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	20190	0266				ported B		CA	NDII	DATE		COMM	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		Frie	nds	of Nil	kil Sa	val									-
Street Address:	525 C	Queen Sti	reet											_					
City:	Philac -	delphia							State	e:	PA			Zip Co	ie: 19	147	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRII PRIMARY	DAY PRE	- :	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	N	0	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRII ELECTIO	DAY PRI N	E	5.	30 DA		Р	OST-	6.		TERMINA REPORT		Yes	N)	√
report type)	ANNUAL	REPORT	7. X	Year 202	20				NG ME					PAPER		\	DISK	TTE	
Name of Office S	ought by	Candidat	e:						DAT	ΈΟ	F ELE	СТІС	N	District Number	Office Code	Pa	rty Code	Cour	
CENIATOR IN T	IE GENER		MDLV						МО		DAY	YI	EAR	1	STS	DE	М	51	
SENATOR IN TH	HE GENER	RAL ASSE	:MBLY							11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAF	2			МО		DAY	YI	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	from:		1	11 2	24 2	020	Т	0		12		31	2020						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$				73,8	381.73						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fr	om Sche	dule	I)	\$				1,3	373.80						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				75,2	255.53						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				5,5	85.18						
E. Ending Cash	Balance ((Subtract	Line D	From Lin	e C)			\$				69,6	70.35						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From	Schedu	le II	()	\$				2,8	321.62						
G. Unpaid Debt	s And Obl	ligations	(From S	chedule	IV)			\$					0.00			•			
					AFF	FIDA	\VI	T SE	CTIO	NC									
PART I - If this is	s a Commi	ittee repo	ort, trea	surer sig	n here.	If th	is is	a Cai	ndidat	te re	port, c	andi	date sig	gn here.					
I swear (or affirm) correct and complete		eport, inclu	uding the	attached	schedule	s file	d on	paper	or by e	electr	onic m	edium	, are to t	the best o	f my knov	vledge	and bel	ief , tr	ue.
Sworn to and subs	cribed befo	re me this		20								S	Signature	of Perso	n Submitt	ing Re	port		_
		Signatur						- -						Prin	ted Name	1			_
My Commission Ex	cpires	Signatui	•											Ema	il				-
	ī	мо	D/	ΑY	YR					,	Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authoriz	ed Comr	nitte	e, C	andid	ate sl	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and b	elief this	s polit	tical	comm	ittee h	as no	ot viola	ted an	y provis	ions of th	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		e me this											S	ignature (of Candida	ate			-
	day of ——			- ²⁰ —				-						Printe	d Name				-
	s	ignature						-											_
My Commission Exp														Ema	il				
		мо	D/	AY	YF	₹		-			Area	Code		D	aytime To	elepho	ne Numl	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
Friends of Nikil Saval	From:	11/24/202	<u>!0</u> To:	12/31/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	965.80
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)			\$	108.00
TOTAL for the Reporting	Period	(2)	\$	108.00
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)			\$	300.00
TOTAL for the Reporting	Period	(3)	\$	300.00
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			\$	1,373.80

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

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 Candidate	Name of Filing Committee or Candidate		Rep	orting Po			
Friends of Nikil Saval			Fro	m:	11/24/	2020 To	: <u>12/31/2020</u>
					DATE		AMOUNT
Full Name of Contributor Dermot Benedict Delude-Dix				МО	DAY	YEAR	
Mailing Address 1415 S Broad St							\$ 27.00
City Philadelphia	State PA	Zip Code (Plus 4) 191474919		12	7	2020	
Full Name of Contributor Dermot Benedict Delude-Dix				МО	DAY	YEAR	
Mailing Address 1415 S Broad St				10	4-7	2020	\$ 27.00
City Philadelphia	State PA	Zip Code (Plus 4) 191474919		12	17	2020	
Full Name of Contributor Caroline Turner				МО	DAY	YEAR	
Mailing Address 745 S 10th St							\$ 27.00
City Philadelphia	State PA	Zip Code (Plus 4) 191472741		11	24	2020	
Full Name of Contributor Caroline Turner				МО	DAY	YEAR	
Mailing Address 745 S 10th St							\$ 27.00
City Philadelphia	State PA	Zip Code (Plus 4) 191472741		12	25	2020	

