### **Campaign Finance Report**

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

| Filer Identificati<br>Number :          | on 2016                                      | 0341     |                       |         | Repor<br>Filed E |        | CA    | NDI | DATE              |       | COM       | AITTEE                 | <b>Y</b>       | LUB  | 51151     |                |
|---|--|----------|-----------------------|---------|------------------|--------|-------|-----|-------------------|-------|-----------|------------------------|----------------|--|-----------|----------------|
| Name of Filing C                        | ommittee, Candid                             | ate or L | obbyist:              | 1       | NICHOI           | LS FOI | R PA  |     |                   |       |           |                        |                |  |           |                |
| Street Address:                         | PO BOX 3998                                  |          |                       |         |                  |        |       |     |                   |       |           |                        |                |  |           |                |
| City:                                   | PHILADELPHIA                                 | Ą        |                       |         |                  |        | State | e:  | PA                |       |           | Zip Co                 | de: 19         | 9146   |           |                |
| TYPE OF<br>REPORT                       | 6TH TUESDAY<br>PRE-PRIMARY                   | 1.       | 2ND FRIDA<br>PRIMARY  | Y PRE-  | 2.               | 30 DA  |       | F   | POST-             | 3.    |           | AMENDN<br>REPORT       |                | Yes  | No        |                |
| (place X to<br>the right of             | 6TH TUESDAY<br>PRE-ELECTION                  | 4.       | 2ND FRIDA<br>ELECTION | Y PRE   | - 5.             | 30 DA  |       | F   | POST- 6. <b>X</b> |       |           | TERMINATION<br>REPORT? |                | Yes  | No        | <b>✓</b>       |
| report type)                            | ANNUAL REPORT                                | 7.       | <b>Year</b> 2017      |         |                  |        | NG MI |     |                   |       |           | PAPER                  |                | $  \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$ | DISKE     | TTE            |
| Name of Office S                        | ought by Candidat                            | te:      |                       |         |                  |        | DAT   | ΈO  | F ELE             | CTIC  | N         | District<br>Number     | Office<br>Code | Par  | ty Code   | County<br>Code |
|   |  |          |                       |         |                  |        | МО    |     | DAY               | YI    | AR        |                        | ·              | DEI  | 1         |                |
|   |  |          |                       |         |                  |        |       | 11  |                   | 7     | 2017      |                        | (SEE IN        | STRUCTI  | ONS FOR C | CODES)         |
|   | Receipts and                                 | МО       | DAY                   | YEAR    |                  |        | МО    |     | DAY               | YI    | EAR       | FC                     | OR OFFI        | CE USE   | ONLY      |                |
| Expenditures                            | irom:  |          | 10 24                 | 20      | )17 <b>T</b>     | О      |       | 11  | 2                 | 27    | 2017      |                        |                |  |           |                |
| A. Amount Bro                           | ught Forward Fron                            | 1 Last R | eport                 |         |                  | \$     |       |     |                   |       | 729.51    |                        |                |  |           |                |
| B. Total Moneta                         | ary Contributions /                          | And Rec  | eipts (Fron           | n Sched | dule I)          | \$     |       |     |                   | 33,3  | 388.00    |                        |                |  |           |                |
| C. Total Funds                          | Available (Sum Of                            | Lines A  | and B)                |         |                  | \$     |       |     |                   | 103,: | 117.51    |                        |                |  |           |                |
| D. Total Expend                         | ditures (From Sch                            | edule II | I)                    |         |                  | \$     |       |     |                   | 98,1  | 196.12    |                        |                |  |           |                |
| E. Ending Cash                          | Balance (Subtract                            | Line D   | From Line             | C)      |                  | \$     |       |     |                   | 4,9   | 21.39     |                        |                |  |           |                |
| F. Value Of In-                         | Kind Contributions                           | Receiv   | ed (From S            | chedul  | e II)            | \$     |       |     |                   | 1     | 12.10     |                        |                |  |           |                |
| G. Unpaid Debt                          | s And Obligations                            | (From S  | Schedule IV           | /)      |                  | \$     |       |     | -                 | 188,3 | 316.18    |                        |                |  |           |                |
|   |  |          |                       | AFF:    | IDAVI            | T SE   | CTI   | NC  |                   |       |           |                        |                |  |           |                |
| I swear (or affirm)                     | s a Committee repo<br>that this report, incl |          | _                     |         |                  |        |       |     |                   |       | _         |                        | of my kno      | wledge   | and belie | ef , true      |
| correct and comple                      | ete.<br>cribed before me this                |          |                       |         |                  |        |       |     |                   |       |           |                        |                |  |           |                |
|   | day of                                       | '        | _ 20                  |         |                  | _      |       |     |                   | 9     | Signature | of Perso               | n Submit       | ting Re <sub>l</sub>   | oort      |                |
|   | Signatu                                      | re       |                       |         |                  | _      |       |     |                   |       |           | Prin                   | ited Name      | •  |           |                |
| My Commission Ex                        |  |          |                       |         |                  | _      |       |     |                   |       |           | Ema                    |                |  |           |                |
|   | МО   |          | AY                    | YR      | •••              |        |       |     |                   | a Coo | le        | Daytin                 | ne Teleph      | one Nu   | mber      |                |
| I swear (or affirm)                     | a report of a cance<br>that to the best of m |          |                       |         | •                |        |       |     |                   |       | ıy provis | ions of th             | e act of J     | une 3,1  | 937 (P.L  | . 1333,        |
| No 320) as amende<br>Sworn to and subsc | ed.<br>ribed before me this                  |          |                       |         |                  |        |       |     |                   |       |           |                        |                |  |           |                |
|   | day of                                       |          | 20                    |         |                  |        |       |     |                   |       | s         | ignature (             | of Candid      | ate  |           |                |
|   |  |          |                       |         |                  | _      |       |     |                   |       |           | Printe                 | ed Name        |  |           |                |
| My Commission Exp                       | Signature<br>ires                            |          |                       |         |                  |        |       |     |                   |       |           | Ema                    | iil            |  |           |                |
|   | МО   | D        | AY                    | YR      |                  | _      |       |     | Area              | Code  |           | D                      | aytime T       | elephor  | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting | ) Period  |               |            |
|---|-----------|-----------|---------------|------------|
| NICHOLS FOR PA  | From:     | 10/24/202 | <u>L7</u> To: | 11/27/2017 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor   |           |           |               |            |
| TOTAL for the Reporting   | Period    | (1)       | \$            | 138.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)   |           |           |               |            |
| Contributions Received From Political Committees (Part A)   |           |           | \$            | 600.00     |
| All Other Contributions (Part B)  |           |           | \$            | 750.00     |
| TOTAL for the Reporting   | Period    | (2)       | \$            | 1,350.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |           |           |               |            |
| Contributions Received From Political Committees (Part C)   |           |           | \$            | 29,000.00  |
| All Other Contributions (Part D)  |           |           | \$            | 2,900.00   |
| TOTAL for the Reporting   | Period    | (3)       | \$            | 31,900.00  |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |           |           | \$            | 33,388.00  |

