

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 : 20160341		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: NICHOLS FOR PA							
Street Address: PO BOX 3998,2900 GRAYS FERRY AVE							
City: PHILADELPHIA				State: PA		Zip Code: 19146	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.
	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO DAY YEAR		DEM	
				11 7 2017		(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	28	2017			
A. Amount Brought Forward From Last Report				TO	MO	DAY	YEAR
					5	1	2017
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 2,192.18			
C. Total Funds Available (Sum Of Lines A and B)				\$ 26,185.00			
D. Total Expenditures (From Schedule III)				\$ 28,377.18			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 18,224.71			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 10,152.47			
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 1,159.46			
				\$ 64,000.00			

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
NICHOLS FOR PA	From: <u>3/28/2017</u> To: <u>5/1/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 235.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 950.00
TOTAL for the Reporting Period (2)	\$ 1,200.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,750.00
All Other Contributions (Part D)	\$ 19,000.00
TOTAL for the Reporting Period (3)	\$ 24,750.00

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.)	\$ 26,185.00
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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 NICHOLS FOR PA	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PA DEMOCRATIC CAUCUS OF COUNTY COMMISSIONERS			MO	DAY	YEAR	\$ 250.00
Mailing Address 612 W 2ND ST APT 304			4	5	2017	
City ERIE	State PA	Zip Code (Plus 4) 165071189				

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

PAGE TOTAL
\$ 250.00

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 Candidate NICHOLS FOR PA	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>
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DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$	250.00
SALLY BARAKA							
Mailing Address			5	1	2017		
1233 BAINBRIDGE ST APT H							
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191471872				

Full Name of Contributor JOHN BRANIGAN ESQ.				MO	DAY	YEAR	\$ 250.00
Mailing Address 1122 LOCUST ST				4	24	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191076734					

Full Name of Contributor			MO	DAY	YEAR	\$	250.00
DAVID GLANCEY							
Mailing Address			4	26	2017		
316 N LAWRENCE ST							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	191061106		

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JENNIFER HILL							
Mailing Address 934 HUDSON ST APT 1				4	25	2017	
City HOBOKEN	State NJ	Zip Code (Plus 4) 070305130					

Full Name of Contributor TRACEY MCDEVITT HAGAN				MO	DAY	YEAR	\$ 100.00
Mailing Address 2543 BROWN ST				4	5	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191301810					

PAGE TOTAL

\$ 950.00

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

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 NICHOLS FOR PA	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee COZEN O'CONNOR PAC				MO	DAY	YEAR	\$ 750.00
Mailing Address 1 LIBERTY PL 1650 MARKET STREET				3	31	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191034201					
Full Name of Contributing Committee DISTRICT COUNCIL 21 PAC				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2980 SOUTHAMPTON RD				4	19	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191541202					

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

PAGE TOTAL
\$ 5,750.00

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 NICHOLS FOR PA	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
CAROLYN H. NICHOLS							
Mailing Address 6115 COBBS CREEK PKWY				4	10	2017	\$ 5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908					
Employer Name CITY OF PHILADELPHIA				Occupation COMMON PLEAS COURT JUDGE			
Employer Mailing Address/Principal Place of Business CRIMINAL JUSTICE CENTERROOM 1416			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19107	

Full Name of Contributor				MO	DAY	YEAR	
CAROLYN H. NICHOLS							
Mailing Address 6115 COBBS CREEK PKWY				4	3	2017	\$ 14,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908					
Employer Name CITY OF PHILADELPHIA				Occupation COMMON PLEAS COURT JUDGE			
Employer Mailing Address/Principal Place of Business CRIMINAL JUSTICE CENTERROOM 1416			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19107	

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

PAGE TOTAL
\$ 19,000.00

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	
NICHOLS FOR PA		From: <u>3/28/2017</u> To: <u>5/1/2017</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 1,159.46
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.)			\$ 1,159.46

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 NICHOLS FOR PA				Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>			
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Full Name of Contributor CAROLYN H. NICHOLS				5	1
Mailing Address 6115 COBBS CREEK PKWY				2017	\$ 1,159.46
City PHILADELPHIA	State PA	Zip Code(Plus 4) 191432908			
Employer of Contributor CITY OF PHILADELPHIA				Occupation COMMON PLEAS COURT JUDGE	
Employer Mailing Address/Principal Place of Business CRIMINAL JUSTICE CENTER ROOM 1416	City	State	Zip Code(Plus 4)	Description of Contribution CANDIDATE CAMPAIGN EXPENSES	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 1,159.46

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
NICHOLS FOR PA	From <u>3/28/2017</u> To: <u>5/1/2017</u>

