

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: ▶		Report Filed By: ▶		CANDIDATE 1.		COMMITTEE 2. /		LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbyist: HIGGINS CALCIPEARSON FOR UPPER PROV											
Street Address: 300 WILLOWBROOKE LANE											
City: ROYERSFORD				State: PA		Zip Code: 19468					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.		2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>		30 DAY POST-PRIMARY 3.		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION 4.		2ND FRIDAY PRE-ELECTION 5.		30 DAY POST-ELECTION 6.		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT 7. ▶		YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE ▶		PAPER		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO. DAY YEAR						
											(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY RECEIVED 2017 MAY -4 PM 1:25 OFFICE OF VOTER SERVICES MONTG. CO. PA		
			4 8 2017			To 4 30 2017					
A. Amount Brought Forward From Last Report					\$ 0						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 1850.00						
C. Total Funds Available (Sum of Lines A and B)					\$ 1850.00						
D. Total Expenditures (From Schedule III)					\$ 349.45						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 1500.55						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 1480.82						
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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.											
Sworn to and subscribed before me this											
3 day of MAY 20 17			Signature of Person Submitting Report <i>Joseph V. Navy</i> JOSEPH V. NAVY Printed Name 610 Area Code 745 5017 Daytime Telephone Number								
Eileen E. Stagliano Signature											
My commission expires 6 3 2019 MO. DAY YR.											
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 report 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			NOTARIAL SEAL EILEEN E. STAGLIANO, Notary Public Norristown, Montgomery Co., PA My Commission Expires June 3, 2019								
Signature											
My commission expires MO. DAY YR.			Signature of Candidate								
			Printed Name								
			Area Code								
			Daytime Telephone Number								

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>HIGGINS CALCIFERSON for UPPER PROV</i>	Reporting Period From <i>4.8.17</i> To <i>4.30.17</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>ϕ</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>ϕ</i>
All Other Contributions (Part B)	\$ <i>700.00</i>
TOTAL for the Reporting Period	(2) \$ <i>700.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>ϕ</i>
All Other Contributions (Part D)	\$ <i>1150.00</i>
TOTAL for the Reporting Period	(3) \$ <i>1150.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>1850.00</i>

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.)	\$ <i>1850.00</i>
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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 <i>HIGGINS CALCIPEARSON FOR UPPER PROY</i>	Reporting Period From <i>4.8.2017</i> to <i>4.30.2017</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

NONE

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

PAGE TOTAL

\$ *0*

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 HIGGINS CALCI PEARSON FOR UPPER MERU	Reporting Period From 4.8.17 To 5.2 2017
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
HELENE CALCI	4	8	2017	\$ 200.00
Mailing Address 300 WILLOWBROOKE LANE	MO.	DAY	YEAR	\$
City ROYERSFORD State PA Zip Code (Plus 4) 19468	MO.	DAY	YEAR	\$
John PEARSON	4	8	2017	\$ 250.00
Mailing Address 266 ARCOLA Rd	MO.	DAY	YEAR	\$
City COLLEGEVILLE State PA Zip Code (Plus 4) 19426	MO.	DAY	YEAR	\$
LAURIE HIGGINS	4	18	2017	\$ 250.00
Mailing Address 101 ACOMA LANE	MO.	DAY	YEAR	\$
City COLLEGEVILLE State PA Zip Code (Plus 4) 19426	MO.	DAY	YEAR	\$
Full Name of Contributor HEI	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 700.00

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

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.

Name of Filing Committee or Candidate <i>HIGGINS CALCI @ ALSON FOR OFFER PROV</i>	Reporting Period From <i>4/8/2017</i> To <i>4/30/2017</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>JOHN YEATSON</i>	4	18	2017	\$ 500.00
Mailing Address <i>266 ARCOLA RD</i>	MO.	DAY	YEAR	\$
City <i>Collegewille</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19426</i>	MO.	DAY	YEAR	\$
<i>HELENE CALCI</i>	4	21	2017	\$ 350.00
Mailing Address <i>300 WILLOWBROOKS LANE</i>	MO.	DAY	YEAR	\$
City <i>ROYERSFORD</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19426-</i>	MO.	DAY	YEAR	\$
<i>LAURIE HIGGINS</i>	4	21	2017	\$ 300.00
Mailing Address <i>101 ACOMA LANE</i>	MO.	DAY	YEAR	\$
City <i>Collegewille</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19426</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 1150.00

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 Committee or Candidate HIGGINS CALIFORNIA FOR UPPOL LAW	Reporting Period From 4.8.17 To 4.30.17
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ **0**

**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 <i>HIGGINS CALCIPOARSON for OFFER PROV.</i>	Reporting Period From <i>4.8.2017</i> To <i>4.30.2017</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ <i>0</i>
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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 <i>HIGGINS CALCIFEARSON for UPRR Prov.</i>	Reporting Period From <i>4.8.2017</i> To <i>4.30.2017</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>∅</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>∅</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>∅</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>∅</i>
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>HIGGINS CALIFORNIA FOR UPPER PROX</i>	Reporting Period From <u>4.8.2017</u> To <u>4.30.2017</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		\$
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	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

PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>HIGGINS CALIFORNIA FOR OFFER PROY</i>	Reporting Period From <i>4.8.2017</i> To <i>4.30.2017</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

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

PAGE TOTAL
\$ *0*

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HIGGINS CALCIPEARSON for Usher PUDY	Reporting Period From 4.8.2017 To 4.30.2017
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To Whom Paid VISTA PRINT - CIMPRESS USA	MO. 4	DAY 19	YEAR 2017	Amount \$ 149.45
Mailing Address 275 WYMAN AVE		Description of Expenditure DOOR HANGERS		
City WALTHAM	State MA	Zip Code (Plus 4) 02451		

To Whom Paid EFTPS	MO. 4	DAY 8	YEAR 2017	Amount \$ 200.00
Mailing Address WEB PURCHASE		Description of Expenditure EIN NUMBER		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 349.45

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.

Name of Filing Committee or Candidate <i>HIGGINS CALIFORNIA FOR OFFICE PROV.</i>	Reporting Period From <i>4.8.2017</i> To <i>4.30.2017</i>
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Name of Creditor <i>CAPITOL PROMOTIONS</i>				Outstanding Balance of Deb <i>\$ 1480.82</i>	
Mailing Address <i>P.O. BOX 231</i>	DATE DEBT INCURRED	MO. <i>4</i>	DAY <i>21</i>	YEAR <i>2017</i>	
City <i>GLENSIDE</i>	State <i>CA</i>	Zip Code (Plus 4) <i>19038</i>			

Description of Debt
CANDIDATE SIGNS AND WIRE FRAMES

Name of Creditor				Outstanding Balance of Deb <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			

Description of Debt

Name of Creditor				Outstanding Balance of Deb <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			

Description of Debt

Name of Creditor				Outstanding Balance of Deb <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			

Description of Debt

Name of Creditor				Outstanding Balance of Deb <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			

Description of Debt

Name of Creditor				Outstanding Balance of Deb <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <i>\$ 1480.82</i>
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