#### **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 Candidat                                 | Re                 | Reporting Period                |     |     |          |                       |    |            |
|--|--------------------|---------------------------------|-----|-----|----------|-----------------------|----|------------|
| NICHOLS FOR PA   |                    |                                 | Fre | om: | 10/24/20 | ) <u>17</u> <b>To</b> | :  | 11/27/2017 |
|  |                    |                                 |     |     | DATE     |                       |    | AMOUNT     |
| Full Name of Contributing Committee FRIENDS OF JOANNE PHILLIPS       |                    |                                 |     | МО  | DAY      | YEAR                  |    |            |
| Mailing Address 302 S OLD MIDDL                                      | ETOWN RD           |                                 |     |     |          |                       | \$ | 150.00     |
| City MEDIA   | <b>State</b><br>PA | <b>Zip Code (Plus</b> 190634751 | 4)  | 11  | 2        | 2017                  |    |            |
| Full Name of Contributing Committee IRONWORKERS POLITICAL ACTION LEA | GUE                |                                 |     | МО  | DAY      | YEAR                  |    |            |
| Mailing Address 1750 NEW YORK  | AVE NW             |                                 |     |     |          |                       | \$ | 250.00     |
| City WASHINGTON  | <b>State</b> DC    | <b>Zip Code (Plus</b> 200065305 | 4)  | 11  | 22       | 2017                  |    |            |
| Full Name of Contributing Committee PFT POLITICAL ACTION FUND        |                    |                                 |     | МО  | DAY      | YEAR                  |    |            |
| Mailing Address 10 S 19TH ST   |                    |                                 |     |     |          |                       | \$ | 200.00     |
|  |                    |                                 |     | 11  | 6        | 2017                  |    |            |

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

**PAGE TOTAL**600.00

### 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 Candidate    |                    |                                       |      | Reporting Period |        |                        |            |            |  |  |
|--|--------------------|---------------------------------------|------|------------------|--------|------------------------|------------|------------|--|--|
| NICHOLS FOR PA                           |                    |                                       | Fror | m:               | 10/24/ | <u>2017</u> <b>T</b> o | <b>)</b> : | 11/27/2017 |  |  |
|  |                    |                                       |      |                  | DATE   |                        |            | AMOUNT     |  |  |
| Full Name of Contributor DEXTER HAMILTON |                    |                                       |      | МО               | DAY    | YEAR                   |            |            |  |  |
| Mailing Address 6800 N 11TH ST           |                    |                                       |      |                  |        |                        | \$         | 100.00     |  |  |
| City PHILADELPHIA                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191262806 |      | 10               | 30     | 2017                   |            |            |  |  |
| Full Name of Contributor LAURA MUELLER   |                    |                                       |      | МО               | DAY    | YEAR                   |            |            |  |  |
| Mailing Address 402 W HOLLY AVE          | In                 |                                       |      | 11               | 9      | 2017                   | \$         | 250.00     |  |  |
| <b>City</b> OAKLYN                       | State<br>NJ        | <b>Zip Code (Plus 4)</b> 081071100    |      |                  |        |                        |            |            |  |  |
| Full Name of Contributor DAVID PITTINSKY |                    |                                       |      | МО               | DAY    | YEAR                   |            |            |  |  |
| Mailing Address 1735 MARKET ST           | FL 51              |                                       |      | 11               | 2      | 2017                   | \$         | 250.00     |  |  |
| <b>City</b> PHILADELPHIA                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191037507 |      | 11               | 2      | 2017                   |            |            |  |  |
| Full Name of Contributor JOSEPH QUINONES |                    |                                       |      | МО               | DAY    | YEAR                   |            |            |  |  |
| Mailing Address 3429 W CLEARFIEL         | D ST               |                                       |      |                  |        |                        | \$         | 150.00     |  |  |
| City PHILADELPHIA                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191321821 |      | 11               | 2      | 2017                   |            |            |  |  |
|  | ı                  | ı                                     | 1    |                  |        |                        |            | PAGE TOTAL |  |  |

