# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificat                      | 20120111                  |            |           |                     |            |               | t<br>3v:      | CANDI        | DATE     |        | СОМІ       | MITTEE             | ✓              | LOB          | BYIST    |                |
|--|---------------------------|------------|-----------|---------------------|------------|---------------|---------------|--------------|----------|--------|------------|--------------------|----------------|--------------|----------|----------------|
| Name of Filing                         | Committee, C              | Candida    | ate or L  | obbyist:            |            |               |               | R THE NC     | DRTHE    | AST    |            |                    |                |              |          |                |
| Street Address                         | :                         |            |           |                     |            |               |               |              |          |        |            |                    |                |              |          |                |
| City:                                  | PHILAD                    | ELPHIA     | A         |                     |            |               |               | State:       | PA       |        |            | Zip Co             | <b>de:</b> 19  | 136          |          |                |
| TYPE OF<br>REPORT                      | 6TH TUESDA<br>PRE-PRIMAR  |            | 1.        | 2ND FRII<br>PRIMARY |            | - 2. <b>X</b> | 30 D/<br>PRIM |              | POST-    | 3.     |            | AMENDI<br>REPORT   |                | Yes          | No       | $\checkmark$   |
| (place X to<br>the right of            | 6TH TUESDA<br>PRE-ELECTIO |            | 4.        | 2ND FRII<br>ELECTIO |            | E- 5.         | 30 D/<br>ELEC |              | POST-    | 6.     |            | TERMIN<br>REPORT   |                | Yes          | No       | $\checkmark$   |
| report type)                           | ANNUAL RE                 | PORT       | 7.        | <b>Year</b> 201     | 14         |               |               | NG METHO     |          |        |            | PAPER              |                | $\checkmark$ | DISKE    | TTE            |
| Name of Office                         | Sought by Ca              | ndidat     | e:        |                     |            |               | •             | DATE O       | F ELE    | стіо   | N          | District<br>Number | Office<br>Code | Par          | ty Code  | County<br>Code |
|  |                           |            |           |                     |            |               |               | мо           | DAY      | YE     | AR         |                    |                | DEN          | 1        |                |
|  |                           |            |           |                     |            |               |               | 11           |          | 4      | 2014       |                    | (SEE IN        | STRUCTI      | ONS FOR  | CODES)         |
| Summary of                             |                           | nd         | мо        | DAY                 | YEAF       | -             |               | мо           | DAY      | YE     | AR         | FC                 | OR OFFIC       | CE USE       | ONLY     |                |
| Expenditure                            | s from:                   |            |           | 4                   | 1 2        | 014 <b>T</b>  | 0             | 5            |          | 5      | 2014       |                    |                |              |          |                |
| A. Amount Bro                          | ought Forwar              | d From     | n Last R  | eport               |            |               | \$            |              |          |        | 512.93     |                    |                |              |          |                |
| B. Total Mone                          | tary Contribu             | tions A    | And Rec   | eipts (Fro          | om Sche    | edule I)      | \$            |              |          | 54,0   | 85.19      |                    |                |              |          |                |
| C. Total Funds                         | s Available (S            | um Of      | Lines A   | and B)              |            |               | \$            |              |          | 107,6  | 98.12      |                    |                |              |          |                |
| D. Total Expe                          | nditures (Fro             | m Sche     | edule II  | 1)                  |            |               | \$            |              |          | 93,5   | 68.69      |                    |                |              |          |                |
| E. Ending Cas                          | h Balance (Su             | ubtract    | Line D    | From Lin            | e C)       |               | \$            |              |          | 14,1   | 29.43      | -                  |                |              |          |                |
| F. Value Of In                         | -Kind Contrib             | outions    | Receiv    | ed (From            | Schedu     | le II)        | \$            |              |          |        | 0.00       | 4                  |                |              |          |                |
| G. Unpaid Deb                          | ots And Obliga            | ations     | (From S   | Schedule            | IV)        |               | \$            |              |          |        | 0.00       |                    |                |              |          |                |
|  |                           |            |           |                     | AFF        | IDAVI         | T SE          | CTION        |          |        |            |                    |                |              |          |                |
| PART I - If this                       |                           | •          | •         |                     |            |               |               |              | • •      |        |            | -                  |                |              |          |                |
| I swear (or affirn<br>correct and comp |                           | ort, incit | uaing the | e attached          | schedule   | s filed on    | paper         | or by elect  |          | eaium, | , are to t | the best o         | от ту кпоч     | vieage       | and bell | er, true       |
| Sworn to and sub                       | scribed before<br>day of  | me this    |           | 20                  |            |               |               |              |          | s      | ignature   | e of Perso         | on Submitt     | ting Rep     | oort     |                |
|  |                           | Signatur   |           |                     |            |               | _             |              |          |        |            | Prin               | ited Name      | •            |          |                |
| My Commission I                        |                           | Jynacui    | e         |                     |            |               |               |              |          |        |            | Ema                | nil            |              |          |                |
|  | мо                        | I          | D         | AY                  | YR         |               | _             |              | Are      | ea Cod | e          | Daytin             | ne Teleph      | one Nu       | mber     |                |
| Part II- If this is                    | s a report of             | a cand     | idate's   | authorize           | ed Comr    | nittee, C     | Candid        | ate shall    | sign he  | ere.   |            |                    |                |              |          |                |
| I swear (or affirm<br>No 320) as amend |                           | est of m   | y knowle  | edge and b          | elief this | s political   | comm          | iittee has n | ot viola | ted an | y provis   | ions of th         | e act of Ju    | une 3,1      | 937 (P.L | . 1333,        |
| Sworn to and subs                      | cribed before n<br>day of | ne this    |           | 20                  |            |               |               |              |          |        | s          | ignature           | of Candida     | ate          |          |                |
|  |                           |            |           |                     |            |               | _             |              |          |        |            | Printe             | ed Name        |              |          |                |
| My Commission Ex                       | -                         | nature     |           |                     |            |               | _             |              | Email    |        |            |                    |                |              |          |                |
|  |                           |            |           |                     |            |               | _             |              |          |        |            |                    |                |              |          |                |
|  | r                         | мо         | MO DAY YR |                     |            |               |               |              |          | Code   |            | D                  | aytime To      | elephor      | ne Numb  | er             |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** NEILSON FOR THE NORTHEAST From: <u>4/1/2014</u> **To:** <u>5/5/2014</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 50.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 750.00 **Contributions Received From Political Committees (Part A)** 2,300.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 3,050.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 39,500.00 11,450.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 50,950.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 35.19 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 54,085.19 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

\$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 Candidat          | Name of Filing Committee or Candidate |                                    |     | porting I | Period        |                 |    |                 |
|---|---------------------------------------|------------------------------------|-----|-----------|---------------|-----------------|----|-----------------|
| NEILSON FOR THE NORTHEAST                     |                                       |                                    | Fre | om:       | <u>4/1/20</u> | ) <u>14</u> To: | 1  | <u>5/5/2014</u> |
|   |                                       |                                    |     |           | DATE          |                 |    | AMOUNT          |
| Full Name of Contributing Committee PSEA PACE |                                       |                                    |     | мо        | DAY           | YEAR            |    |                 |
| Mailing Address                               | Γ                                     | 1                                  |     | 4         | 1             | 2014            | \$ | 250.00          |
| City HARRISBURG                               | <b>State</b><br>PA                    | <b>Zip Code (Plus</b><br>171011346 | 4)  |           |               |                 |    |                 |
| Full Name of Contributing Committee           |                                       |                                    |     | мо        | DAY           | YEAR            |    |                 |
| PENNSYLVANIA BANKERS PAC                      |                                       |                                    |     |           | DAT           |                 |    |                 |
| Mailing Address                               |                                       | -                                  |     | 4         | 1             | 2014            | \$ | 250.00          |
| City HARRISBURG                               | State                                 | Zip Code (Plus                     | 4)  |           |               |                 |    |                 |
|   | PA                                    | 171101535                          |     |           |               |                 |    |                 |
| Full Name of Contributing Committee           |                                       |                                    |     |           |               |                 |    |                 |
| HIGHMARK HEALTH PAC                           |                                       |                                    |     | мо        | DAY           | YEAR            |    |                 |
| Mailing Address                               |                                       |                                    |     | 4         | 1             | 2014            | \$ | 250.00          |
| City CAMP HILL                                | State                                 | Zip Code (Plus                     | 4)  |           | -             | 2011            |    |                 |
|   | PA                                    | 170111702                          |     |           |               |                 |    |                 |

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

PAGE TOTAL

\$

| Use this Part to it  | emize all other<br>50.01 to \$250.0<br>butions from p | 1 TO \$250.00<br>contribution<br>00 in the repo | s with<br>orting | an<br>peri<br>rep | aggreg<br>iod.<br>oorted ii |                     |    | from            |
|--|---|---|------------------|-------------------|-----------------------------|---------------------|----|-----------------|
| NEILSON FOR THE NORTHEAST  |   |   | From:            |                   | <u>4/1/2</u>                | 2 <u>014</u> To     | ): | <u>5/5/2014</u> |
|  |   |   |                  |                   | DATE                        |                     |    | AMOUNT          |
| Full Name of Contributor PETER SCHATZBERG  |   |   |                  |                   | DAY                         | YEAR                |    |                 |
| Mailing Address       City     GLEN MILLS  | State   | Zip Code (Plus 4                                | )                | 1                 | 31                          | 2014                | \$ | 250.00          |
| Full Name of Contributor   | PA  | 193421368                                       | м                | 10                | DAY                         | YEAR                |    |                 |
| RONALD ABRAHAM Mailing Address City RICHBORO   | )   | 2   | 14               | 2014              | \$                          | 250.00              |    |                 |
| Full Name of Contributor         JAMES BONNER         Mailing Address         City       CHESTER | <b>State</b><br>PA                                    | <b>Zip Code (Plus 4</b><br>190134433            |                  | 1 <b>0</b><br>2   | <b>DAY</b> 14               | <b>YEAR</b><br>2014 | \$ | 250.00          |
| Full Name of Contributor DAVID NADLER  |   | 190131195                                       | м                | 10                | DAY                         | YEAR                |    |                 |
| Mailing Address City WEST CHESTER  | <b>State</b><br>PA                                    | <b>Zip Code (Plus 4</b><br>193803724            | )                | 2                 | 14                          | 2014                | \$ | 200.00          |
| Full Name of Contributor<br>PA SPINE & HEADACHE CTR  |   |   | м                | 10                | DAY                         | YEAR                |    |                 |
| Mailing Address<br>City EXTON  | <b>State</b><br>PA                                    | <b>Zip Code (Plus 4</b><br>193412547            | )                | 2                 | 25                          | 2014                | \$ | 250.00          |
| Full Name of Contributor<br>ROBERT SITOSKI   |   |   | м                | 10                | DAY                         | YEAR                |    |                 |
| Mailing Address City WYNNEWOOD   | <b>State</b><br>PA                                    | <b>Zip Code (Plus 4</b><br>190963973            | )                | 2                 | 25                          | 2014                | \$ | 100.00          |
| Full Name of Contributor<br>RANDY YUCHA  |   |   |                  |                   | DAY                         | YEAR                |    |                 |
| Mailing Address         City       SPRING CITY   | <b>State</b><br>PA                                    | <b>Zip Code (Plus 4</b><br>194753415            | )                | 2                 | 25                          | 2014                | \$ | 200.00          |

