	30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL	REPORT	7.	Year 20	016				LING METHOD) CHECK ONE				PAPER		\	DISK	ETTE		
Name of Office S	ought by	Candidat	e:						DAT	E O	F ELE	CTIC	NC	District Number	Office Code	Pai	ty Cod	Cou	
									МО		DAY	Υ	EAR	163		REI)	23	
										11		8	2016		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	'	
Expenditures	from:		1	10	25 2	016	T	0		11	2	28	2016						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				29,	588.65						
B. Total Monetary Contributions And Receipts (From Schedule I)										0.00									
C. Total Funds Available (Sum Of Lines A and B)							\$				29,	588.65							
D. Total Expenditures (From Schedule III)						\$					786.88								
E. Ending Cash Balance (Subtract Line D From Line C)						\$				28,	801.77								
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fro	m Schedu	le II	i)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule	e IV)			\$					0.00						
					AFF	FID/	۱۷۲	ΓSE	CTIC	N									
PART I - If this is		•	•								•		_						
I swear (or affirm) correct and comple		eport, incli	iding the	attache	d schedule	s file	d on	paper	or by e	electr	onic me	ediun	n, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20									Signature	of Perso	n Submitt	ing Re	ort		
	-	Signatur	Δ					-						Prin	ted Name	1			-
My Commission Ex	pires	o.g.i.ata.	_							•				Ema	il				-
	i	чо	D#	λY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authori	zed Com	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	belief this	s polit	tical	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		e me this											Si	ignature o	of Candida	ite			-
	day of							-						Printe	d Name				-
	s	ignature						-											_
My Commission Exp														Ema	il				
	_	мо	DA	ΑY	YR	ì.					Area Code Daytime Telephone Number					ber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
MICOZZIE, NICHOLAS FRIENDS OF	From:	10/25/201	<u>6</u> To:	11/28/2016			
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)			\$	0.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting) Period	(3)	\$	0.00			
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 an 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

Use	this Part to itemize onl with an aggregate valu		ceiv		-				
Name of Filing Committee or Candidate			Reporting Period						
			From:			То	Го:		
		-			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
	•		-		•	•	$\overline{}$	PAGE TOTAL	

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

PAGE TOTAL \$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 Filling Committee of Camulate			Reporting Period From: To:					
					DATE		AMOUN	т
			_				71.10011	•
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.

ame of Filing Committee or Candidate			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.)

ame of Filing Committee or Candidate			Reporting Period						
				Froi	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address							\$	0.00	
City	State	Zi	p Code (Plus	5 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
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	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Per	iod							
MICOZZIE, NICHOLAS FRIENDS OF	From:	<u>10/25/2016</u> To:	<u>11/28/2016</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,		\$	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 Period				
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor				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 Candidate	1				Re	porting l	Period				
					From:			To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								- \$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period				
MICOZZIE, NICHOLAS FRIEND	S OF		From	10/2	<u>5/2016</u>	То:	11/28/2016	
				DATE A				
To Whom Paid Staples			мо	DAY	YEAR			
Mailing Address Springfield,	Delaware County		10	28	2016	\$	24.96	
City Springfield Township	State	Zip Code (Plus 4)	Description of Expenditure					
PA 19064			Supplie					
To Whom Paid Delaware County Community College				DAY	YEAR			
lailing Address 901 Main Line Road			10	28	2016	\$	89.00	
City Mesia	City Mesia State Zip Code (Plus 4)			ption of Exp	penditure	:		
	PA	19063	1	ite Classes				
To Whom Paid Citizens Bank			мо	DAY	YEAR			
Mailing Address Baltimore Pi	ke and Delmar Road		11	17	2016	\$	14.95	
City Clifton Heights	State	Zip Code (Plus 4)	Descrip	ption of Exp	nenditure	,		
Cilitori ricigno	PA	19018	Fee					
To Whom Paid Upper Darby Republican CC	·	·	МО	DAY	YEAR			
Mailing Address 5035 Township Road			11	16	2016	\$	450.00	
City Drexel Hill State Zip Code (Plus 4)			Description of Expenditure					
DICKCI IIII	PA	19026	Ad	^				
To Whom Paid Reliable Computer Solutions			МО	DAY	YEAR			
						1		

Mailing Address

Prospect Park

City

P.O. Box 127

State

PΑ

185.00

2016

11

Computer Maint.

Description of Expenditure

Zip Code (Plus 4)

19076

To Whom Paid Citizens Bank				DAY	YEAR			
Mailing Address Baltimore Pike and Deslmar Road			10	31	2016	\$	3.00	
City Clifton Heights PA State 2ip Code (Plus 4) 19018				Description of Expenditure Fee				
To Whom Paid Aol Servicea			МО	DAY	YEAR			
Mailing Address 131 1/2 Hill	dale Road		10	28	2016	\$	19.97	
City Lansdowne	Descrip Fee	otion of Exp	penditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
Enter Grand Total of Expend	iter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	786.88	