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

**\$** 750.00

#### **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 Rep                              |                    |                            |                          | Period |               |      |       |           |
|---|--------------------|----------------------------|--------------------------|--------|---------------|------|-------|-----------|
| NICHOLS FOR PA  |                    |                            | From:                    | 10/2   | <u>4/2017</u> | То:  | 11/27 | /2017     |
|   |                    | •                          |                          | DA     | TE            |      | АМО   | JNT       |
| Full Name of Contributing Committee COZEN O'CONNOR PAC                |                    |                            |                          | МО     | DAY           | YEAR |       |           |
| Mailing Address 1 LIBERTY PL 1650                                     | MARKET STREET      |                            |                          |        |               |      | \$    | 500.00    |
| City PHILADELPHIA   | <b>State</b><br>PA | <b>Zip Code</b> 1910342    | 201                      | 10     | 30            | 2017 |       |           |
| Full Name of Contributing Committee  DUANE MORRIS LLP GOVERNMENT COM  | MITTEE AND LOCAL   | FUND                       |                          | МО     | DAY           | YEAR |       |           |
| Mailing Address 30 S 17TH ST  City PHILADELPHIA                       | <b>State</b><br>PA | <b>Zip Code</b>            | e (Plus 4)               | 11     | 3             | 2017 | \$    | 1,000.00  |
| Full Name of Contributing Committee  NORTHEAST REGIONAL COUNCIL OF CA | ARPENTERS          |                            |                          | МО     | DAY           | YEAR |       |           |
| Mailing Address 91 FIELDCREST AVE                                     | STE 18A            |                            |                          |        |               |      | \$    | 15,000.00 |
| City EDISON   | <b>State</b><br>NJ | <b>Zip Code</b> 0883736    | e <b>(Plus 4)</b><br>627 | 10     | 30            | 2017 |       |           |
| Full Name of Contributing Committee PLUMBERS UNION LOCAL 690          |                    |                            |                          | МО     | DAY           | YEAR |       |           |
| Mailing Address 1430 WALNUT ST ST                                     | ΓE 200             |                            |                          |        |               |      | \$    | 2,000.00  |
| City PHILADELPHIA   | <b>State</b><br>PA | <b>Zip Code</b><br>1910240 | ( <b>Plus 4)</b><br>024  | 11     | 6             | 2017 |       |           |
| Full Name of Contributing Committee TROY SINGLETON FOR NJ SENATE      |                    |                            |                          | МО     | DAY           | YEAR |       |           |
| Mailing Address 907 MORGAN AVE  |                    |                            |                          |        |               |      | \$    | 500.00    |
| City PALMYRA  | <b>State</b><br>NJ | <b>Zip Code</b> 0806519    | <b>(Plus 4)</b><br>935   | 10     | 31            | 2017 |       |           |

| Full Name of Contributing Committee WESTERN PENNSYLVANIA LABORERS' F | МО    | DAY               | YEAR |    |      |              |
|--|-------|-------------------|------|----|------|--------------|
| Mailing Address 12 8TH ST FL 6                                       |       |                   |      |    |      | \$ 10,000.00 |
| City PITTSBURGH  | State | Zip Code (Plus 4) | 10   | 31 | 2017 |              |
|  | PA    | 152223627         |      |    |      |              |

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

| PAGE TOTAL      |
|-----------------|
| \$<br>29,000.00 |

## 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 Com  | ame of Filing Committee or Candidate |                    |         |            |         | Reporting Period    |         |                |            |            |  |  |
|---|--------------------------------------|--------------------|---------|------------|---------|---------------------|---------|----------------|------------|------------|--|--|
| NICHOLS FOR PA  |                                      |                    |         |            | Fron    | n:                  | 10/24/2 | 017 <b>T</b> o | <b>o</b> : | 11/27/2017 |  |  |
|   |                                      |                    |         |            |         | D/                  | ATE     |                | A          | MOUNT      |  |  |
| Full Name of Contri<br>WADUD AHMAD                        | butor                                |                    |         |            |         | мо                  | DAY     | YEAR           |            |            |  |  |
| Mailing 2<br>Address                                      | 27 W APSLEY ST                       |                    |         |            |         |                     |         |                | \$         | 1,500.00   |  |  |
| City PHILADELPI   | HIA                                  | <b>State</b><br>PA |         | Code (Plus | : 4)    | 11                  | 2       | 2017           | '          |            |  |  |
| Employer Name AHMAD ZAFFARESE LLC                         |                                      |                    |         |            | Occupat | ion<br>L            | AWYER   |                |            |            |  |  |
| Employer Mailing Address/Principal Place of City Business |                                      |                    |         |            |         | State               |         | Zip Cod        | e (Plus 4) |            |  |  |
| 1 S BROAD STSTE 1810 PHILADELPHIA                         |                                      |                    |         | LPHIA      |         | PA                  |         | 19107          |            |            |  |  |
| Full Name of Contributor EMMANUEL IHEUKWUMERE             |                                      |                    |         |            | МО      | DAY                 | YEAR    |                |            |            |  |  |
| Mailing 1<br>Address                                      | 500 JOHN F KENNED                    | Y BLVD STE 605     |         |            |         |                     |         |                | \$         | 400.00     |  |  |
| City PHILADELPI   | HIA                                  | State              | Zip     | Code (Plus | 4)      | 10                  | 24      | 2017           | '          |            |  |  |
|   |                                      | PA                 | 19      | 1021744    |         |                     |         |                |            |            |  |  |
| Employer Name E   | MMANUEL LAW FIRM                     | , LLC              |         |            |         | Occupation ATTORNEY |         |                |            |            |  |  |
| Employer Mailing Ac<br>Business                           | ddress/Principal Plac                | e of               |         | City       |         |                     | State   |                | Zip Cod    | e (Plus 4) |  |  |
| 1500 JOHN F KENN  | IEDY BLVDSTE 605                     |                    |         | PHILADE    | LPHIA   |                     | PA      |                | 19102      |            |  |  |
| Full Name of Contri OBERMAYER REBM.                       | <b>butor</b><br>ANN MAXWELL &        | o; HIPPEL, LLP     |         |            |         | МО                  | DAY     | YEAR           |            |            |  |  |
| Mailing<br>Address  | ENTRE SQ W FL 34                     |                    |         |            |         |                     |         |                | <b>\$</b>  | 1,000.00   |  |  |
| City PHILADELPI   | HIA                                  | State              | Zip     | Code (Plus | 4)      | 11                  | 2       | 2017           | '          |            |  |  |
|   |                                      |                    | 1022100 |            |         |                     |         |                |            |            |  |  |
| Employer Name   |                                      |                    | Occupat | ion        |         |                     |         |                |            |            |  |  |
| Employer Mailing Ad<br>Business                           | ldress/Principal Plac                | e of               |         | City       |         |                     | State   |                | Zip Cod    | e (Plus 4) |  |  |
|   |                                      |                    |         |            |         |                     |         |                |            |            |  |  |