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

PAGE TOTAL \$ 108.00

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		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Co	nme of Filing Committee or Candidate				Reporting Period				
Friends of Nikil	Saval			Fror	m:	11/24/2	<u>1/24/2020</u> To:		2/31/2020
					D/	ATE		АМО	UNT
Full Name of Con	ntributor				мо	DAY	YEAR		
Joseph D Cautilli	İ				1-10	DAI	ILAK		
Mailing Address	535 Queen St							\$	150.00
City Philadelp	phia	State	Zip Code (Plus	5 4)	11	24	2020		
		PA	191473032						
Employer Name	Behavior Analysis and	d Therapy Partners			Occupat	t ion	sycholo	gist	
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)
1900 S Broad St	t		Philadelp	hia		PA		1914523	04
			•						
Full Name of Con	ntributor		<u>'</u>		МО	DAY	VEAD		
Full Name of Con Joseph D Cautilli			<u>'</u>		МО	DAY	YEAR		
								- \$	150.00
Joseph D Cautilli	i 535 Queen St	State	Zip Code (Plus	s 4)	MO	DAY 28	YEAR 2020	\$	150.00
Joseph D Cautilli Mailing Address	i 535 Queen St	State PA	Zip Code (Plus 191473032	s 4)				\$	150.00
Joseph D Cautilli Mailing Address	i 535 Queen St	PA		s 4)		28			150.00
Joseph D Cautilli Mailing Address City Philadelp Employer Name	i 535 Queen St ohia	PA d Therapy Partners		s 4)	12	28	2020		
Joseph D Cautilli Mailing Address City Philadelp Employer Name	535 Queen St Ohia Behavior Analysis and Address/Principal Place	PA d Therapy Partners	191473032		12	28	2020	gist	Plus 4)

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Friends of Nikil Saval	From:	<u>11/24/2020</u> To:	12/31/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	2,821.62
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,	•	\$	2,821.62

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

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

 Name of Filing Committee or Candidate
 Reporting Period

 Friends of Nikil Saval
 From: 11/24/2020 To: 12/31/2020

						DATE		AMOUNT
Full Name of Contributor Pennsylvania Democratic Part	у				мо	DAY	YEAR	
Mailing Address 229 State S	St							\$ 2,821.62
City Harrisburg	State		Zip Code(Plus 4)		12	30	2020	
9	PA		171011110					
Employer of Contributor N/	A				Occupat	ion	N/A	
Employer Mailing Address/Prin Business	cipal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of Contribution
							Staff ti	ime
Enter Grand Total of Part 0	on Schedule II	In-Kind	Contributions De	ataile	d			PAGE TOTAL
Summary Page, Section 3.	, on schedule 11	, III-Rillu	Continuations De	cane	u			2,821.62

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	lidate		Reporti	ng Period			
Friends of Nikil Saval			From	11/24	<u>4/2020</u>	То:	12/31/2020
				DATE			AMOUNT
To Whom Paid ActBlue/Vantiv eCommerce			мо	DAY	YEAR		
Mailing Address 366 Summer S	St		12	3	2020	\$	39.46
City Somerville	State MA	Zip Code (Plus 4) 021443132		otion of Exp			
To Whom Paid ADP			МО	DAY	YEAR		
Mailing Address 12250 E Iliff A	ve		12	4	2020	\$	41.27
City Aurora State Zip Code (Plus 4) CO 800146318				otion of Exp	penditure		
To Whom Paid Friends of Shanna Danielson			мо	DAY	YEAR		
Mailing Address 170 Martel Cir			11	25	2020	\$	2,500.00
City Dillsburg	State PA	Zip Code (Plus 4) 170198717	Descri	otion of Exp	penditure		
To Whom Paid Google LLC			мо	DAY	YEAR		
Mailing Address 1600 Amphithe	eatre Pkwy		12	2	2020	\$	64.80
City Mountain View	State CA	Zip Code (Plus 4) 940431351	1	otion of Expolation	penditure		
To Whom Paid LiquidWeb			МО	DAY	YEAR		
Mailing Address 2703 Ena Dr			12	22	2020	\$	31.32
City Lansing State Zip Code (Plus 4) MI 489178585				otion of Exp e hosting	penditure		

							PAGE 12
To Whom Paid Mailchimp			МО	DAY	YEAR		
Mailing Address 675 Ponce De	e Leon Ave NE Ste 500	00	12	5	2020	\$	183.60
City Atlanta	State GA	Zip Code (Plus 4) 303082172	Descrip email s				
To Whom Paid Amanda L McIllmurray			МО	DAY	YEAR		
Mailing Address 2605 S Darie	n St		12	20	2020	\$	2,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA191484530				otion of Exp	penditure		
To Whom Paid NGP VAN			МО	DAY	YEAR		
Mailing Address 1445 New Yo	ork Ave NW Ste 200		12	2	2020	\$	442.80
City Washington	State DC	Zip Code (Plus 4) 200052158	Descrip softwar	otion of Exp	penditure		
To Whom Paid REACH PROGRESS PBC	·	·	МО	DAY	YEAR		
Mailing Address 4316 12th St	:		12	23	2020	\$	208.50
City Long Island City	State NY	Zip Code (Plus 4) 111016804	Descrip texting	otion of Exp	enditure		
To Whom Paid Staples the Office Superstore LL	С		МО	DAY	YEAR		
Mailing Address 500 Staples Dr			11	26	2020	\$	73.43
CityFraminghamStateZip Code (Plus 4)MA017024478			Descrip printing	otion of Exp	penditure		
Enter Grand Total of Expendi	tures on Page 1 Dec	nort Cover Page Item D					PAGE TOTAL
Lines Grand Fotal of Expendi	tures on raye 1, kep	port cover raye, Itelli D	•			\$	5,585.18