| ANTHONY CALANTONI<br>Mailing Address<br>City PHILADELPHIA<br>PA 191303952 MO DAY YEAR 201 201        | \$ | 200.00     |
|--|----|------------|
| CityPHILADELPHIAStateZip Code (Plus 4)228201   |    | 200.00     |
|  | 4  |            |
| PA 191303952   |    |            |
|  |    |            |
| Full Name of Contributor MO DAY YEAR   |    |            |
| ALEXIS OUSELEY   |    |            |
| Mailing Address  | \$ | 100.00     |
| City         PHILADELPHIA         State         Zip Code (Plus 4)         2         28         201   | 4  |            |
| PA 191193439   |    |            |
| Full Name of Contributor MO DAY YEAR   |    |            |
| BRIAN RADITZ   |    |            |
| Mailing Address  | \$ | 250.00     |
| City         MERION STATION         State         Zip Code (Plus 4)         2         28         201 | 4  |            |
| PA 190661842   |    |            |
| Full Name of Contributor MO DAY YEAR   |    |            |
| GEOFFREY TEMPLE  |    |            |
| Mailing Address  | \$ | 250.00     |
| CityHUNTINGDON VALLEYStateZip Code (Plus 4)44201   | 4  |            |
| PA 190065922   |    |            |
|  |    | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.                         | \$ | 2,300.00   |

# 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  | Name of Filing Committee or Candidate Report |                    |                          | Reporting                | ng Period |                |      |             |             |
|---|--|--------------------|--------------------------|--------------------------|-----------|----------------|------|-------------|-------------|
| NEILS   | SON FOR THE NORTHEAST                        |                    |                          | From:                    | <u>4/</u> | <u>′1/2014</u> | То:  | <u>5/5/</u> | <u>2014</u> |
|   |  |                    |                          |                          | DA        | TE             |      | AMOU        | NT          |
| Full N  | lame of Contributing Committee               |                    |                          |                          | мо        | DAY            | YEAR |             |             |
| SPRI  | NKLER FITTERS LOCAL UNION #69                | 2 PAC FUND         |                          |                          |           |                |      | \$          | 500.00      |
| Mailir  | ng Address                                   |                    |                          |                          | 1         | 30             | 2014 |             |             |
| City  | PHILADELPHIA                                 | <b>State</b><br>PA | <b>Zip Cod</b><br>191543 | <b>e (Plus 4)</b><br>023 |           |                |      |             |             |
| Full Name of Contributing Committee           FRIENDS TO ELECT MICHAEL MCGEEHAN |  |                    |                          |                          | мо        | DAY            | YEAR | \$          | 2,500.00    |
| Mailir  | ng Address                                   |                    |                          |                          |           | 21             | 2014 | 1           | 2,500.00    |
| City  | PHILADELPHIA                                 | State              | Zip Cod                  | e (Plus 4)               | 1         | 31             | 2014 |             |             |
|   |  | РА                 | 191363                   | 217                      |           |                |      |             |             |
| Full N  | lame of Contributing Committee               |                    |                          |                          | мо        | DAY            | YEAR |             |             |
| NEIG  | HBORS UNITED FOR THE NORTHE                  | AST                |                          |                          |           |                |      | \$          | 3,000.00    |
| Mailir  | ng Address                                   |                    |                          |                          | 1         | 31             | 2014 |             |             |
| City  | PHILADELPHIA                                 | State              |                          | e (Plus 4)               |           |                |      |             |             |
|   |  | PA                 | 191141                   | .713                     |           |                |      |             |             |
| Full N  | lame of Contributing Committee               |                    |                          |                          | мо        | DAY            | YEAR |             |             |
| IRON  | WORKERS LOCAL 405 PAC                        |                    |                          |                          |           |                |      | \$          | 500.00      |
| Mailir  | ng Address                                   |                    |                          |                          | 2         | 14             | 2014 |             |             |
| City  | PHILADELPHIA                                 | State              | Zip Cod                  | e (Plus 4)               |           |                | _    |             |             |
|   |  | PA                 | 191464                   | 000                      |           |                |      |             |             |
| Full N  | lame of Contributing Committee               |                    |                          |                          | мо        | DAY            | YEAR |             |             |
| PLUM  | BERS UNION LOCAL 690 ELECTION                | N POL. ACTION FUND | 1                        |                          |           | 2711           |      | \$          | 2,500.00    |
| Mailir  | ng Address                                   |                    |                          |                          | 2         | 18             | 2014 |             |             |
| City  | PHILADELPHIA                                 | State              | Zip Cod                  | e (Plus 4)               |           |                |      |             |             |
|   |  | PA                 | 191541                   | 211                      |           |                |      |             |             |
| Full N  | lame of Contributing Committee               |                    |                          |                          | мо        | DAY            | YEAR |             |             |
| IBEW  | LOCAL 98 COMMITTEE ON POLITI                 | CAL EDUCATION      |                          |                          | но        |                |      | \$          | 20,000.00   |
| Mailir  | Mailing Address                              |                    |                          | 2                        | 19        | 2014           |      | ,           |             |
| City  | PHILADELPHIA                                 | State              | Zip Cod                  | e (Plus 4)               |           |                |      |             |             |
|   |  | PA                 | 191303                   | 915                      |           |                |      |             |             |

| Full Name of Contributing Committee                                       |       |                   | мо | DAY | YEAR |     |            |
|---|-------|-------------------|----|-----|------|-----|------------|
| THE CHARTWELL LAW PAC   |       |                   |    |     |      | \$  | 10,000.00  |
| Mailing Address   |       |                   | 3  | 8   | 2014 |     | -,         |
| City EAGLEVILLE   | State | Zip Code (Plus 4) |    |     | 2014 |     |            |
|   | PA    | 194032265         |    |     |      |     |            |
| Full Name of Contributing Committee                                       |       |                   | мо | DAY | YEAR |     |            |
| PENNSYLVANIA AFL-CIO COPE   |       |                   | MO |     | TLAN | \$  | 500.00     |
| Mailing Address   |       |                   | 4  | 1   | 2014 | ٦ · |            |
| City HARRISBURG   | State | Zip Code (Plus 4) |    |     | 2014 |     |            |
|   | PA    | 171012207         |    |     |      |     |            |
| Enter Grand Tatal of Dart C on Schedule I. Detailed Summary Dage. Section |       |                   |    |     | ſ    |     | PAGE TOTAL |
| inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section |       |                   |    |     |      | \$  | 39,500.00  |