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

PAGE TOTAL

2,900.00

\$

# 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   | lame of Filing Committee or Candidate |                 |         | Reporting Period |     |      |    |          |  |
|-------------------------------|---------------------------------------|-----------------|---------|------------------|-----|------|----|----------|--|
|                               |                                       |                 | From:   |                  |     | To:  |    |          |  |
|                               |                                       |                 | •       | D                | ATE |      | AI | MOUNT    |  |
| 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. Detailed               | d Summary Page  | Section | 4                |     |      | PA | GE TOTAL |  |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet                   | . Jammary rage, | 500.011 |                  |     |      | \$ | 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  | riod                   |            |
|--|----------------|------------------------|------------|
| NICHOLS FOR PA   | From:          | 10/24/2017 <b>To</b> : | 11/27/2017 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | PR                     |            |
| 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)      | \$                     | 112.10     |
| 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, |                | \$                     | 112.10     |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candi           | date                |                                       | Reporting | Period   |                                       |    |                   |  |  |
|---|---------------------|---------------------------------------|-----------|----------|---------------------------------------|----|-------------------|--|--|
| NICHOLS FOR PA                              | NICHOLS FOR PA Fr   |                                       |           |          | From: <u>10/24/2017</u> To: <u>11</u> |    |                   |  |  |
|   |                     |                                       |           | DATE     |                                       |    | AMOUNT            |  |  |
| Full Name of Contributor CAROLYN H. NICHOLS |                     |                                       | мо        | DAY      | YEAR                                  |    |                   |  |  |
| Mailing Address 6115 COBBS                  | CREEK PKWY          |                                       | 11        | 27       | 2017                                  | \$ | 112.10            |  |  |
| City PHILADELPHIA                           | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>191432908 |           |          |                                       |    |                   |  |  |
| Description of Contribution: CA             | NDIDATE CAMPAIGN    | EXPENSES                              | •         |          |                                       | •  |                   |  |  |
| Enter Grand Total of Part F on Section 2.   | Schedule II, In-Kii | nd Contributions Deta                 | iled Sumi | mary Pag | je,                                   |    | PAGE TOTAL 112.10 |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                          | ame of Filing Committee or Candidate |         |            |         | Reporting Period |           |           |        |       |                        |
|---|--------------------------------------|---------|------------|---------|------------------|-----------|-----------|--------|-------|------------------------|
|   |                                      |         |            |         | Fro              | om:       |           | To:    |       |                        |
|   |                                      |         |            |         |                  |           | DATE      |        |       | AMOUNT                 |
| Full Name of Contributor                                      |                                      |         |            |         |                  | мо        | DAY       | YEAR   |       |                        |
| Mailing Address   |                                      |         |            |         |                  |           |           |        | \$    | 0.00                   |
| City  | State                                |         | Zip Code(F | Plus 4) |                  |           |           |        |       |                        |
| Employer of Contributor                                       | -1                                   |         | •          |         |                  | Occupa    | tion      |        |       |                        |
| Employer Mailing Address/Principal Pl<br>Business             | ace of                               | City    |            | State   |                  | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on So<br>Summary Page, Section 3. | hedule II,                           | In-Kind | Contributi | ons De  | taile            | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate               |                    |                                       |   | Reporting Period |               |     |            |  |  |
|---|--------------------|---------------------------------------|---|------------------|---------------|-----|------------|--|--|
| NICHOLS FOR PA                                      |                    |                                       |   | 10/24            | <u>4/2017</u> | То: | 11/27/2017 |  |  |
|   |                    | AMOUNT                                |   |                  |               |     |            |  |  |
| To Whom Paid<br>RASHEEN CREWS                       |                    |                                       | мо  | DAY              | YEAR          |     |            |  |  |
| Mailing Address 1412 S 51ST                         | ST                 |                                       | 11  | 21               | 2017          | \$  | 2,000.00   |  |  |
| City PHILADELPHIA                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 191435124    | <b>Descrip</b><br>FIELD (   |                  |               |     |            |  |  |
| To Whom Paid<br>LOEWS HOTEL                         |                    |                                       | МО  | DAY              | YEAR          |     |            |  |  |
| Mailing Address 1200 MARKET ST                      |                    |                                       |   | 24               | 2017          | \$  | 1,874.88   |  |  |
| City PHILADELPHIA                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191073615 | Description of Expenditure EVENT SPACE & Description of Expenditure |                  |               |     |            |  |  |
| <b>To Whom Paid</b><br>NGP VAN                      |                    |                                       | МО  | DAY              | YEAR          |     |            |  |  |
| Mailing Address 1445 NEW YO                         | PRK AVE NW STE 200 | )                                     | 10  | 24               | 2017          | \$  | 2,625.00   |  |  |
| City WASHINGTON                                     | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 200052158    | Description of Expenditure DATABASE, WEBSITE                        |                  |               |     |            |  |  |
| To Whom Paid PHILADELPHIA DEMOCRATIC CITY COMMITTEE |                    |                                       | мо  | DAY              | YEAR          |     |            |  |  |
| Mailing Address 219 SPRING (                        | GARDEN ST          |                                       | 10  | 30               | 2017          | \$  | 10,000.00  |  |  |
| City PHILADELPHIA                                   | State              | Zip Code (Plus 4)                     | Description of Expenditure  |                  |               |     |            |  |  |

