Campaign Finance Report

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

Filer Identificat Number :	ion 20200	C1272			Repo Filed			CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST		
Name of Filing	Committee, Candida	ate or Lo	bbyist:		SAVAI	L, NI	KIL									-	
Street Address:																	
City:							s	tate:				Zip Cod	e: 19	147			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DAY RIMAR					AMENDMENT REPORT?		Yes	No	, 🗡	/
(place X to the right of	6TH TUESDAY PRE-ELECTION) DAY ECTIO	-	POST-	6.		TERMINATION REPORT?		Yes	No	· 🗸	
report type)	ANNUAL REPORT	7.	Year 2020					METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office	Name of Office Sought by Candidate:						D	ATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
SENATOD IN Τ	HE GENERAL ASSE	-MRI V					M	10	DAY	YE	AR	1	STS	DEM	1	51	
SENATOR IN 1	SENATOR IN THE GENERAL ASSEMBLY							11		3	2020]	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		M	10	DAY	YE.	AR	FOI	R OFFIC	E USE	ONLY		
Expenditure	s from:		5 19	2	020	то		6	2	22	2020						
A. Amount Bro	ought Forward From	n Last Re	eport				\$				0.00						
B. Total Monet	ary Contributions A	And Rece	eipts (From	1 Sche	dule I)	\$	\$ 400.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			4	00.00						
D. Total Expen	ditures (From Sche	edule III	:)				\$			4	00.00						
E. Ending Cast	n Balance (Subtract	Line D I	From Line	C)			\$				0.00						
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00						
				AFF	IDAV	/IT S	SEC	TION									
PART I - If this i	is a Committee repo	ort, treas	surer sign	here.	If this	is a (Cand	idate re	eport, c	andid	ate sig	gn here.					
I swear (or affirm correct and comp) that this report, inclu lete.	uding the	attached sc	hedule	s filed o	on pap	per or	by elect	ronic me	dium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and sub	scribed before me this day of		20							Si	gnaturo	e of Person	Submitti	ng Rep	oort		
	Signatur	re				_						Print	ed Name				
My Commission E	-											Email					
	мо	DA	Y	YR					Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a cand								-		provis	ions of the	act of Ju	ne 3.1	937 (P.I	. 1333.	
No 320) as amend	ed.	,	- 							,	.						
Sworn to and subs	cribed before me this day of		20								S	ignature of	f Candida	te			
												Printed	l Name				
My Commission Ex	Signature pires											Email					
	мо	DA	Y	YR	Ł				Area	Code		Da	ytime Te	elephone Number			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/19/2020</u> To: 6/22/2020 SAVAL, NIKIL 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 400.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 400.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 400.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				orting I	Period			
F				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

PAGE 5

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 Candid	Reporting	J Period						
SAVAL, NIKIL	From:	<u>5/1</u>	<u>9/2020</u>	То:	<u>6/22/2020</u>			
				DA	TE		Α	MOUNT
Full Name of Contributing Committe FRIENDS OF NIKIL SAVAL	e			мо	DAY	YEAR		
Mailing Address 525 QUEEN STR	EET						\$	400.00
City PHILADELPHIA	State PA	Zip Cod 19147	e (Plus 4)	6	9	2020		
								PAGE TOTAL
Enter Grand Total of Part C on Se	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	400.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

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

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		I			1			
Enter Grand Total of Part E	an Schadula I. Datailac		Section	4			PAGE TO	TAL
	on Schedule 1, Detailet	a Summary Page,	Section	.			\$	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		
SAVAL, NIKIL	From:	<u>5/19/2020</u> То:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From:		То:				
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupat	ion			
Employer Mailing Address/Principal Place of Business City State				State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
SAVAL, NIKIL	From	<u>5/19</u>	То:	<u>6/22/2020</u>								
		AMOUNT										
To Whom Paid Friends of Nikil Saval				DAY	YEAR							
Mailing Address 525 Queen Street			6	2	2020	\$	400.00					
City Philadelphia	State PA	Zip Code (Plus 4) 19147		r election of		1						
Enter Crond Tatal of Ermanditures	n Daga 1. Dagart C	Seven Dama Them I					PAGE TOTAL					
Enter Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	400.00					