## 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   |   |  |   |                                    | porting Period            |  |  |   |                       |  |
|--|---|--|---|------------------------------------|---------------------------|--|--|---|-----------------------|--|
| NEILS  | SON FOR THE NORTHEAST   |  |   | Fro                                | m:                        | <u>4/1/2</u>   | <u>014</u> To                          | ):  | : <u>5/5/2014</u>     |  |
|  |   |  |   |                                    | DA                        | ATE  |  | AI  | MOUNT                 |  |
| Full Na  | ame of Contributor  |  |   |                                    | мо                        | DAY  | YEAR                                   |   |                       |  |
| ЈАСК І   | BIENENFELD  |  |   |                                    | MO                        | DAT  | TEAR                                   | \$  | 1,000.00              |  |
| Mailing  | g Address   |  |   |                                    | 4                         | 4  | 2014                                   |   |                       |  |
| City   | HUNTINGDON VALLEY   | State Zip Code (Plus 4)                      |   |                                    |                           |  |  |   |                       |  |
|  |   | PA 190066625                                 |   |                                    |                           |  |  |   |                       |  |
| Emplo  | Employer Name HB & SONS CONSTRUCTION  |  |   | Occupat                            | tion                      | CONTRA   | ACTOR                                  |   |                       |  |
| Emplo  | Employer Mailing Address/Principal Place of Business City   |  |   |                                    | State                     |  | Zip Cod                                | le (Plus 4)                                   |                       |  |
| PHILADELPHIA   |   |  |   |                                    | PA                        |  | 19115                                  |   |                       |  |
| Full Na  | ame of Contributor  |  |   |                                    |                           |  |  |   |                       |  |
| JEFFR  | EY LAFFEY   |  |   |                                    | мо                        | DAY  | YEAR                                   | \$  | 1,000.00              |  |
| Mailin   | g Address   |  |   |                                    | 3                         | 8  | 2014                                   | 1   |                       |  |
| City   | NEWTOWN   | State  | Zip Code                                | Plus 4)                            | 5                         | 0  | 2014                                   |   |                       |  |
|  |   | PA   | 18940293                                | 1                                  |                           |  |  |   |                       |  |
| Emplo  | yer Name LAFFEY BUCCI KENT I  | _LP  |   |                                    | Occupat                   | tion   | ATTORN                                 | IEY   |                       |  |
|  |   |  |   |                                    |                           |  |  |   |                       |  |
|  | yer Mailing Address/Principal Plac  | e of Business                                | City                                    |                                    |                           | State  |  | Zip Cod                                       | le (Plus 4)           |  |
|  | yer Mailing Address/Principal Plac  | ce of Business                               |   | DELPHIA                            |                           | <b>State</b><br>PA   |  | <b>Zip Cod</b><br>19102                       | le (Plus 4)           |  |
| Emplo  | yer Mailing Address/Principal Plac  | ce of Business                               |   | DELPHIA                            | MO                        | РА   | VEAD                                   | 19102   |                       |  |
| Emplo<br>Full Na   |   | ce of Business                               |   | DELPHIA                            | мо                        |  | YEAR                                   | -   | le (Plus 4)<br>500.00 |  |
| Emplo<br>Full Na<br>BRIAN  | ame of Contributor  | ce of Business                               |   | DELPHIA                            |                           | PA<br>DAY  |  | 19102<br>\$                                   |                       |  |
| Emplo<br>Full Na<br>BRIAN  | ame of Contributor  | ce of Business                               |   |                                    | <b>мо</b><br>- 2          | РА   | <b>YEAR</b> 2014                       | 19102<br>\$                                   |                       |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing   | ame of Contributor<br>I WALSH<br>g Address  |  | PHILA                                   | Plus 4)                            |                           | PA<br>DAY  |  | 19102<br>\$                                   |                       |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City   | ame of Contributor<br>I WALSH<br>g Address  | State  | Zip Code                                | Plus 4)                            |                           | РА<br><b>DAY</b><br>28   |  | 19102<br>\$                                   |                       |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo                                      | ame of Contributor<br>I WALSH<br>g Address<br>PHILADELPHIA  | <b>State</b><br>PA                           | Zip Code                                | Plus 4)                            | - 2                       | РА<br><b>DAY</b><br>28   | 2014                                   | 19102<br>\$<br>IAN                            |                       |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo                                      | ame of Contributor<br>I WALSH<br>g Address<br>PHILADELPHIA<br>yer Name SELF   | <b>State</b><br>PA                           | 2ip Code (<br>19120410                  | Plus 4)                            | - 2                       | PA<br>DAY<br>28  | 2014                                   | 19102<br>\$<br>IAN                            | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo                                      | ame of Contributor<br>I WALSH<br>g Address<br>PHILADELPHIA<br>yer Name SELF   | <b>State</b><br>PA                           | 2ip Code (<br>19120410                  | <b>Plus 4)</b><br>8                | - 2<br>Occupat            | PA<br>DAY<br>28<br>tion<br>State<br>PA                                   | 2014<br>PHYSIC                         | 19102<br>\$<br>IAN<br>Zip Cod                 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo<br>Emplo                             | ame of Contributor<br>N WALSH<br>g Address<br>PHILADELPHIA<br>yer Name SELF<br>yer Mailing Address/Principal Place  | <b>State</b><br>PA                           | 2ip Code (<br>19120410                  | <b>Plus 4)</b><br>8                | - 2                       | PA<br>DAY<br>28<br>tion<br>State   | 2014                                   | 19102<br>\$<br>IAN<br>Zip Cod                 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo<br>Emplo                             | ame of Contributor<br>I WALSH<br>g Address<br>PHILADELPHIA<br>yer Name SELF<br>yer Mailing Address/Principal Place  | <b>State</b><br>PA                           | 2ip Code (<br>19120410                  | <b>Plus 4)</b><br>8                | Occupat                   | PA<br>DAY<br>28<br>28<br>State<br>PA<br>DAY                              | 2014<br>PHYSIC:<br>YEAR                | 19102<br>\$<br>IAN<br><b>Zip Cod</b><br>19120 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo<br>Emplo                             | ame of Contributor I WALSH g Address PHILADELPHIA yer Name SELF yer Mailing Address/Principal Place ame of Contributor LEHOCKY STEM GIORDANO LLP                        | <b>State</b><br>PA                           | 2ip Code (<br>19120410                  | Plus 4)<br>8<br>DELPHIA            | - 2<br>Occupat            | PA<br>DAY<br>28<br>tion<br>State<br>PA                                   | 2014<br>PHYSIC                         | 19102<br>\$<br>IAN<br><b>Zip Cod</b><br>19120 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>City<br>Emplo<br>Emplo  | ame of Contributor I WALSH g Address PHILADELPHIA yer Name SELF yer Mailing Address/Principal Place ame of Contributor LEHOCKY STEM GIORDANO LLP g Address              | State<br>PA<br>ce of Business                | Zip Code (<br>19120410<br>City<br>PHILA | Plus 4)<br>8<br>DELPHIA<br>Plus 4) | Occupat                   | PA<br>DAY<br>28<br>28<br>State<br>PA<br>DAY                              | 2014<br>PHYSIC:<br>YEAR                | 19102<br>\$<br>IAN<br><b>Zip Cod</b><br>19120 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>City<br>Emplo<br>Emplo<br>Full Na<br>POND<br>Mailing<br>City  | ame of Contributor I WALSH g Address PHILADELPHIA yer Name SELF yer Mailing Address/Principal Place ame of Contributor LEHOCKY STEM GIORDANO LLP g Address              | State<br>PA<br>ce of Business                | Zip Code (<br>19120410<br>City<br>PHILA | Plus 4)<br>8<br>DELPHIA<br>Plus 4) | Occupat                   | PA       DAY       28       tion       State       PA       DAY       28 | 2014<br>PHYSIC:<br>YEAR                | 19102<br>\$<br>IAN<br><b>Zip Cod</b><br>19120 | 500.00                |  |
| Emplo<br>Full Na<br>BRIAN<br>Mailing<br>City<br>Emplo<br>Emplo<br>Mailing<br>City<br>Emplo | ame of Contributor I WALSH g Address PHILADELPHIA yer Name SELF yer Mailing Address/Principal Place ame of Contributor LEHOCKY STEM GIORDANO LLP g Address PHILADELPHIA | State<br>PA<br>ce of Business<br>State<br>PA | Zip Code (<br>19120410<br>City<br>PHILA | Plus 4)<br>8<br>DELPHIA<br>Plus 4) | - 2<br>Оссират<br>МО<br>2 | PA       DAY       28       tion       State       PA       DAY       28 | 2014<br>PHYSIC:<br><b>YEAR</b><br>2014 | 19102<br>\$<br>IAN<br>2ip Cod<br>19120<br>\$  | 500.00                |  |