| To Whom Paid PNC MERCHANT SERVICES  | МО    | DAY               | YEAR                       |   |      |    |       |
|-------------------------------------|-------|-------------------|----------------------------|---|------|----|-------|
| Mailing Address 8340 GERMANTOWN AVE |       |                   |                            | 1 | 2017 | \$ | 25.00 |
| City PHILADELPHIA                   | State | Zip Code (Plus 4) | Description of Expenditure |   |      |    |       |
|                                     | PA    | 191183404         | BANK FEE                   |   |      |    |       |

191232925

GOTV

PΑ

| To Whom Paid<br>REGIONAL PRIORTIES PAC   |                          |                                       | МО                                  | DAY                   | YEAR                |    |  |          |
|--|--------------------------|---------------------------------------|-------------------------------------|-----------------------|---------------------|----|--|----------|
| Mailing Address PO BOX 2812  | ing Address PO BOX 28127 |                                       |                                     |                       |                     |    |  | 5,000.00 |
| City PHILADELPHIA  | <b>Descrip</b><br>GOTV   | tion of Exp                           | penditure                           |                       |                     |    |  |          |
| To Whom Paid SAGE PAYMENT SOLUTIONS  |                          |                                       | МО                                  | DAY                   | YEAR                |    |  |          |
| Mailing Address 12120 SUNS   | ET HILLS RD STE 500      |                                       | 11                                  | 2                     | 2017                | \$ |  | 74.67    |
| City RESTON  |                          | tion of Exp                           |                                     | G                     |                     |    |  |          |
| To Whom Paid<br>STRASSHEIM GRAPHIC DESIGN  | & PRESS CORP             |                                       | МО                                  | DAY                   | YEAR                |    |  |          |
| Mailing Address 1500 SPRING  | G GARDEN ST STE 225      | 5                                     | 11                                  | 17                    | 2017                | \$ |  | 2,395.44 |
| City PHILADELPHIA  | <b>State</b><br>PA       | <b>Zip Code (Plus 4)</b><br>191304600 | Description of Expenditure PRINTING |                       |                     |    |  |          |
| To Whom Paid<br>THE PHILADELPHIA TRIBUNE   |                          |                                       | МО                                  | DAY                   | YEAR                |    |  |          |
|  |                          |                                       |                                     |                       |                     | \$ |  | 3,401.13 |
| Mailing Address 520 S 16TH S   | ST                       |                                       | 10                                  | 30                    | 2017                |    |  | •        |
| Mailing Address 520 S 16TH S  City PHILADELPHIA  | State PA                 | <b>Zip Code (Plus 4)</b> 191461565    |                                     | tion of Exp           |                     |    |  |          |
| 320 3 10111 3  | State                    |                                       | Descrip                             | tion of Exp           |                     |    |  | ·        |
| City PHILADELPHIA  To Whom Paid  | <b>State</b><br>PA       |                                       | <b>Descrip</b><br>ADVER             | Ition of Exp          | penditure           | \$ |  | 800.00   |
| City PHILADELPHIA  To Whom Paid THE PHILADELPHIA TRIBUNE                               | <b>State</b><br>PA       |                                       | Descrip<br>ADVER                    | DAY  30               | YEAR 2017           | \$ |  |          |
| To Whom Paid THE PHILADELPHIA TRIBUNE  Mailing Address 520 S 16TH S                    | State PA ST              | 191461565  Zip Code (Plus 4)          | MO  Descrip                         | DAY  30               | YEAR 2017           | \$ |  |          |
| To Whom Paid THE PHILADELPHIA TRIBUNE  Mailing Address 520 S 16TH S  City PHILADELPHIA | State PA  ST  State PA   | 191461565  Zip Code (Plus 4)          | MO  10  Descrip ADVER               | DAY  30  Stion of Exp | YEAR 2017 Denditure | \$ |  |          |

| To Whom Paid  VOTE GOAL ORGANIZING, INC.   |               |                         |   | DAY | YEAR |                 |
|--|---------------|-------------------------|---|-----|------|-----------------|
| Mailing Address 2101 L ST NW STE 800   |               |                         |   | 1   | 2017 | \$<br>30,000.00 |
| City WASHINGTON State Zip Code (Plus 4) Description of Expenditure DC 200371657 FIELD CONSULTING |               |                         |   |     |      |                 |
|  | •             | •                       | • |     |      | PAGE TOTAL      |
| Enter Grand Total of Expenditures  | on Page 1, Re | port Cover Page, Item D | • |     |      | \$<br>98,196.12 |
|  |               |                         |   |     |      |                 |
|  |               |                         |   |     |      |                 |
|  |               |                         |   |     |      |                 |

