

Commonwealth of Pennsylvania

# 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	TO	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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Person Submitting Report  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

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

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 100.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 100.00

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

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

<b>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.)</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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____
<b>DATE</b> <span style="float: right;"><b>AMOUNT</b></span>	

Full Name of Contributing Committee	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				

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

<b>PAGE TOTAL</b>
\$ 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)**

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

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Andre Mirabelli					
<b>Mailing Address</b> 70 Wooster St					\$ 100.00
<b>City</b> New York	12	4	2024		
<b>State</b> NY					
<b>Zip Code (Plus 4)</b> 100124348					

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

<b>PAGE TOTAL</b>
\$ 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: <span style="margin-left: 100px;">To:</span>

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

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

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

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

<b>PAGE TOTAL</b>
\$ 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.**

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

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>  Nicole for PA	<b>Reporting Period</b>  From: <u>11/26/2024</u> To: <u>12/31/2024</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period (1)</b>	<b>\$ 0.00</b>
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
<b>TOTAL for the Reporting Period (2)</b>	<b>\$ 0.00</b>
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
<b>TOTAL for the Reporting Period (3)</b>	<b>\$ 0.00</b>
<b>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.)</b>	<b>\$ 0.00</b>

**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <span style="float: right;"><b>To:</b></span>

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Description of Contribution:</b>				
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>				<b>PAGE TOTAL</b> \$ 0.00

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

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

## SCHEDULE III STATEMENT OF EXPENDITURES

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

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

<b>To Whom Paid</b> NGP VAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	347.75
<b>Mailing Address</b> 655 15th St NW Ste 650			12	10	2024		
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200055738	<b>Description of Expenditure</b> Fundraising database				
<b>To Whom Paid</b> PA United PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	8,500.00
<b>Mailing Address</b> 523 Hastings St			12	5	2024		
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152064507	<b>Description of Expenditure</b> Contribution				
<b>To Whom Paid</b> Sparrow Designs			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	62.44
<b>Mailing Address</b> 4090 Old William Penn Hwy			12	10	2024		
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152354800	<b>Description of Expenditure</b> Utilities				
<b>To Whom Paid</b> State Farm Insurance			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	80.58
<b>Mailing Address</b> 1602 W 3rd St Ste E			11	29	2024		
<b>City</b> Bloomington	<b>State</b> IN	<b>Zip Code (Plus 4)</b> 474045079	<b>Description of Expenditure</b> Insurance				
<b>To Whom Paid</b> Stripe			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	81.15
<b>Mailing Address</b> 354 Oyster Point Blvd			11	30	2024		
<b>City</b> South San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940801912	<b>Description of Expenditure</b> Processing fees				
<b>To Whom Paid</b> Stripe			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	6.71
<b>Mailing Address</b> 354 Oyster Point Blvd			12	31	2024		
<b>City</b> South San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940801912	<b>Description of Expenditure</b> Processing fees				
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>	
						\$	10,692.46