| Full Name of Contributor   |  |   |   | мо  | DAY  | YEAR   |   |                                    |
|--|--|---|---|---|--|--|---|------------------------------------|
| ADAM MALAMUT   |  |   |   | MO  | DAT  | ILAK   | \$  | 350.00                             |
| Mailing Address  |  |   |   | 2   | 28   | 2014   | 1   |                                    |
| City VOORHEES  | State  | Zij   | o Code (Plus 4)   | 2   | 20   | 2014   |   |                                    |
|  | NJ   | 08  | 0432832   |   |  |  |   |                                    |
| Employer Name LIEBLING MALAMUT   | LC   |   |   | Occupat   | ion ,  | ATTORN   | EY  |                                    |
| Employer Mailing Address/Principal Pla   | ce of Business   |   | City  | •   | State  |  | Zip Cod   | e (Plus 4)                         |
|  |  |   | CHERRY HILL   |   | LΩ   |  | 08003   |                                    |
| Full Name of Contributor   |  |   |   |   |  |  |   |                                    |
| DAWN MARGARET KELLY  |  |   |   | мо  | DAY  | YEAR   | \$  | 500.00                             |
| Mailing Address  |  |   |   |   |  |  | -   |                                    |
| City CHERRY HILL   | State  | 71  | o Code (Plus 4)   | 2   | 28   | 2014   |   |                                    |
|  | NJ   |   | 0343107   |   |  |  |   |                                    |
|  | I NJ I   | 00  | 0343107   | 0   |  |  | •   |                                    |
| Employer Name INFO REQUESTED   | (P )   |   | <b>c</b> :  | Occupat   |  |  |   |                                    |
| Employer Mailing Address/Principal Pla   | ce of Business   |   | City  |   | State  |  |   | e (Plus 4)                         |
|  |  |   |   |   |  |  | -   |                                    |
| Full Name of Contributor   |  |   |   | мо  | DAY  | YEAR   | \$  | 300.00                             |
| CHRISTOPHER BARTLER  |  |   |   |   |  |  | _ *   | 300.00                             |
| Mailing Address  | 1  |   |   | 2   | 28   | 2014   |   |                                    |
| City BERLIN  | State  | Zij   | o Code (Plus 4)   |   |  |  |   |                                    |
|  | l <sub>N</sub> J   | 08  | 0091445   |   |  |  |   |                                    |
| Employer Name BARTLER WEALTH MA  | NAGEMENT   |   |   | Occupat   | ion  | INVEST   | MENT AD   | VISOR                              |
| Employer Mailing Address/Principal Pla   | ce of Business   |   | City  |   | State  |  | Zip Cod   | e (Plus 4)                         |
|  |  |   |   |   |  |  | 10112   |                                    |
|  |  |   | PHILADELPHIA  |   | PA   |  | 19113   |                                    |
| Full Name of Contributor   |  |   | PHILADELPHIA  |   |  |  | 19113   |                                    |
| Full Name of Contributor   |  |   | PHILADELPHIA  | мо  | DAY  | YEAR   | \$  | 1,000.00                           |
|  |  |   | PHILADELPHIA  |   | DAY  |  |   | 1,000.00                           |
| RAY ABDALLAH   | State  | Zij   | o Code (Plus 4)   | <b>мо</b><br>2                                  |  | <b>YEAR</b><br>2014                                      |   | 1,000.00                           |
| RAY ABDALLAH<br>Mailing Address  | <b>State</b><br>PA   | -   |   |   | DAY  |  |   | 1,000.00                           |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT   | PA   | 19  | o Code (Plus 4)   |   | <b>DAY</b> 28  | 2014   | \$  |                                    |
| RAY ABDALLAH Mailing Address City BRIDGEPORT Employer Name DEKALB CHIROPRAC  | PA<br>TIC & REHAB CENTER   | 19  | <b>o Code (Plus 4)</b><br>4051056   | 2   | <b>DAY</b> 28  | 2014   | \$<br>RACTOR  |                                    |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT   | PA<br>TIC & REHAB CENTER   | 19  | <b>o Code (Plus 4)</b><br>4051056<br><b>City</b>  | 2   | DAY<br>28<br>ion<br>State  | 2014   | \$<br>RACTOR  |                                    |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla  | PA<br>TIC & REHAB CENTER   | 19  | <b>o Code (Plus 4)</b><br>4051056   | 2   | DAY<br>28  | 2014   | \$<br>RACTOR  |                                    |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRAC<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor   | PA<br>TIC & REHAB CENTER   | 19  | o Code (Plus 4)<br>4051056<br>City  | 2   | DAY<br>28<br>ion<br>State  | 2014   | \$<br>RACTOR  |                                    |
| RAY ABDALLAH Mailing Address City BRIDGEPORT Employer Name DEKALB CHIROPRACT Employer Mailing Address/Principal Pla Full Name of Contributor MARC NEFF   | PA<br>TIC & REHAB CENTER   | 19  | o Code (Plus 4)<br>4051056<br>City  | - 2<br>Occupat                                  | DAY<br>28<br>ion<br>State<br>PA  | 2014<br>CHIROP   | \$<br>RACTOR<br><b>Zip Cod</b><br>19405             | e (Plus 4)                         |
| RAY ABDALLAH Mailing Address City BRIDGEPORT Employer Name DEKALB CHIROPRACT Employer Mailing Address/Principal Pla Full Name of Contributor MARC NEFF Mailing Address   | PA<br>TIC & REHAB CENTER<br>ce of Business   | 19<br>२   | <b>2 Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT  | - 2<br>Occupat                                  | DAY<br>28<br>ion<br>State<br>PA  | 2014<br>CHIROP   | \$<br>RACTOR<br><b>Zip Cod</b><br>19405<br>\$       | e (Plus 4)                         |
| RAY ABDALLAH Mailing Address City BRIDGEPORT Employer Name DEKALB CHIROPRACT Employer Mailing Address/Principal Pla Full Name of Contributor MARC NEFF   | PA<br>FIC & REHAB CENTER<br>ce of Business   | 19<br>२<br><b>Zi</b> ı  | o Code (Plus 4)<br>4051056<br>City<br>BRIDGEPORT  | Occupat   | DAY<br>28<br>ion<br>State<br>PA<br>DAY   | 2014<br>CHIROP<br>YEAR                                   | \$<br>RACTOR<br><b>Zip Cod</b><br>19405<br>\$       | e (Plus 4)                         |
| RAY ABDALLAH         Mailing Address         City       BRIDGEPORT         Employer Name       DEKALB CHIROPRACT         Employer Mailing Address/Principal Pla         Full Name of Contributor         MARC NEFF         Mailing Address         City       PHILADELPHIA   | PA<br>TIC & REHAB CENTER<br>ce of Business   | 19<br>२<br><b>Zi</b> ı  | <b>2 Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT  | MO<br>2<br>2                                    | DAY<br>28<br>ion<br>State<br>PA<br>DAY<br>28   | 2014<br>CHIROP<br>YEAR<br>2014                           | \$<br>RACTOR<br><b>Zip Code</b><br>19405<br>\$      | e (Plus 4)                         |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF   | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608   | Occupat   | DAY<br>28<br>ion<br>PA<br>DAY<br>28<br>ion   | 2014<br>CHIROP<br>YEAR                                   | \$<br>RACTOR<br><b>Zip Cod</b><br>19405<br>\$<br>EY | e (Plus 4)<br>300.00               |
| RAY ABDALLAH         Mailing Address         City       BRIDGEPORT         Employer Name       DEKALB CHIROPRACT         Employer Mailing Address/Principal Pla         Full Name of Contributor         MARC NEFF         Mailing Address         City       PHILADELPHIA   | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608<br><b>City</b>  | MO<br>2<br>2                                    | DAY<br>28<br>28<br>ion<br>PA<br>DAY<br>28<br>ion<br>28   | 2014<br>CHIROP<br>YEAR<br>2014                           | \$ RACTOR Zip Code 19405 \$ EY Zip Code             | e (Plus 4)                         |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF   | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608   | MO<br>2<br>2                                    | DAY<br>28<br>ion<br>PA<br>DAY<br>28<br>ion   | 2014<br>CHIROP<br>YEAR<br>2014                           | \$<br>RACTOR<br><b>Zip Cod</b><br>19405<br>\$<br>EY | e (Plus 4)<br>300.00               |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF   | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608<br><b>City</b>  | MO<br>2<br>Occupat                              | DAY<br>28<br>ion<br>PA<br>DAY<br>28<br>ion<br>28<br>State<br>PA  | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORN                 | \$ RACTOR Zip Code 19405 \$ EY Zip Code 19103       | e (Plus 4)<br>300.00<br>e (Plus 4) |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF<br>Employer Mailing Address/Principal Pla   | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608<br><b>City</b>  | MO<br>2<br>2                                    | DAY<br>28<br>28<br>ion<br>PA<br>DAY<br>28<br>ion<br>28   | 2014<br>CHIROP<br>YEAR<br>2014                           | \$ RACTOR Zip Code 19405 \$ EY Zip Code             | e (Plus 4)<br>300.00               |
| RAY ABDALLAH         Mailing Address         City       BRIDGEPORT         Employer Name       DEKALB CHIROPRACT         Employer Mailing Address/Principal Pla         Full Name of Contributor         MARC NEFF         Mailing Address         City       PHILADELPHIA         Employer Name       SELF         Employer Mailing Address/Principal Pla         Full Name of Contributor  | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>२<br><b>Zi</b> ı  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608<br><b>City</b>  | MO<br>2<br>Occupat                              | DAY<br>28<br>ion<br>PA<br>DAY<br>28<br>ion<br>28<br>State<br>PA  | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORN                 | \$ RACTOR Zip Code 19405 \$ EY Zip Code 19103       | e (Plus 4)<br>300.00<br>e (Plus 4) |
| RAY ABDALLAH         Mailing Address         City       BRIDGEPORT         Employer Name       DEKALB CHIROPRACT         Employer Mailing Address/Principal Pla         Full Name of Contributor         MARC NEFF         Mailing Address         City       PHILADELPHIA         Employer Name       SELF         Employer Mailing Address/Principal Pla         Full Name of Contributor         GERALD DWORKIN                     | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA  | 19<br>R<br>Zij<br>19  | <b>Code (Plus 4)</b><br>4051056<br><b>City</b><br>BRIDGEPORT<br><b>O Code (Plus 4)</b><br>1033608<br><b>City</b>  | MO<br>Occupat                                   | DAY<br>28<br>28<br>State<br>PA<br>DAY<br>28<br>CAY<br>28<br>State<br>PA<br>28<br>DAY   | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORN<br>YEAR         | \$ RACTOR Zip Code 19405 \$ EY Zip Code 19103       | e (Plus 4)<br>300.00<br>e (Plus 4) |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>GERALD DWORKIN<br>Mailing Address  | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA<br>ce of Business                                | 19<br><b>Z</b><br><b>Z</b><br>19<br>19<br>2<br>19<br>2<br>19<br>2<br>19 | Code (Plus 4)<br>4051056<br>City<br>BRIDGEPORT<br>Code (Plus 4)<br>1033608<br>City<br>PHILADELPHIA  | MO<br>Occupat                                   | DAY<br>28<br>28<br>State<br>PA<br>DAY<br>28<br>CAY<br>28<br>State<br>PA<br>28<br>DAY   | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORN<br>YEAR         | \$ RACTOR Zip Code 19405 \$ EY Zip Code 19103       | e (Plus 4)<br>300.00<br>e (Plus 4) |
| RAY ABDALLAH<br>Mailing Address<br>City BRIDGEPORT<br>Employer Name DEKALB CHIROPRACT<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>MARC NEFF<br>Mailing Address<br>City PHILADELPHIA<br>Employer Name SELF<br>Employer Mailing Address/Principal Pla<br>Full Name of Contributor<br>GERALD DWORKIN<br>Mailing Address  | PA<br>TIC & REHAB CENTER<br>ce of Business<br>State<br>PA<br>ce of Business                                | 19<br><b>Z</b><br><b>Z</b><br>19<br>19<br>2<br>19<br>2<br>19<br>2<br>19 | <ul> <li>Code (Plus 4)</li> <li>4051056</li> <li>City</li> <li>BRIDGEPORT</li> <li>Code (Plus 4)</li> <li>1033608</li> <li>City</li> <li>PHILADELPHIA</li> <li>Code (Plus 4)</li> </ul> | MO<br>Occupat                                   | DAY       28       State       PA       DAY       28       State       PA       DAY       28       JAY       100       JAY       110       28       JAY       28       JAY       28       JAY       18 | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORN<br>YEAR         | \$ RACTOR <b>Zip Codd</b> 19405                     | e (Plus 4)<br>300.00<br>e (Plus 4) |
| RAY ABDALLAH         Mailing Address         City       BRIDGEPORT         Employer Name       DEKALB CHIROPRACT         Employer Mailing Address/Principal Pla         Full Name of Contributor         MARC NEFF         Mailing Address         City       PHILADELPHIA         Employer Mailing Address/Principal Pla         Full Name of Contributor         GERALD DWORKIN         Mailing Address         City       BRYN MAWR | PA<br>TIC & REHAB CENTER<br>TIC & REHAB CENTER<br>State<br>PA<br>State<br>PA<br>State<br>PA<br>MENT CENTER | 19<br><b>Z</b><br><b>Z</b><br>19<br>19<br>2<br>19<br>2<br>19<br>2<br>19 | <ul> <li>Code (Plus 4)</li> <li>4051056</li> <li>City</li> <li>BRIDGEPORT</li> <li>Code (Plus 4)</li> <li>1033608</li> <li>City</li> <li>PHILADELPHIA</li> <li>Code (Plus 4)</li> </ul> | MO       Occupat       MO       Q       Occupat | DAY       28       State       PA       DAY       28       State       PA       DAY       28       JAY       100       JAY       110       28       JAY       28       JAY       28       JAY       18 | 2014<br>CHIROP<br>YEAR<br>2014<br>ATTORM<br>YEAR<br>2014 | \$ RACTOR Zip Code 19405 \$ FY Zip Code 19103 \$ AN | e (Plus 4)<br>300.00<br>e (Plus 4) |

| Full Name of Contributor                |                     |                  |            |         |       |        |                   |           |  |
|---|---------------------|------------------|------------|---------|-------|--------|-------------------|-----------|--|
| HOWARD SILVERMAN                        |                     |                  |            | мо      | DAY   | YEAR   | \$                | 1,000.00  |  |
| Mailing Address                         |                     |                  |            |         |       |        | 1                 |           |  |
| City PHILADELPHIA                       | State               | Zip Code (Plus 4 | <b>i</b> ) | 2       | 14    | 2014   |                   |           |  |
| · · · · · · · · · · · · · · · · · · ·   | РА                  | 191303002        |            |         |       |        |                   |           |  |
| Employer Name KANE & SILVERMAN P        |                     | 191000002        |            | Occupat | ion   | ATTORN | IEY               |           |  |
| Employer Mailing Address/Principal Plac | -                   | City             |            | · ·     | State |        | Zip Code (Plus 4) |           |  |
| ,,,,,,,                                 |                     | PHILADELP        | μτδ        |         |       |        | 19130             | (         |  |
| Full Name of Contributor                |                     |                  |            |         |       |        | 19130             |           |  |
| GEORGE RODRIGUEZ                        |                     |                  |            | мо      | DAY   | YEAR   | \$                | 1,000.00  |  |
| Mailing Address                         |                     |                  |            |         |       |        | -                 |           |  |
| City MEDIA                              | State               | Zip Code (Plus 4 | 1)         | 2       | 14    | 2014   |                   |           |  |
| City MEDIA                              | PA                  | 190632048        | •,         |         |       |        |                   |           |  |
| Freedom Name OF F                       |                     | 190632048        |            | 0       | •     |        | 1                 |           |  |
| Employer Name SELF                      |                     |                  |            | Occupat | 1     | PHYSIC |                   | (=1 - 1)  |  |
| Employer Mailing Address/Principal Plac | e of Business       | City             |            |         | State |        | Zip Code          | (Plus 4)  |  |
|   |                     | PHILADELP        | HIA        | _       | PA    |        | 19134             |           |  |
| Full Name of Contributor                |                     |                  |            | мо      | DAY   | YEAR   | \$                | 1 000 00  |  |
| WILLIAM T. INGRAM                       |                     |                  |            |         | 27.1  |        | 7                 | 1,000.00  |  |
| Mailing Address                         |                     |                  |            | 1       | 31    | 2014   |                   |           |  |
| City MEDIA                              | State               | Zip Code (Plus   | <b>i</b> ) |         | -     | -      |                   |           |  |
|   | PA                  | 190635538        |            |         |       |        |                   |           |  |
| Employer Name INJURY CARE CENTER        |                     |                  |            | Occupat | ion   | PHYSIC | [AN               |           |  |
| Employer Mailing Address/Principal Plac | e of Business       | City             |            |         | State |        | Zip Code          | (Plus 4)  |  |
|   |                     | PHILADELP        | HIA        |         | PA    |        | 19114             |           |  |
|   |                     |                  |            |         |       |        | <br>ΡΔ            | GE TOTAL  |  |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | mmary Page, S    | Sectio     | on 3.   |       |        | · •               |           |  |
|   |                     |                  |            |         |       |        | \$                | 11,450.00 |  |
|   |                     |                  |            |         |       |        |                   |           |  |