# 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   | ng Period  |                                   |       |  |              |      |     |                              |
|---|--|-----------------------------------|-------|--|--------------|------|-----|------------------------------|
| NICHOLS FOR PA                          |  |                                   | From: | <u>10</u>  | /24/2017     | То:  | 11/ | <u>/27/2017</u>              |
|   |  |                                   |       |  | DATE         |      |     | utstanding<br>Ilance of Debt |
| Name of Creditor CHANGE RESEARCH        |  |                                   |       | мо   | DAY          | YEAR |     |                              |
| Mailing Address 1510 WALNUT ST 9        | 11   | 7                                 | 2017  | \$   | 4,250.00     |      |     |                              |
| City PHILADELPHIA                       | PHILADELPHIA PA  State PA  2ip Code (Plus 4) 191023603 |                                   |       |  | otion of Del | ot   |     |                              |
|   |  |                                   |       |  | DATE         |      |     | utstanding<br>alance of Debt |
| Name of Creditor GRETCHEN DLUGOECKI     |  |                                   |       | МО   | DAY          | YEAR |     |                              |
| Mailing Address 1711 SOUTH ST AF        | PT 1   |                                   |       | 11 7 2017  |              |      |     | 212.59                       |
| City PHILADELPHIA                       | <b>State</b><br>PA                                     | <b>Zip Code (Plu</b> 191461528    |       | Description of Debt REIMBURSEMENT                |              |      |     |                              |
|   |  |                                   |       |  | DATE         |      |     | utstanding<br>nlance of Debt |
| Name of Creditor REGGIE ELLIS           |  |                                   |       | МО   | DAY          | YEAR |     |                              |
| Mailing Address 1934 FAWN DR            |  |                                   |       | 11   | 7            | 2017 | \$  | 616.54                       |
| City GLENSIDE                           | <b>State</b><br>PA                                     | <b>Zip Code (Plu</b><br>190387230 |       | <b>Descrip</b><br>DRIVIN                         | otion of Del | ot   |     |                              |
|   |  |                                   |       |  | DATE         |      |     | utstanding<br>alance of Debt |
| Name of Creditor VANESSA GERVASI DEROSE |  |                                   |       | мо   | DAY          | YEAR |     |                              |
| Mailing Address 50 RAVENWOOD D          | R E  |                                   |       | 11   | 7            | 2017 | \$  | 797.64                       |
| City CAPE MAY POINT                     | State<br>NJ  | Zip Code (Plu                     | us 4) | Description of Debt REIMBURSEMENT FOR EVENT FOOD |              |      |     |                              |

|  |                                    |                                       |                                   | DATE   |      | Out | estanding                |  |
|--|------------------------------------|---------------------------------------|-----------------------------------|--|------|-----|--------------------------|--|
| Name of Creditor GROUNDWORK STRATEGIES |                                    |                                       | мо                                | DAY  | YEAR |     |                          |  |
| Mailing Address 1430 WALI              | ing Address 1430 WALNUT ST STE 200 |                                       |                                   |  |      |     | 46,375.00                |  |
| City PHILADELPHIA                      | <b>State</b><br>PA                 | <b>Zip Code (Plus 4)</b><br>191024024 | 1                                 | ription of Debt SULTING FEES AND REIMBURSEMENT |      |     |                          |  |
|  |                                    | ·                                     |                                   | DATE   |      |     | standing<br>ance of Debt |  |
| Name of Creditor GROUNDWORK STRATEGIES |                                    |                                       | МО                                | DAY  | YEAR |     |                          |  |
| Mailing Address 1430 WALI              | NUT ST STE 200                     |                                       | 11                                | 7  | 2017 | \$  | 11,140.68                |  |
| City PHILADELPHIA                      | State<br>PA                        | <b>Zip Code (Plus 4)</b><br>191024024 | Description of Debt REIMBURSEMENT |  |      |     |                          |  |
|  | •                                  |                                       | 1                                 | DATE   |      |     | standing<br>ance of Debt |  |
| Name of Creditor<br>CAROLYN H. NICHOLS |                                    |                                       | мо                                | DAY  | YEAR |     |                          |  |
| Mailing Address 6115 COBI              | BS CREEK PKWY                      |                                       | 12                                | 15   | 2016 | \$  | 25,000.00                |  |
| City PHILADELPHIA                      | State<br>PA                        | <b>Zip Code (Plus 4)</b><br>191432908 | Description of Debt LOAN RECEIVED |  |      |     |                          |  |
|  | •                                  |                                       |                                   | DATE   |      |     | standing<br>ance of Debt |  |
| Name of Creditor<br>CAROLYN H. NICHOLS |                                    |                                       | мо                                | DAY  | YEAR |     |                          |  |
| Mailing Address 6115 COBI              | BS CREEK PKWY                      |                                       | 2                                 | 8  | 2017 | \$  | 20,000.00                |  |
| City PHILADELPHIA                      | <b>State</b><br>PA                 | <b>Zip Code (Plus 4)</b><br>191432908 |                                   | otion of Del                                   | bt   |     |                          |  |
|  | •                                  | ·                                     |                                   | DATE   |      |     | standing<br>ance of Debt |  |
| Name of Creditor<br>CAROLYN H. NICHOLS |                                    |                                       | МО                                | DAY  | YEAR |     |                          |  |
| Mailing Address 6115 COBI              | BS CREEK PKWY                      |                                       | 4                                 | 3  | 2017 | \$  | 14,000.00                |  |
| City PHILADELPHIA                      | State<br>PA                        | <b>Zip Code (Plus 4)</b><br>191432908 | Description of Debt LOAN RECEIVED |  |      |     |                          |  |

