

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 :		20240001		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Nicole for PA												
Street Address: 1524 High Rd												
City: Jefferson Hills						State: PA		Zip Code: 15025				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	26	2024		12	31	2024				
A. Amount Brought Forward From Last Report						\$ 23,783.53						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,694.02						
C. Total Funds Available (Sum Of Lines A and B)						\$ 25,477.55						
D. Total Expenditures (From Schedule III)						\$ 10,692.46						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 14,785.09						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
Nicole for PA	From: <u>11/26/2024</u> To: <u>12/31/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 94.02

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,500.00

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.)	\$ 1,694.02
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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	Reporting Period
	From: To:

DATE				AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$0.00

PART 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 Nicole for PA	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 100.00
Andre Mirabelli				
Mailing Address 70 Wooster St				
City New York	12	4	2024	
State NY				
Zip Code (Plus 4) 100124348				

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

PAGE TOTAL
\$ 100.00

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: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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: To:
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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 Nicole for PA	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 1,500.00
Sparrow Designs							
Mailing Address							
4090 Old William Penn Hwy							
City		State	Zip Code (Plus 4)	12	20	2024	
Pittsburgh		PA	152354800				
Receipt Description							
Refund							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 1,500.00

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	
Nicole for PA		From: <u>11/26/2024</u> To: <u>12/31/2024</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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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.)			\$ 0.00

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				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Nicole for PA	From <u>11/26/2024</u> To: <u>12/31/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ActBlue				
Mailing Address 366 Summer St	11	30	2024	\$ 53.73
City Somerville	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure Processing fees.	
To Whom Paid	MO	DAY	YEAR	
ActBlue				
Mailing Address 366 Summer St	12	31	2024	\$ 2.74
City Somerville	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure Processing fees.	
To Whom Paid	MO	DAY	YEAR	
Citizens Bank				
Mailing Address PO Box 7000	11	29	2024	\$ 3.00
City Providence	State RI	Zip Code (Plus 4) 029407000	Description of Expenditure Bank fee	
To Whom Paid	MO	DAY	YEAR	
Citizens Bank				
Mailing Address PO Box 7000	12	31	2024	\$ 3.00
City Providence	State RI	Zip Code (Plus 4) 029407000	Description of Expenditure Bank fee	
To Whom Paid	MO	DAY	YEAR	
Commonwealth Compliance Solutions				
Mailing Address PO Box 748	12	18	2024	\$ 1,500.00
City Mechanicsburg	State PA	Zip Code (Plus 4) 170550748	Description of Expenditure Compliance services, report filing.	
To Whom Paid	MO	DAY	YEAR	
Google G Suite				
Mailing Address 1600 Amphitheatre Pkwy	12	2	2024	\$ 51.36
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Office software	

To Whom Paid NGP VAN			MO	DAY	YEAR	\$ 347.75
Mailing Address 655 15th St NW Ste 650			12	10	2024	
City Washington	State DC	Zip Code (Plus 4) 200055738	Description of Expenditure Fundraising database			

To Whom Paid PA United PAC			MO	DAY	YEAR	\$ 8,500.00
Mailing Address 523 Hastings St			12	5	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 152064507	Description of Expenditure Contribution			

To Whom Paid Sparrow Designs			MO	DAY	YEAR	\$ 62.44
Mailing Address 4090 Old William Penn Hwy			12	10	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 152354800	Description of Expenditure Utilities			

To Whom Paid State Farm Insurance			MO	DAY	YEAR	\$ 80.58
Mailing Address 1602 W 3rd St Ste E			11	29	2024	
City Bloomington	State IN	Zip Code (Plus 4) 474045079	Description of Expenditure Insurance			

To Whom Paid Stripe			MO	DAY	YEAR	\$ 81.15
Mailing Address 354 Oyster Point Blvd			11	30	2024	
City South San Francisco	State CA	Zip Code (Plus 4) 940801912	Description of Expenditure Processing fees			

To Whom Paid Stripe			MO	DAY	YEAR	\$ 6.71
Mailing Address 354 Oyster Point Blvd			12	31	2024	
City South San Francisco	State CA	Zip Code (Plus 4) 940801912	Description of Expenditure Processing fees			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 10,692.46