### 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 | Name of Filing Committee or Candidate Rep |            |         | porting Period |                |              |                   |            |  |
|---------------------------------------|---|------------|---------|----------------|----------------|--------------|-------------------|------------|--|
| NEILSON FOR THE NORTHEAST             |   |            | From:   |                | <u>4/1/201</u> | <u>4</u> To: | : <u>5/5/2014</u> |            |  |
|                                       |   |            |         | D              | ATE            |              |                   | AMOUNT     |  |
| Full Name                             |   |            |         | мо             | DAY            | YEAR         | \$                | 10.71      |  |
| BENEFICIAL BANK                       |   |            |         | MO             |                |              | _  *              | 10.71      |  |
| Mailing Address                       | 1   |            |         | 1              | 31             | 2014         | 1                 |            |  |
| City PHILADELPHIA                     | State                                     | Zip Code ( | Plus 4) |                |                |              |                   |            |  |
|                                       | PA  | 19114110   | 9       |                |                |              |                   |            |  |
| Receipt Description INTEREST          | •   | •          |         |                |                |              |                   |            |  |
| Full Name                             |   |            |         | мо             | DAY            | YEAR         | \$                | 9.20       |  |
| BENEFICIAL BANK                       |   |            |         |                | DAT            |              | _ *               | 9.20       |  |
| Mailing Address                       | 1   |            |         | 2              | 28             | 2014         | 1                 |            |  |
| City PHILADELPHIA                     | State                                     | Zip Code ( |         |                |                |              |                   |            |  |
|                                       | PA  | 19114110   | 9       |                |                |              |                   |            |  |
| Receipt Description INTEREST          |   |            |         |                |                |              |                   |            |  |
| Full Name                             |   |            |         | мо             | DAY            | YEAR         |                   | 0.70       |  |
| BENEFICIAL BANK                       |   |            |         | MO             | DAT            | TEAR         | \$                | 9.73       |  |
| Mailing Address                       | 1   |            |         | 3              | 31             | 2014         | 1                 |            |  |
| City PHILADELPHIA                     | State                                     | Zip Code ( | Plus 4) |                |                |              |                   |            |  |
|                                       | PA  | 19114110   | 9       |                |                |              |                   |            |  |
| Receipt Description INTEREST          |   |            |         |                |                |              |                   |            |  |
| Full Name                             |   |            |         | мо             | DAY            | YEAR         | \$                | 5.55       |  |
| BENEFICIAL BANK                       |   |            |         | MO             |                |              | *                 | 5.55       |  |
| Mailing Address                       | 1   |            |         | 4              | 30             | 2014         | 1                 |            |  |
| City PHILADELPHIA                     | State                                     | Zip Code ( | Plus 4) |                |                |              |                   |            |  |
|                                       | PA  | 19114110   | 9       |                |                |              |                   |            |  |
| Receipt Description INTEREST          | •   |            |         |                |                | •            | •                 |            |  |
| Enter Crand Total of David F on Calad |   |            | Section | 4              |                |              |                   | PAGE TOTAL |  |
| Enter Grand Total of Part E on Sched  | ule 1, Detalled Suff                      | mary Page, | Section | 4.             |                |              | \$                | 35.19      |  |

# 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 |                            |                 |
|---|------------------|----------------------------|-----------------|
| NEILSON FOR THE NORTHEAST   | From:            | <u>4/1/2014</u> <b>To:</b> | <u>5/5/2014</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                            |                 |
| TOTAL for the Reporting Pe  | riod (1)         | \$                         | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | T F)             |                            |                 |
| TOTAL for the Reporting Pe  | riod (2)         | \$                         | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                            |                 |
| TOTAL for the Reporting Pe  | riod (3)         | \$                         | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 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   | ·    |           |           |            |
|--|--------------------|-------------------|-----------|----------|------|-----------|-----------|------------|
|  |                    |                   |           |          |      | То:       |           |            |
|  |                    |                   |           | DATE     |      |           | AMOUNT    |            |
| Full Name of Contributor                           |                    |                   | мо        | DAY      | YEAR |           |           |            |
| Mailing Address                                    |                    |                   |           |          |      | <b>\$</b> |           | 0.00       |
| City   | State              | Zip Code (Plus 4) |           |          |      |           |           |            |
| Description of Contribution:                       |                    |                   |           |          |      | -         |           |            |
| Enter Grand Total of Part F on Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum  | mary Pag | e,   |           | PAGE TOTA | <u>، ۱</u> |
|  |                    |                   |           |          |      | \$        |           | 0.00       |

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

| Name of Filing Committee or Candidate                          |                   |                   | Reporting Period |        |              |        |                           |
|--|-------------------|-------------------|------------------|--------|--------------|--------|---------------------------|
|  |                   |                   | Fro              | m:     |              | То:    |                           |
|  |                   |                   |                  |        | DATE         |        | AMOUNT                    |
| Full Name of Contributor                                       |                   |                   |                  | мо     | DAY          | YEAR   |                           |
| Mailing Address  |                   |                   |                  |        |              |        | \$ 0.00                   |
| City   | State             | Zip Code(Plus 4)  |                  |        |              |        |                           |
| Employer of Contributor  |                   | •                 |                  | Occupa | ation        |        |                           |
| Employer Mailing Address/Principal Plac                        | e of Business     | City              | State            | e Zip  | Code(Plus 4) | Descri | ption of Contribution     |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile           | d      |              |        | <b>PAGE TOTAL</b><br>0.00 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name   | e of Filing Committee or Candidate |       |                   | Reporti                    | ng Period   |               |          |                 |  |
|--------|------------------------------------|-------|-------------------|----------------------------|-------------|---------------|----------|-----------------|--|
| NEIL   | SON FOR THE NORTHEAST              |       |                   | From                       | <u>4/</u>   | <u>1/2014</u> | То:      | <u>5/5/2014</u> |  |
|        |                                    |       |                   |                            | DATE        |               |          | AMOUNT          |  |
| To Wi  | nom Paid                           |       |                   | мо                         | DAY         | YEAR          |          |                 |  |
| FRIEM  | IDS OF BRYAN ALLEN                 |       |                   |                            |             |               |          |                 |  |
| Mailin | g Address                          |       |                   | 1                          | 9           | 2014          | \$       | 100.00          |  |
| City   | BENSALEM                           | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure      | -        |                 |  |
|        |                                    | РА    | 190201915         | DONAT                      | ION         |               |          |                 |  |
|        |                                    |       |                   | мо                         | DAY         | YEAR          |          |                 |  |
|        | DUNG DEMOCRATS                     |       |                   | 1                          | 12          | 2014          | <br>  \$ | 500.00          |  |
|        | ig Address                         | 1     | 13                | 2014                       | Ŧ           | 500.00        |          |                 |  |
| City   | HARRISBURG                         | State | Zip Code (Plus 4) | Descrip                    |             |               |          |                 |  |
|        |                                    | PA    | 171011505         | DONAT                      | ION         |               |          |                 |  |
|        | oom Paid<br>-CRISP INC.            | мо    | DAY               | YEAR                       |             |               |          |                 |  |
| Mailin | g Address                          |       |                   | 1                          | 23          | 2014          | \$       | 60.00           |  |
| City   | PHILADELPHIA                       | State | Zip Code (Plus 4) | Description of Expenditure |             |               |          |                 |  |
|        |                                    | PA    | 191361012         | DONATION                   |             |               |          |                 |  |
| To WI  | nom Paid                           |       |                   | мо                         | DAY         | YEAR          |          |                 |  |
| RHAW   | NHURST ATHLETIC ASSOCIATIO         | N     |                   | мо                         |             | TLAK          |          |                 |  |
| Mailin | g Address                          |       |                   | 1                          | 23          | 2014          | \$       | 300.00          |  |
| City   | PHILADELPHIA                       | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure      | 1        |                 |  |
|        |                                    | РА    | 191521815         | ADVER                      | TISEMENT    |               |          |                 |  |
| To W   | nom Paid                           |       |                   | мо                         | DAY         | YEAR          |          |                 |  |
| BRID   | GES TO EDUCATION                   |       |                   | мо                         |             | TEAK          |          |                 |  |
| Mailin | g Address                          |       |                   | 1                          | 30          | 2014          | \$       | 100.00          |  |
| City   | PHILADELPHIA                       | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure      |          |                 |  |
|        |                                    | РА    | 191143110         | DONAT                      | ION         |               |          |                 |  |
| To WI  | nom Paid                           |       |                   | мо                         | DAY         | YEAR          |          |                 |  |
| NORT   | HEAST OLDER ADULT CENTER           |       |                   | no                         |             | 12/11         |          |                 |  |
| Mailin | g Address                          |       |                   | 1                          | 30          | 2014          | \$       | 1,000.00        |  |
| City   | PHILADELPHIA                       | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure      | •        |                 |  |
|        |                                    | PA    | 191522812         | BREAK                      | AST SPON    | SORSHIF       | þ        |                 |  |