				DATE	AMOUNT		
To Whom Paid CROWNE PLAZA HARRISBURG				MO	DAY	YEAR	\$ 645.00
Mailing Address 23 S 2ND ST				4	10	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 171012004	Description of Expenditure STATE COMMITTEE BREAKFAST				
To Whom Paid DHAMANA DIXON				MO	DAY	YEAR	\$ 500.00
Mailing Address 5808 CHRISTIAN ST				4	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191433002	Description of Expenditure SCHEDULER				
To Whom Paid KATHRYN MARTUCCI				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1414 S HICKS ST				4	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191464819	Description of Expenditure CAMPAIGN SERVICES				
To Whom Paid KATHRYN MARTUCCI				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1414 S HICKS ST				4	19	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191464819	Description of Expenditure CAMPAIGN SERVICES				
To Whom Paid NGP VAN				MO	DAY	YEAR	\$ 1,750.00
Mailing Address 1445 NEW YORK AVE NW STE 200				4	10	2017	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure DATABASE, WEBSITE				

To Whom Paid PAYCHEX			MO	DAY	YEAR	\$ 30.00
Mailing Address 1100 ADAMS AVE			4	4	2017	
City NORRISTOWN	State PA	Zip Code (Plus 4) 194032404	Description of Expenditure WORKERS' COMP			

To Whom Paid PAYCHEX			MO	DAY	YEAR	\$ 58.00
Mailing Address 1100 ADAMS AVE			4	10	2017	
City NORRISTOWN	State PA	Zip Code (Plus 4) 194032404	Description of Expenditure PAYMENT			

To Whom Paid PNC MERCHANT SERVICES			MO	DAY	YEAR	\$ 2.00
Mailing Address 8340 GERMANTOWN AVE			4	3	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191183404	Description of Expenditure BANK FEE			

To Whom Paid PNC MERCHANT SERVICES			MO	DAY	YEAR	\$ 81.69
Mailing Address 8340 GERMANTOWN AVE			4	3	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191183404	Description of Expenditure BANK CARD FEE			

To Whom Paid PNC MERCHANT SERVICES			MO	DAY	YEAR	\$ 5.00
Mailing Address 8340 GERMANTOWN AVE			5	1	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191183404	Description of Expenditure BANK FEE			

To Whom Paid PNC MERCHANT SERVICES			MO	DAY	YEAR	\$ 22.02
Mailing Address 8340 GERMANTOWN AVE			5	1	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191183404	Description of Expenditure BANK CARD FEE			

To Whom Paid JASMINE SESSOMS			MO	DAY	YEAR	
Mailing Address			4	3	2017	
City	State	Zip Code (Plus 4)	Description of Expenditure FUNDRAISING			
To Whom Paid MICAH C. T. SIMS II			MO	DAY	YEAR	
Mailing Address 4959 PARKSIDE AVE.			4	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131	Description of Expenditure SENIOR ADVISOR			
To Whom Paid MICAH C. T. SIMS II			MO	DAY	YEAR	
Mailing Address 4959 PARKSIDE AVE.			4	19	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131	Description of Expenditure SENIOR ADVISOR			
To Whom Paid THE GUARDIAN CIVIC LEAGUE, INC.			MO	DAY	YEAR	
Mailing Address			4	19	2017	
City	State	Zip Code (Plus 4)	Description of Expenditure LUNCHEON TICKET			
To Whom Paid TML COMMUNICATIONS			MO	DAY	YEAR	
Mailing Address PO BOX 138			4	10	2017	
City ABINGTON	State PA	Zip Code (Plus 4) 190010138	Description of Expenditure COMMUNICATIONS			
To Whom Paid WASHINGTON COUNTY DEMOCRATIC PARTY			MO	DAY	YEAR	
Mailing Address			4	19	2017	
City	State	Zip Code (Plus 4)	Description of Expenditure EVENT			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 18,224.71

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate NICHOLS FOR PA				Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>			
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DATE				Outstanding Balance of Debt		
Name of Creditor CAROLYN H. NICHOLS			MO	DAY	YEAR	\$ 25,000.00
Mailing Address 6115 COBBS CREEK PKWY			12	15	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908	Description of Debt LOAN RECEIVED			
DATE				Outstanding Balance of Debt		
Name of Creditor CAROLYN H. NICHOLS			MO	DAY	YEAR	\$ 20,000.00
Mailing Address 6115 COBBS CREEK PKWY			2	8	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908	Description of Debt LOAN RECEIVED			
DATE				Outstanding Balance of Debt		
Name of Creditor CAROLYN H. NICHOLS			MO	DAY	YEAR	\$ 14,000.00
Mailing Address 6115 COBBS CREEK PKWY			4	3	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908	Description of Debt LOAN RECEIVED			
DATE				Outstanding Balance of Debt		
Name of Creditor CAROLYN H. NICHOLS			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 6115 COBBS CREEK PKWY			4	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191432908	Description of Debt LOAN RECEIVED			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 64,000.00
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