| State   PA  | ding      | Outstand<br>Balance |      | DATE         |    |           |             |                        |
|---|-----------|---------------------|------|--------------|----|-----------|-------------|------------------------|
| City PHILADELPHIA State PA 191432908 Description of Debt LOAN RECEIVED    DATE   DATE   Dust and it Balance of State PA 191432908   Description of Debt LOAN RECEIVED   |           |                     | YEAR | DAY          | 10 |           |             |                        |
| PA 191432908 LOAN RECEIVED    DATE   DATE   DATE  | 5,000.00  | \$                  | 2017 | 10           | 4  | KWY       | COBBS CREEK | iling Address 6115 CC  |
| Name of Creditor   CAROLYN H. NICHOLS   State   PA   PA   191432908   PA   PA   PA   PA   PA   PA   PA   P  |           |                     | t    |              |    |           |             | / PHILADELPHIA         |
| Mailing Address 6115 COBBS CREEK PKWY 5 2 2017 \$ 15  City PHILADELPHIA State PA 191432908 DAY YEAR  Name of Creditor CAROLYN H. NICHOLS  Mailing Address 6115 COBBS CREEK PKWY 6 22 2017 \$ 15  City PHILADELPHIA State PA 191432908 DAY YEAR  |           |                     |      | DATE         |    |           |             |                        |
| City PHILADELPHIA  State PA  ISTIP Code (Plus 4) 191432908  Description of Debt LOAN RECEIVED  Outstanding Address 6115 COBBS CREEK PKWY  City PHILADELPHIA  State PA  ISTIP Code (Plus 4) PA  Outstanding Balance of Creditor PA WORKING FAMILIES  MO  DAY  VEAR  Outstanding Balance of Creditor PA WORKING FAMILIES  MO  DAY  VEAR  Outstanding Balance of Creditor PA WORKING FAMILIES  MO  DAY  VEAR  Outstanding Balance of Creditor PA WORKING FAMILIES  MO  DAY  VEAR  Outstanding Balance of Creditor PA WORKING FAMILIES  Outstanding Balance of Creditor  |           |                     | YEAR | DAY          | 10 |           |             |                        |
| PA 191432908 LOAN RECEIVED    DATE   DATE   Outstanding Balance of CAROLYN H. NICHOLS   Mo DAY YEAR   | 15,000.00 | \$                  | 2017 | 2            | 5  | KWY       | COBBS CREEK | iling Address 6115 CC  |
| Name of Creditor CAROLYN H. NICHOLS  Mailing Address 6115 COBBS CREEK PKWY  State PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  DATE  DATE  DATE  Outstanding Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  DATE  Outstanding Address 276 S 60TH ST  City PHILADELPHIA  State PA WORKING FAMILIES  DATE  Outstanding Address 276 S 60TH ST  City PHILADELPHIA  MO DAY VEAR  Outstanding Balance of Creditor  Outstanding Balance of Creditor  Name of Creditor  Name of Creditor  |           |                     | t    |              |    |           |             | <b>/</b> PHILADELPHIA  |
| Mailing Address 6115 COBBS CREEK PKWY  6 22 2017 \$  City PHILADELPHIA State PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA State PA WORKING FAMILIES  State PA WORKING FAMILIES  MO DAY YEAR  City PHILADELPHIA State PA WORKING FAMILIES  DATE Outstanding Address PA WORKING FAMILIES  City PHILADELPHIA State PA 191393847  City PHILADELPHIA State PA 191393847  City PHILADELPHIA PA 191393847  City PHILADELPHIA State PA 191393847  City PHILADELPHIA PA 191393847  City PHILADELPHIA State PA 191393847  City PHILADELPHIA PA 191393847  City PHILADELPHIA State PA 191393847  City PHILADELPHIA PA 191393847  City PHILADELPHIA YEAR PA 191393847   |           |                     |      | DATE         |    |           |             |                        |
| City PHILADELPHIA  State PA  PA  State PA  191432908  Description of Debt LOAN RECEIVED  Outstanding Balance of Balance of State PA  WO DAY  PA  State PA  191432908  DATE  Outstanding Balance of State PA  PA  State PA  PA  DOUTSTANDING BALANCE OF STATE PA  PA  Description of Debt LOAN RECEIVED  Outstanding Balance of State PA  11 7 2017 \$  City PHILADELPHIA  State PA  191393847  Description of Debt GOTV  DATE  Outstanding Balance of State PA  DOUTSTANDING BALANCE OF STATE PA  Outstanding Balance of State PA  DATE  Outstanding Balance Outs |           |                     | YEAR | DAY          | 10 |           |             |                        |
| PA 191432908 LOAN RECEIVED    DATE   DATE   | 3,200.00  | \$                  | 2017 | 22           | 6  | KWY       | COBBS CREEK | iling Address 6115 CC  |
| Name of Creditor PA WORKING FAMILIES  MO DAY VEAR  Mo DAY VEAR  11 7 2017  State PA 191393847  DATE  Outstanding Balance of Creditor  Name of Creditor  Name of Creditor  |           |                     | t    |              |    |           |             | / PHILADELPHIA         |
| PA WORKING FAMILIES  Mailing Address 276 S 60TH ST  City PHILADELPHIA  PA  State PA  191393847  DATE  PA  Outstanding Balance of Mo  DAY  VEAR  Outstanding Balance of Mo  DAY  VEAR  |           |                     |      | DATE         |    |           |             |                        |
| City PHILADELPHIA  State PA  State PA  191393847  DATE  Outstanding Balance of Mo. DAY  VEAR  |           |                     | YEAR | DAY          | 10 |           |             |                        |
| PA 191393847 GOTV  Outstanding Balance of Mo. DAY YEAR  | 5,000.00  | \$                  | 2017 | 7            | 11 |           | 60TH ST     | iling Address 276 S 60 |
| Name of Creditor  MO DAY YEAR   |           |                     | t    | otion of Deb |    |           |             | / PHILADELPHIA         |
| MO   DAY   YFAR   |           |                     |      | DATE         |    |           |             |                        |
| PHILLI VOICE  |           |                     | YEAR | DAY          | 10 |           |             | ne of Creditor         |
| Mailing Address         430 WALNUT STREET SUITE 200         11         24         2017         \$         10  | 10,000.00 | \$                  | 2017 | 24           | 11 | SUITE 200 | ALNUT STREE | iling Address 430 WAI  |
| City PHILADELPHIA State Zip Code (Plus 4) Description of Debt PA 191063703 MEDIA BUY  |           | <u> </u>            | t    |              |    |           |             | / PHILADELPHIA         |