| To W  | hom Paid   |                      |   | мо  | DAY   | YEAR   |    |          |  |
|---|--|----------------------|---|---|---|--|----|----------|--|
| STRA  | ASSHEIM GRAPHIC DESIGN   |                      |   |   |   |  |    |          |  |
| Mailir  | ng Address   |                      |   | 1   | 30  | 2014   | \$ | 1,026.70 |  |
| City  | PHILADELPHIA   | State                | Zip Code (Plus 4)                                   | Descrip   | tion of Exp   | enditure   |    |          |  |
|   |  | РА                   | 191021034   | PRINTIN   | NG  |  |    |          |  |
| To W  | hom Paid   |                      |   | мо  | DAY   | YEAR   |    |          |  |
| 298 I   | INC.   |                      |   | MO  | DAT   | TLAK   |    |          |  |
| Mailir  | ng Address   |                      |   | 1   | 31  | 2014   | \$ | 750.00   |  |
| City  | PHILADELPHIA   | State                | Zip Code (Plus 4)                                   | Description of Expenditure  |   |  |    |          |  |
|   |  | PA                   | 191487393   | DONAT   | ON  |  |    |          |  |
| To W  | hom Paid   |                      |   |   |   | VEAD   |    |          |  |
| CHAS  | SE CARD SERVICES VISA  |                      |   | мо  | DAY   | YEAR   |    |          |  |
| Mailing Address   |  |                      |   |   | 31  | 2014   | \$ | 6,347.08 |  |
| City         WILMINGTON         State         Zip Code (Plus 4) |  |                      |   |   | tion of Exp   | enditure   |    |          |  |
| DE 198865153  |  |                      |   | MISC C  | AMPAIGN E   | EXPENSES   | S  |          |  |
| To W  | hom Paid   |                      |   |   | DAY   | YEAR   |    |          |  |
| CHAS  | SE CARD SERVICES VISA  |                      |   | мо  | DAY   | TEAK   |    |          |  |
| Mailir  | ng Address   |                      |   | 1   | 31  | 2014   | \$ | 5,162.52 |  |
| City  | WILMINGTON   | State                | Zip Code (Plus 4)                                   | Descrip   | tion of Exp   | enditure   |    |          |  |
|   |  | DE                   | 198865153   | MISC C  | AMPAIGN E   | EXPENSES   | S  |          |  |
| To W  | hom Paid   |                      |   | мо  | DAY   | YEAR   |    |          |  |
| DYNA  | AMIC ADVERTISING SOLUTI  | ONS                  |   | MO  | DAT   | TEAR   |    |          |  |
| Mailir  | ng Address   |                      |   | 1   | 31  | 2014   | \$ | 1,350.00 |  |
| City  | PHILADELPHIA   | State                | Zip Code (Plus 4)                                   | Descrip   | tion of Exp   | enditure   | 1  |          |  |
|   |  |                      |   | Description of Expenditure ADVERTISING                                |   |  |    |          |  |
|   |  | PA                   | 191283408   | ADVERT  | ISING   |  |    |          |  |
| To W  | hom Paid   | PA                   | 191283408   |   |   | VEAD   |    |          |  |
|   | hom Paid<br>N EDDIS  | PA                   | 191283408   | ADVER1  | DAY   | YEAR   |    |          |  |
| BRIA  |  | PA                   | 191283408   |   |   | <b>YEAR</b> 2014   | \$ | 2,500.00 |  |
| BRIA  | N EDDIS  | PA<br>State          | 2191283408<br>Zip Code (Plus 4)                     | <b>MO</b>   | DAY   | 2014   | \$ | 2,500.00 |  |
| BRIA<br>Mailir  | N EDDIS<br>ng Address  |                      |   | MO<br>1<br>Descript   | <b>DAY</b> 31   | 2014   | \$ | 2,500.00 |  |
| BRIA<br>Mailir<br>City  | N EDDIS<br>ng Address  | State                | Zip Code (Plus 4)                                   | MO<br>1<br>Descrip<br>CONSU   | DAY<br>31<br>tion of Exp<br>_TING FEE   | 2014<br>enditure   | \$ | 2,500.00 |  |
| BRIA<br>Mailin<br>City<br>To W                                  | N EDDIS<br>ng Address<br>PHILADELPHIA                                    | State                | Zip Code (Plus 4)                                   | MO<br>1<br>Descript   | DAY<br>31   | 2014   | \$ | 2,500.00 |  |
| BRIA<br>Mailin<br>City<br>To W                                  | N EDDIS ng Address PHILADELPHIA hom Paid                                 | State                | Zip Code (Plus 4)                                   | MO<br>1<br>Descrip<br>CONSU   | DAY<br>31<br>tion of Exp<br>_TING FEE   | 2014<br>enditure   | \$ | 2,500.00 |  |
| BRIA<br>Mailin<br>City<br>To W                                  | N EDDIS ng Address PHILADELPHIA Thom Paid N EDDIS                        | State                | Zip Code (Plus 4)                                   | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1                                | DAY<br>31<br>tion of Exp<br>_TING FEE<br>DAY  | 2014<br>enditure<br>YEAR<br>2014                             |    |          |  |
| BRIA<br>Mailir<br>City<br>To W<br>BRIA<br>Mailir                | N EDDIS ng Address PHILADELPHIA Thom Paid N EDDIS ng Address             | State<br>PA          | <b>Zip Code (Plus 4)</b><br>191111512               | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1<br>Descrip                     | DAY<br>31<br>tion of Exp<br>_TING FEE<br>DAY<br>31                                  | 2014<br>enditure<br>YEAR<br>2014                             |    |          |  |
| BRIA<br>Mailir<br>City<br>To W<br>BRIA<br>Mailir<br>City        | N EDDIS ng Address PHILADELPHIA Thom Paid N EDDIS ng Address             | State<br>PA<br>State | Zip Code (Plus 4)<br>191111512<br>Zip Code (Plus 4) | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1<br>Descrip<br>CONSU            | DAY<br>31<br>tion of Exp<br>TING FEE<br>DAY<br>31<br>tion of Exp<br>TING FEE        | 2014<br>enditure<br>YEAR<br>2014<br>enditure                 |    |          |  |
| BRIA<br>Mailin<br>City<br>BRIA<br>Mailin<br>City                | N EDDIS ng Address PHILADELPHIA N EDDIS ng Address PHILADELPHIA          | State<br>PA<br>State | Zip Code (Plus 4)<br>191111512<br>Zip Code (Plus 4) | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1<br>Descrip                     | DAY<br>31<br>tion of Exp<br>_TING FEE<br>DAY<br>31<br>tion of Exp                   | 2014<br>enditure<br>YEAR<br>2014                             |    |          |  |
| BRIA<br>Mailin<br>City<br>BRIA<br>Mailin<br>City<br>To W        | N EDDIS ng Address PHILADELPHIA hom Paid N EDDIS ng Address PHILADELPHIA | State<br>PA<br>State | Zip Code (Plus 4)<br>191111512<br>Zip Code (Plus 4) | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1<br>Descrip<br>CONSU            | DAY<br>31<br>tion of Exp<br>TING FEE<br>DAY<br>31<br>tion of Exp<br>TING FEE        | 2014<br>enditure<br>YEAR<br>2014<br>enditure                 |    |          |  |
| BRIA<br>Mailin<br>City<br>BRIA<br>Mailin<br>City<br>To W        | N EDDIS ng Address PHILADELPHIA hom Paid N EDDIS ng Address PHILADELPHIA | State<br>PA<br>State | Zip Code (Plus 4)<br>191111512<br>Zip Code (Plus 4) | MO<br>1<br>Descrip<br>CONSU<br>MO<br>1<br>Descrip<br>CONSU<br>MO<br>2 | DAY<br>31<br>tion of Exp<br>TING FEE<br>DAY<br>31<br>tion of Exp<br>TING FEE<br>DAY | 2014<br>enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014 | \$ | 2,500.00 |  |

