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 201	7C0129				port ed B		CAN	IDI	DATE	~	CC	OMMITTE	E	LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		CAF	ROLY	'N NIC	CHOLS	5									
Street Address:																		
City:	_							State	:				Zip Cod	e: 19	9143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA	AY PRE	Ē-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	١	lo	\
report type)	ANNUAL REPORT	7.	Year 2017	,				OHECK					PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candida	ate:	_					DATE	E OI	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Cou	
								МО		DAY	•	YEAR	-1	SPR	DEI	М	1	
JUDGE OF THE	SUPERIOR COUF	ŧΤ							11		7	2017	 	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	7	
Expenditures	from:		6 6	5 2	017	7 T	0		9		18	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00	1					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expenditures (From Schedule III)							\$				21	,180.70						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(21,	180.70)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	(From 9	Schedule I\	V)			\$					0.00						
				AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	e re	port, o	cano	didate si	gn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached so	chedule	s file	ed on	paper	or by el	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						•			Signatur	e of Persor	Submit	ting Re	ort		
	Signat						- -						Print	ed Name	•			_
My Commission Ex	_								-				Emai	ı				-
	мо	D	AY	YR						Are	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.	1						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	lief this	poli	itical	comm	ittee ha	as no	ot viola	ted a	any provis	sions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this	;										s	ignature o	f Candid	ate			-
-	day of						_						Printe	d Name				-
My Commission Exp	Signature						-		-				Emai	l				-
rry Commission Exp							_											_
	МО	D	AY	YR	Ł					Area	Cod	е	Da	ytime T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CAROLYN NICHOLS	From:	<u>6/6/201</u>	<u>7</u> To:	9/18/2017
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
				From: To				
		•			DATE			AMOUNT
Full Name of Contributi	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 Filing Committee or Cand	idate		Rep	Reporting Period				
			From: To:):	
					DATE		АМ	OUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
CAROLYN NICHOLS	From:	6/6/2017 To:	9/18/2017
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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			
					Fro	om:		To:		
							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	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Candidate Reporting Period					
CAROLYN NICHOLS	From	6/6/2017	То:	9/18/2017		

			DATE			AMOUNT
		мо	DAY	YEAR		
1		3	3	2017	\$	100.00
State PA	Zip Code (Plus 4) 191161404	1	-	penditure		
		МО	DAY	YEAR		
		3	12	2017	\$	100.00
City PHILADELPHIA PA Zip Code (Plus 4) PA 191431404				penditure		
		мо	DAY	YEAR		
S AVE NE		3	4	2017	\$	41.00
State DC	Zip Code (Plus 4) 200024285	1		penditure		
		МО	DAY	YEAR		
S AVE NE		3	22	2017	\$	194.00
State DC	Zip Code (Plus 4) 200024285	1		penditure		
		МО	DAY	YEAR		
S AVE NE		3	27	2017	\$	41.00
City WASHINGTON State Zip Code (Plus 4) DC 200024285			•	penditure		
	State PA State PA State PA S AVE NE State DC S AVE NE State DC S AVE NE State DC	State	State	MO DAY	MO	MO

State 191390129 CONTRIBUTION PA 191390129 CONTRIBUTION PA PA PA PA PA PA PA P								PA	∍E 12	
State						DAY	YEAR			
To Whom Paid DEMOCRATIC WOMEN OF PHILADELPHIA Mailing Address INFORMATION REQUESTED	Mailing Address PO BOX 24129				3	27	2017	\$	250.00	
Mailing Address INFORMATION REQUESTED 2 18 2017 2 2018 2017 2 2018 2017 2 2018 2017 2 2 2 2 2 2 2 2 2	City PHILADEL	PHIA								
State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION						DAY	YEAR			
To Whom Paid FRIENDS OF MAYOR ROHAN HEPKINS State Zip Code (Plus 4) 190509372 PAR 190509	Mailing Address INFORMATION REQUESTED				2	18	2017	\$	25.00	
Mailing Address PO BOX 5372 1 7 2017 \$ 125.00	City		State	Zip Code (Plus 4)						
State PA PA PA PA PA PA PA P						DAY	YEAR			
PA	Mailing Address	PO BOX 5372			1 7 2017 \$ 125.0				125.00	
Mo	City YEADON									
City PHILADELPHIA State PA PA PA PA PA PA PA P					МО	DAY	YEAR			
To Whom Paid PA 191460298 MO DAY YEAR Molling Address PO BOX 67676 State PA 2ip Code (Plus 4) 171067676 To Whom Paid PAN AG DEMOCRATS MO DAY YEAR 2ip Code (Plus 4) 171067676 MO DAY YEAR To Whom Paid PENN AG DEMOCRATS MO DAY YEAR 2ip Code (Plus 4) 171067676 To Whom Paid PENN AG DEMOCRATS MO DAY YEAR 2ip Code (Plus 4) 171067676 Description of Expenditure To LLS To Whom Paid PENN AG DEMOCRATS MO DAY YEAR 2ip Code (Plus 4) Description of Expenditure Description of Expenditure To Whom Paid PENN AG DEMOCRATS MO DAY YEAR Description of Expenditure Description of Expenditure Description of Expenditure	Mailing Address PO BOX 3998 2900 GRAY'S FERRY AVE				2	8	2017	\$	20,000.00	
PA TURNPIKE COMMISSION Mailing Address PO BOX 67676 City HARRISBURG State PA 171067676 To Whom Paid PENN AG DEMOCRATS Mo DAY YEAR \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 \$ 49.70 To Whom Paid PENN AG DEMOCRATS Mo DAY YEAR TOLLS To Whom Paid PENN AG DEMOCRATS 1 7 2017 \$ 30.00 \$ 30.00 To Whom Paid PENN AG DEMOCRATS To Whom Paid PENN AG DEMOCRATS PA State Zip Code (Plus 4) Description of Expenditure Description of Expenditure	City PHILADEL	PHIA								
City HARRISBURG State PA						DAY	YEAR			
TO Whom Paid PENN AG DEMOCRATS Mo DAY YEAR Mailing Address 2120 ROSEDALE AVE City MIDDLETOWN PA 171067676 TOLLS TOULS TO Whom Paid PENN AG DEMOCRATS 1 7 2017 \$ 30.00	Mailing Address PO BOX 67676				3	27	2017	\$	49.70	
PENN AG DEMOCRATS MO DAY YEAR Mailing Address 2120 ROSEDALE AVE 1 7 2017 \$ 30.00 City MIDDLETOWN State Zip Code (Plus 4) Description of Expenditure	City HARRISBU	URG			1					
City MIDDLETOWN State Zip Code (Plus 4) Description of Expenditure					МО	DAY	YEAR			
MIDDLE TOWN Description of Expenditure	Mailing Address 2120 ROSEDALE AVE				1	7	2017	\$	30.00	
	City MIDDLETO	OWN								

To Whom Paid WARD 44	мо	DAY	YEAR					
Mailing Address 5021 OGDEN ST	2	17	2017	\$	150.00			
			Description of Expenditure CONTRIBUTION					
Mailing Address PO BOX 6313	2	25	2017	\$	75.00			
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	191396313	CONTR	IBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expenditures	\$	21,180.70						