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MDJ 06-2-09

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	[X]	Committee	[ ]	Lobbyist	[ ]
Name of Filing Committee, Candidate or Lobbyist	Brenda Williams Nichols Magisterial District Judge							
Street Address	996 N Center Street							
City	Corry	State	PA	Zip Code	16407			

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
[ ]	[ ]	[ ]	[ ]	[ ]	[X]	[ ]	[ ]	[ ]
Date Of Election (MM/DD/YYYY)		11-07-2017	Year		Amendment Report	[ ]	Termination Report	[ ]

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10-24-2017	11-27-2017	
A. Amount Brought Forward From Last Report	$	1,389.29	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	575.00	
C. Total Funds Available (Sum of Lines A and B)	$	1,964.29	
D. Total Expenditures (From Schedule III)	$	474.50	
E. Ending Cash Balance (Subtract Line D from Line C)	$	1,489.79	
F. Value of In-Kind Contributions Received (From Schedule II)	$	230.00	
G. Unpaid Debts and Obligations (From Schedule IV)	$	2,842.72	

2017 DEC -7 AM 11:40
ERIE COUNTY
VOTER REGISTRATION
DH

Affidavit Section

Part 1- 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 7th day of Dec 20 17

Angela Burlew
Signature

Brenda Williams Nichols
Signature of Person Submitting report

Brenda Williams Nichols
Printed Name

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Angela M. Burlew, Notary Public
City of Corry, Erie County
My Commission Expires Sept. 9, 2018

My Commission expires 09 / 09 / 18
MO. DAY YR.

814
Area Code

663-8747
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

Signature of Candidate

Printed Name

My Commission expires _____
MO. DAY YR.

Area Code

Daytime Telephone Number

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MDJ 06-2-04

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1. Unitemized Contributions and Receipts-$50.00 or Less per Contributor		
Total for the reporting period (1)	$	0
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	$	0
All Other Contributions (Part B)	$	0
Total for the reporting period (2)	$	0
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	0
All Other Contributions (Part D)	$	575.00
Total for the reporting period (3)	$	575.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	0
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 Page 1, Report Cover Page, Item B)*	$	575.00

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MDJ 06-2-04

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.

Filer Identification Number	

											Amount
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	$	
House #		Street Address						Date [MM/DD/YYYY]	$	
City			State		Zip Code			Date [MM/DD/YYYY]	$	

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PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

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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 over $250.00 in the reporting period.

Filer Identification Number:	

Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	

PART D

All Other Contributions

Over $250.00

Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	

Full Name of Contributor	Patsy A. Nichols					Date [MM/DD/YYYY] 11-04-2017	$ 300.00
House # 327	Street Address	East Street				Date [MM/DD/YYYY]	$
City Corry	State PA	Zip Code 16407				Date [MM/DD/YYYY]	$
Employer Name						Occupation Retired	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor	Everette J. Williams					Date [MM/DD/YYYY] 11-06-2017	$ 275.00
House # 1395	Street Address	Ashwood Lane				Date [MM/DD/YYYY]	$
City Victor	State NY	Zip Code 14564				Date [MM/DD/YYYY]	$
Employer Name						Occupation Retired	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City	State	Zip Code				Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor						Date [MM/DD/YYYY]	$
House #	Street Address					Date [MM/DD/YYYY]	$
City	State	Zip Code				Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:	

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	230.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	0

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, Report Cover Page, Item F)	$	230.00

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	

Full Name of Contributor	Matthew E. Kellogg				Date [MM/DD/YYYY] 11-04-2017	$	230.00
House # 609	Street Address Spring Street				Date [MM/DD/YYYY]	$	
City Corry	State PA	Zip Code 16407			Date [MM/DD/YYYY]	$	
Description of Contribution	T-Shirts						
Full Name of Contributor					Date [MM/DD/YYYY]	$	
House #	Street Address				Date [MM/DD/YYYY]	$	
City	State	Zip Code			Date [MM/DD/YYYY]	$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	$	
House #	Street Address				Date [MM/DD/YYYY]	$	
City	State	Zip Code			Date [MM/DD/YYYY]	$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	$	
House #	Street Address				Date [MM/DD/YYYY]	$	
City	State	Zip Code			Date [MM/DD/YYYY]	$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	$	
House #	Street Address				Date [MM/DD/YYYY]	$	
City	State	Zip Code			Date [MM/DD/YYYY]	$	
Description of Contribution							

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number:	

Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Corry Journal (Check from Committe Act)	Date [MM/DD/YYYY]	$ 303.00
House # 28	Street Address W South Street	Description of Expenditure	
City Corry	State PA	Zip Code 16407	Ads

To Whom Paid	Corry Journal (Loan to Committee by candidate)	Date [MM/DD/YYYY]	$ 36.50
House # 28	Street Address W South Street	Description of Expenditure	
City Corry	State PA	Zip Code 16407	Ads

To Whom Paid	Corry Journal (Loan to Committee By candidate)	Date [MM/DD/YYYY]	$ 135.00
House # 28	Street Address W South Street	Description of Expenditure	
City Corry	State PA	Zip Code 16407	Ads

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

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.

Filer Identification Number:	

☆ Name of Creditor	Committee to Re-Elect Brenda Williams Nichols					Outstanding Balance of Debt
House #	228	Street Address	W Congress Street	DATE DEBT INCURRED [MM/DD/YYYY]	11-04-2017	$ 303.00 [Not a debt b/c paid out of committee account]
City	Corry	State	PA	Zip Code	16407	
Description of Debt	Ads for Corry Journal - Committee Paid By Check to Journal					
Name of Creditor	Brenda Williams Nichols					Outstanding Balance of Debt
House #	996	Street Address	N Center Street	DATE DEBT INCURRED [MM/DD/YYYY]	11-3-2017	$ 36.50
City	Corry	State	PA	Zip Code	16407	
Description of Debt	Loan to Committee for Ad					
Name of Creditor	Brenda Williams Nichols					Outstanding Balance of Debt
House #	996	Street Address	N Center Street	DATE DEBT INCURRED [MM/DD/YYYY]	11-06-2017	$ 135.00
City	Corry	State	PA	Zip Code	16407	
Description of Debt	Loan to Committee for Ad					
Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$ Total Debt 2,842.72 -1,947.35 paid to candidate and once to journal 895.37
City		State		Zip Code		
Description of Debt	$895.37 is how much I am still in debt after closing committee account. Still owed money.					
Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

☆ - Used funds from Committee Acct to pay this w/ committee check