| To WI   |  |                                       |   |  |  |  |    |          |  |  |
|---|--|---------------------------------------|---|--|--|--|----|----------|--|--|
|   | hom Paid   |                                       |   | мо   | DAY  | YEAR   |    |          |  |  |
|   | ST THE KING SWIM TEAM  |                                       |   |  |  |  | \$ | 200.00   |  |  |
| Mailir  | ng Address   |                                       |   | 2  | 21   | 2014   | 7  | 200.00   |  |  |
| City  | PHILADELPHIA   | State                                 | Zip Code (Plus 4)   | Descrip  | tion of Exp  | enditure   |    |          |  |  |
|   |  | PA                                    | 191141524   | DONAT  | ION  | -  |    |          |  |  |
| To WI   | hom Paid   |                                       |   | мо   | DAY  | YEAR   |    |          |  |  |
| BRIA  | N EDDIS  |                                       |   |  |  |  |    |          |  |  |
| Mailir  | ng Address   |                                       |   | 2  | 21   | 2014   | \$ | 5,000.00 |  |  |
| City  | PHILADELPHIA   | State                                 | Zip Code (Plus 4)   | Description of Expenditure   |  |  |    |          |  |  |
|   |  | РА                                    | 191111512   | CONSU  | LTING FEE  |  |    |          |  |  |
| To Whom Paid  |  |                                       |   | мо   |  | VEAD   |    |          |  |  |
| FRIEM   | RIENDS OF THE 57TH WARD  |                                       |   |  | DAY  | YEAR   |    |          |  |  |
| Mailing Address   |  |                                       |   |  | 21   | 2014   | \$ | 1,500.00 |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)                                   |  |                                       |   |  | l<br>tion of Exp   | enditure   |    |          |  |  |
|   |  | DONAT                                 | [ON   |  |  |  |    |          |  |  |
| To WI   | hom Paid   | •                                     | -   |  |  |  |    |          |  |  |
| MARK  | K HILLMAN  |                                       |   | мо   | DAY  | YEAR   |    |          |  |  |
| Mailir  | ng Address   | 2                                     | 21  | 2014   | \$   | 200.00   |    |          |  |  |
| City  | PHILADELPHIA   | State                                 | Zip Code (Plus 4)   | Descrip  | ion of Exp   | enditure   |    |          |  |  |
| -   |  | PA                                    | 191111849   |  | GN SERVI   |  |    |          |  |  |
| To WI   | hom Paid   | L                                     |   | -  |  |  |    |          |  |  |
| JACK  | COSTELLO BOXING CLUB   |                                       |   | мо   | DAY  | YEAR   |    |          |  |  |
| JACK COSTELLO BOXING CLUB   |  |                                       |   |  |  |  |    |          |  |  |
| Mailing Address   |  |                                       |   |  | 21   | 2014   | \$ | 200.00   |  |  |
| City  | -  | State                                 | Zip Code (Plus 4)   | 2<br>Descrip   | 21<br>tion of Exp  |  | \$ | 200.00   |  |  |
|   | ng Address<br>PHILADELPHIA   | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>191352408   |  | <br>tion of Exp  |  | \$ | 200.00   |  |  |
| City  | -  |                                       |   | Descrip<br>DONAT   | tion of Exp  | enditure   | \$ | 200.00   |  |  |
| City<br>To WI   | PHILADELPHIA   | РА                                    |   | Descrip  | <br>tion of Exp  |  | \$ | 200.00   |  |  |
| City<br>To WI<br>PHIL4  | PHILADELPHIA<br>hom Paid   | РА                                    |   | Descrip<br>DONAT   | tion of Exp  | enditure   | \$ | 200.00   |  |  |
| City<br>To WI<br>PHIL/<br>Mailir  | PHILADELPHIA<br>hom Paid<br>ADELPHIA DYSLEXIA CENTE  | РА                                    |   | Descrip       DONATI       MO       2  | ION<br>DAY<br>21   | enditure<br>YEAR<br>2014   |    |          |  |  |
| City<br>To WI<br>PHIL4  | PHILADELPHIA<br>hom Paid<br>ADELPHIA DYSLEXIA CENTE  | R<br>State                            | 191352408   | Descrip       DONATI       MO       2       Descrip  | DAY  | enditure<br>YEAR<br>2014   |    |          |  |  |
| City<br>To WI<br>PHIL4<br>Mailir<br>City                                    | PHILADELPHIA<br>hom Paid<br>ADELPHIA DYSLEXIA CENTE  | PA<br>R                               | 191352408   | MO<br>Descrip<br>DONATI<br>MO<br>2<br>Descrip<br>DONATI  | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION                                    | enditure<br>YEAR<br>2014<br>enditure                                   |    |          |  |  |
| City<br>To WI<br>PHIL4<br>Mailir<br>City<br>To WI                           | PHILADELPHIA<br>hom Paid<br>ADELPHIA DYSLEXIA CENTE<br>ng Address<br>PHILADELPHIA  | PA<br>R<br>State<br>PA                | 191352408   | Descrip       DONATI       MO       2       Descrip  | DAY  | enditure<br>YEAR<br>2014   |    |          |  |  |
| City<br>To WI<br>PHILA<br>Mailir<br>City<br>To WI<br>ST PA                  | PHILADELPHIA<br>hom Paid<br>ADELPHIA DYSLEXIA CENTE<br>ng Address<br>PHILADELPHIA  | PA<br>R<br>State<br>PA                | 191352408   | MO<br>Descrip<br>DONATI<br>MO<br>2<br>Descrip<br>DONATI  | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION                                    | enditure<br>YEAR<br>2014<br>enditure                                   |    |          |  |  |
| City<br>PHILA<br>Mailin<br>City<br>To WI<br>ST PA<br>Mailin                 | PHILADELPHIA hom Paid ADELPHIA DYSLEXIA CENTE ng Address PHILADELPHIA hom Paid ATRICKS DAY OBSERVANCE ng Address   | PA<br>R<br>State<br>PA<br>ASSOCIATION | 191352408<br>Zip Code (Plus 4)<br>191163848   | MO<br>Descrip<br>DONATI<br>MO<br>2<br>Descrip<br>DONATI<br>MO  | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21                       | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 100.00   |  |  |
| City<br>To WI<br>PHILA<br>Mailir<br>City<br>To WI<br>ST PA                  | PHILADELPHIA hom Paid ADELPHIA DYSLEXIA CENTE ng Address PHILADELPHIA hom Paid ATRICKS DAY OBSERVANCE  | PA R State PA ASSOCIATION State State | 191352408           Zip Code (Plus 4)           191163848           Zip Code (Plus 4) | Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI   | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp        | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 100.00   |  |  |
| City<br>PHILA<br>Mailir<br>City<br>ST PA<br>Mailir<br>City                  | PHILADELPHIA hom Paid ADELPHIA DYSLEXIA CENTE ng Address PHILADELPHIA hom Paid ATRICKS DAY OBSERVANCE ng Address PHILADELPHIA  | PA<br>R<br>State<br>PA<br>ASSOCIATION | 191352408<br>Zip Code (Plus 4)<br>191163848   | MO<br>Descrip<br>DONATI<br>MO<br>2<br>Descrip<br>DONATI<br>MO  | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp        | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 100.00   |  |  |
| City<br>PHIL/<br>Mailir<br>City<br>ST PA<br>Mailir<br>City                  | PHILADELPHIA hom Paid ADELPHIA DYSLEXIA CENTE ng Address PHILADELPHIA hom Paid ATRICKS DAY OBSERVANCE ng Address PHILADELPHIA hom Paid                                 | PA R State PA ASSOCIATION State State | 191352408           Zip Code (Plus 4)           191163848           Zip Code (Plus 4) | Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI   | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp        | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 100.00   |  |  |
| City<br>PHILA<br>Mailin<br>City<br>ST PA<br>Mailin<br>City<br>To WI<br>CHAS | PHILADELPHIA hom Paid ADELPHIA DYSLEXIA CENTE ng Address PHILADELPHIA hom Paid ATRICKS DAY OBSERVANCE ng Address PHILADELPHIA  | PA R State PA ASSOCIATION State State | 191352408           Zip Code (Plus 4)           191163848           Zip Code (Plus 4) | Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       DONATI   | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014<br>enditure       | \$ | 100.00   |  |  |
| City<br>PHILA<br>Mailin<br>City<br>ST PA<br>Mailin<br>City<br>To WI<br>CHAS | PHILADELPHIA  hom Paid  ADELPHIA DYSLEXIA CENTE  ng Address  PHILADELPHIA  hom Paid  ATRICKS DAY OBSERVANCE  ng Address  PHILADELPHIA  hom Paid  SE CARD SERVICES VISA | PA R State PA ASSOCIATION State State | 191352408           Zip Code (Plus 4)           191163848           Zip Code (Plus 4) | Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       Descrip       DONATI       MO       2       MO       2       MO       2       MO       2       Descrip       DONATI       MO       2 | tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION<br>DAY<br>21<br>tion of Exp<br>ION | enditure YEAR 2014 enditure YEAR 2014 enditure YEAR 2014 enditure 2014 | \$ | 100.00   |  |  |

|   |                               |           |                                       |             |                  |                  | 14 | GL 18    |
|---|-------------------------------|-----------|---------------------------------------|-------------|------------------|------------------|----|----------|
| To WI   | hom Paid                      |           |                                       | мо          | DAY              | YEAR             |    |          |
| FATH  | ER JUDGE HIGH SCHOOL          |           |                                       |             |                  |                  |    |          |
| Mailin  | ng Address                    |           |                                       | 2           | 23               | 2014             | \$ | 100.00   |
| City  | PHILADELPHIA                  | State     | Zip Code (Plus 4)                     | Descrip     | tion of Exp      | enditure         |    |          |
|   |                               | PA        | 191362340                             | DONAT       | ION              |                  |    |          |
| To WI   | hom Paid                      |           |                                       | мо          | DAY              | YEAR             |    |          |
| STRA  | SSHEIM GRAPHIC DESIGN         |           |                                       | MO          |                  | TEAK             |    |          |
| Mailin  | ng Address                    |           |                                       | 2           | 23               | 2014             | \$ | 422.28   |
| City  | PHILADELPHIA                  | State     | Zip Code (Plus 4)                     | Descrip     | tion of Exp      | enditure         |    |          |
|   |                               | PA        | 191021034                             | PRINTI      | NG               |                  |    |          |
| To Wi   | hom Paid                      |           | · · · · · · · · · · · · · · · · · · · |             |                  |                  |    |          |
| томм  | MY CAMPBELL FOUNDATION        |           |                                       | мо          | DAY              | YEAR             |    |          |
| Mailing Address   |                               |           |                                       |             | 23               | 2014             | \$ | 210.00   |
| City         PHILADELPHIA         State         Zip Code (Plus 4) |                               |           |                                       |             | L<br>tion of Exp | l<br>enditure    |    |          |
| PA 191150524  |                               |           |                                       |             | ION              |                  |    |          |
| To Wi   | hom Paid                      |           |                                       |             |                  |                  |    |          |
| PRIN  | T AND SEW                     |           |                                       | мо          | DAY              | YEAR             |    |          |
| Mailin  | ng Address                    | 2         | 24                                    | 2014        | \$               | 995.00           |    |          |
| City  | PHILADELPHIA                  | State     | Zip Code (Plus 4)                     | Descrip     | L<br>tion of Exp | l<br>enditure    |    |          |
|   |                               | PA        | 191543204                             | PRINTE      | D MATERIA        | ALS              |    |          |
| To Wi   | hom Paid                      |           |                                       |             |                  | VEAD             |    |          |
| PRINT   | T AND SEW                     |           |                                       | мо          | DAY              | YEAR             |    |          |
| Mailin  | ng Address                    |           |                                       | 2           | 26               | 2014             | \$ | 8,220.00 |
| City  | PHILADELPHIA                  | State     | Zip Code (Plus 4)                     | Descrip     | tion of Exp      | enditure         |    |          |
|   |                               | PA        | 191543204                             | PRINTE      | D MATERIA        | ALS              |    |          |
| To Wi   | hom Paid                      |           |                                       |             | DAY              | VEAD             |    |          |
| BUST  | LETON BENGALS CLUB            |           |                                       | мо          | DAY              | YEAR             |    |          |
| Mailin  | ng Address                    |           |                                       | 2           | 28               | 2014             | \$ | 200.00   |
| City  | PHILADELPHIA                  | State     | Zip Code (Plus 4)                     | Descrip     | L<br>tion of Exp | enditure         |    |          |
|   |                               | PA        | 191151703                             | DONAT       | ION              |                  |    |          |
| To Wi   | hom Paid                      | •         | •                                     |             |                  |                  |    |          |
| IBEW  | LOCAL 98/NECA SCHOLAR         | SHIP FUND |                                       | мо          | DAY              | YEAR             |    |          |
| Mailin  | ng Address                    |           |                                       | 2           | 28               | 2014             | \$ | 500.00   |
|   |                               |           |                                       |             | L<br>tion of Exp | enditure         |    |          |
| City  |                               |           |                                       |             | ISEMENT          |                  |    |          |
| City  |                               | PA        | To Whom Paid                          |             |                  |                  |    |          |
|   | hom Paid                      | PA        | 191303915                             |             |                  | VEAD             |    |          |
| To Wi   | <b>hom Paid</b><br>Y ALBRIGHT | PA        | 191303912                             | MO          | DAY              | YEAR             |    |          |
| To WI   |                               | рд        | 191303912                             |             |                  | <b>YEAR</b> 2014 | \$ | 100.00   |
| To WI   | Y ALBRIGHT                    | State     | Zip Code (Plus 4)                     | <b>MO</b> 3 | DAY              | 2014             | \$ | 100.00   |