|  |                     |                                       |                          | DATE                    |         | Outstanding<br>Balance of Debt  |
|--|---------------------|---------------------------------------|--------------------------|-------------------------|---------|---------------------------------|
| Name of Creditor<br>STRASSHEIM GRAPHIC DESIGN &a | ımp; PRESS CORP     |                                       | МО                       | DAY                     | YEAR    |                                 |
| Mailing Address 1500 SPRING                      | GARDEN ST STE 225   |                                       | 11                       | 7                       | 2017    | <b>\$</b> 15,983.05             |
| City PHILADELPHIA                                | State<br>PA         | <b>Zip Code (Plus 4)</b><br>191304600 | <b>Descrip</b><br>PRINTI | otion of Del            | bt      | 1                               |
|  | •                   | •                                     | •                        | DATE                    |         | Outstanding<br>Balance of Debt  |
| Name of Creditor<br>STRASSHEIM GRAPHIC DESIGN &a | ımp; PRESS CORP     |                                       | МО                       | DAY                     | YEAR    |                                 |
| Mailing Address 1500 SPRING                      | GARDEN ST STE 225   |                                       | 11                       | 7                       | 2017    | <b>\$</b> 9,694.08              |
| City PHILADELPHIA                                | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>191304600 | <b>Descrip</b><br>PRINTI | otion of Del<br>NG      | bt      |                                 |
|  | •                   | •                                     | •                        | DATE                    |         | Outstanding<br>Balance of Debt  |
| Name of Creditor STRASSHEIM GRAPHIC DESIGN &a    | ımp; PRESS CORP     |                                       | МО                       | DAY                     | YEAR    |                                 |
| Mailing Address 1500 SPRING                      | GARDEN ST STE 225   |                                       | 11                       | 7                       | 2017    | <b>\$</b> 760.32                |
| City PHILADELPHIA                                | State<br>PA         | <b>Zip Code (Plus 4)</b><br>191304600 | <b>Descrip</b><br>PRINTI | ntion of Del            | bt      |                                 |
|  | •                   | •                                     |                          | DATE                    |         | Outstanding<br>Balance of Debt  |
| Name of Creditor STRASSHEIM GRAPHIC DESIGN &a    | ımp; PRESS CORP     |                                       | мо                       | DAY                     | YEAR    |                                 |
| Mailing Address 1500 SPRING                      | GARDEN ST STE 225   |                                       | 11                       | 7                       | 2017    | <b>\$</b> 530.28                |
| City PHILADELPHIA                                | State<br>PA         | <b>Zip Code (Plus 4)</b><br>191304600 | <b>Descrip</b><br>PRINTI | otion of Del            | bt      |                                 |
|  | •                   |                                       | •                        | DATE                    |         | Outstanding<br>Balance of Debt  |
| Name of Creditor<br>STRASSHEIM GRAPHIC DESIGN &a | ımp; PRESS CORP     |                                       | МО                       | DAY                     | YEAR    |                                 |
| Mailing Address 1500 SPRING                      | GARDEN ST STE 225   |                                       | 11                       | 7                       | 2017    | <b>\$</b> 756.00                |
| City PHILADELPHIA                                | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>191304600 | <b>Descrip</b><br>PRINTI | l<br>otion of Del<br>NG | l<br>bt | I                               |
| Enter Grand Total of Unpaid I                    | Debts on Page 1, Re | port Cover Page, Iter                 | m G.                     |                         |         | <b>PAGE TOTAL \$</b> 188,316.18 |