| To W   |  |  |   |   |   |  |    |          |  |
|--|--|--|---|---|---|--|----|----------|--|
| 1  | nom Paid   |  |   | мо  | DAY   | YEAR   |    |          |  |
| ELYSE  | ECONNOR  |  |   |   |   |  |    |          |  |
| Mailin   | ng Address   |  |   | 3   | 1   | 2014   | \$ | 100.00   |  |
| City   | PHILADELPHIA   | State  | Zip Code (Plus 4)   | Descrip   | tion of Exp   | enditure   |    |          |  |
|  |  | PA   | 191112951   | PETITIC   | N DRIVE   |  |    |          |  |
| To Wł  | nom Paid   |  |   | мо  | DAY   | YEAR   |    |          |  |
| SEAN   | GALLAGHER  |  |   | МО  |   | TEAK   |    |          |  |
| Mailin   | ng Address   |  |   | 3   | 1   | 2014   | \$ | 300.00   |  |
| City   | PHILADELPHIA   | State  | Zip Code (Plus 4)   | Description of Expenditure  |   |  |    |          |  |
|  |  | PA   | 191112951   | PETITIC   | N DRIVE   |  |    |          |  |
| To Wł  | nom Paid   |  |   | мо  | DAY   | YEAR   |    |          |  |
| ALISC  | ON GENTNER   | MO   | DAT   | TEAK  |   |  |    |          |  |
| Mailing Address  |  |  |   | 3   | 1   | 2014   | \$ | 100.00   |  |
| City     PHILADELPHIA     State     Zip Code (Plus 4)                |  |  |   | Descrip   | tion of Exp   | enditure   |    |          |  |
|  |  | PA   | 191353304   | PETITIC   | N DRIVE   |  |    |          |  |
| To Wł  | nom Paid   |  |   | MO  | DAY   | YEAR   |    |          |  |
| RHAW   | VNHURST BOYS CLUB  |  |   | мо  | DAT   | TEAR   |    |          |  |
| Mailin   | ng Address   |  |   | 3   | 1   | 2014   | \$ | 600.00   |  |
| City   |  | State  | Zip Code (Plus 4)   | Descrip   | L<br>tion of Exp  | enditure   |    |          |  |
|  |  |  |   | DONATI  |   |  |    |          |  |
| To Wł  | nom Paid   |  |   | мо  | DAY   | YEAR   |    |          |  |
| CONC   |  |  |   |   |   | ITEAR  |    |          |  |
| CONCERNED IRISH AMERICANS OF PHILA                                   |  |  |   |   |   |  |    |          |  |
| Mailin   | ng Address   | OF PHILA                                     |   | 3   | 5   | 2014   | \$ | 1,500.00 |  |
| Mailin<br>City   |  | OF PHILA State                               | Zip Code (Plus 4)   | 3   | 5<br>tion of Exp  |  | \$ | 1,500.00 |  |
|  | ng Address   | I  | <b>Zip Code (Plus 4)</b><br>191451208   | 3   | l<br>tion of Exp  |  | \$ | 1,500.00 |  |
| City   | ng Address   | State  |   | 3<br>Descript<br>DONATI   | Lion of Exp   | enditure   | \$ | 1,500.00 |  |
| City   | ng Address<br>PHILADELPHIA<br>nom Paid   | State  |   | 3<br>Descript   | l<br>tion of Exp  |  | \$ | 1,500.00 |  |
| City<br>To Wr<br>CND F   | ng Address<br>PHILADELPHIA<br>nom Paid   | State  |   | 3<br>Descript<br>DONATI   | Lion of Exp   | enditure   | \$ | 1,500.00 |  |
| City<br>To Wr<br>CND F   | ng Address<br>PHILADELPHIA<br>nom Paid<br>PAC  | State  |   | 3 Descript DONATI MO 3  | tion of Exp   | enditure<br>YEAR<br>2014   |    |          |  |
| City<br>To Wr<br>CND F<br>Mailin                                     | ng Address<br>PHILADELPHIA<br>nom Paid<br>PAC<br>ng Address  | State<br>PA                                  | 191451208   | 3 Descript DONATI MO 3  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp  | enditure<br>YEAR<br>2014   |    |          |  |
| City<br>To Wh<br>CND F<br>Mailin<br>City                             | ng Address<br>PHILADELPHIA<br>nom Paid<br>PAC<br>ng Address  | State<br>PA<br>State                         | 191451208   | 3 Descript DONATI MO 3 Descript DONATI  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp  | enditure<br>YEAR<br>2014<br>enditure                                   |    |          |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>To Wr                    | ng Address<br>PHILADELPHIA<br>nom Paid<br>PAC<br>ng Address<br>PHILADELPHIA  | State<br>PA<br>State                         | 191451208   | 3       Description       DONATION       MO       3       Description       Bescription   | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp  | enditure<br>YEAR<br>2014   |    |          |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>To Wr<br>FOP L           | ng Address PHILADELPHIA PAC Ag Address PHILADELPHIA PAC Philadelphia   | State<br>PA<br>State                         | 191451208   | 3 Descript DONATI MO 3 Descript DONATI  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp  | enditure<br>YEAR<br>2014<br>enditure                                   |    |          |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>To Wr<br>FOP L           | Address PHILADELPHIA PAC Ag Address PHILADELPHIA PAC PHILADELPHIA PHILADELPHIA PAG PHILADELPHIA PAG PHILADELPHIA PAG PAG PAG PAG PAG PAG PAG PAG PAG PA      | State<br>PA<br>State                         | 191451208   | 3       Description       DONATION       MO       3       Description       DONATION       MO       3       MO       3  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY                           | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 1,000.00 |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>To Wr<br>FOP L<br>Mailin | ng Address<br>PHILADELPHIA<br>PAC<br>ng Address<br>PHILADELPHIA<br>PhiladelPHIA  | State<br>PA<br>State<br>PA                   | 191451208  Zip Code (Plus 4) 191431404  | 3       Description       DONATION       MO       3       Description       DONATION       MO       3       MO       3  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY<br>7<br>tion of Exp       | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 1,000.00 |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>FOP L<br>Mailin<br>City  | Address PHILADELPHIA PAC Ag Address PHILADELPHIA PAC PHILADELPHIA PHILADELPHIA PAG PHILADELPHIA PAG PHILADELPHIA PAG PAG PAG PAG PAG PAG PAG PAG PAG PA      | State<br>PA<br>State<br>PA<br>State<br>State | 191451208         Zip Code (Plus 4)         191431404         Zip Code (Plus 4) | MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY<br>7<br>tion of Exp       | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014<br>enditure       | \$ | 1,000.00 |  |
| City<br>To Wr<br>CND F<br>Mailin<br>City<br>To Wr<br>City            | Address PHILADELPHIA PAC Ag Address PHILADELPHIA PAG PAC PHILADELPHIA PAG PHILADELPHIA PAG PHILADELPHIA PAG  | State<br>PA<br>State<br>PA<br>State<br>State | 191451208         Zip Code (Plus 4)         191431404         Zip Code (Plus 4) | 3       Description       MO       3       Description | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY<br>7<br>tion of Exp       | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014                   | \$ | 1,000.00 |  |
| City<br>CND F<br>Mailin<br>City<br>FOP L<br>Mailin<br>City<br>City   | PHILADELPHIA PAC PAC PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA                                 | State<br>PA<br>State<br>PA<br>State<br>State | 191451208         Zip Code (Plus 4)         191431404         Zip Code (Plus 4) | MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO<br>MO  | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY<br>7<br>tion of Exp       | enditure<br>YEAR<br>2014<br>enditure<br>YEAR<br>2014<br>enditure       | \$ | 1,000.00 |  |
| City<br>CND F<br>Mailin<br>City<br>FOP L<br>Mailin<br>City<br>City   | Address PHILADELPHIA PAC Ag Address PHILADELPHIA PAC PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA | State<br>PA<br>State<br>PA<br>State<br>State | 191451208         Zip Code (Plus 4)         191431404         Zip Code (Plus 4) | 3       Description       MO       3       Description       DONATI       MO       3       Description       DONATI       MO       3       MO       3       MO       3       MO       3       Jonation       MO       3               | tion of Exp<br>ON<br>DAY<br>5<br>tion of Exp<br>ON<br>DAY<br>7<br>tion of Exp<br>ON | enditure YEAR 2014 enditure YEAR 2014 enditure YEAR 2014 enditure 2014 | \$ | 1,000.00 |  |

|   |                         |            |                   |                            |             |          | 1.4    | 3L 20    |
|---|-------------------------|------------|-------------------|----------------------------|-------------|----------|--------|----------|
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| EDWA  | ARD J NEILSON           |            |                   |                            |             |          |        |          |
| Mailin  | ig Address              |            |                   | 3                          | 7           | 2014     | \$     | 5,000.00 |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |
|   |                         | PA         | 191543442         | REPAYM                     | IENT OF LO  | DAN      |        |          |
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| PHILA   | DELPHIA ACADEMY CHART   | TER SCHOOL |                   | МО                         |             |          |        |          |
| Mailin  | ng Address              |            |                   | 3                          | 7           | 2014     | \$     | 380.00   |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |
|   |                         | PA         | 191163848         | DONAT                      | ION         |          |        |          |
| To Wł   | nom Paid                |            |                   |                            |             | VEAD     |        |          |
| CHAS  | E CARD SERVICES VISA    |            |                   | мо                         | DAY         | YEAR     |        |          |
| Mailin  | ng Address              | 3          | 8                 | 2014                       | \$          | 4,691.80 |        |          |
| City     WILMINGTON     State     Zip Code (Plus 4) |                         |            |                   |                            | tion of Exp | enditure |        |          |
| DE 198865153  |                         |            |                   |                            | AMPAIGN I   | EXPENSES | 5      |          |
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| CRISE   | PIN GARDENS ATHLETIC CL | _UB        |                   | МО                         |             |          |        |          |
| Mailin  | ng Address              |            | 3                 | 8                          | 2014        | \$       | 200.00 |          |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |
|   |                         | PA         | 19114             | DONAT                      | ION         |          |        |          |
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| BRIA  | N EDDIS                 |            |                   | MO                         |             | TEAR     |        |          |
| Mailin  | ng Address              |            |                   | 3                          | 8           | 2014     | \$     | 5,000.00 |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Description of Expenditure |             |          |        |          |
|   |                         | PA         | 191111512         | CONSU                      | LTING FEE   |          |        |          |
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| LIBER   | RTY CITY LGBT DEMOCRATI | IC CLUB    |                   | MO                         |             |          |        |          |
| Mailin  | ng Address              |            |                   | 3                          | 8           | 2014     | \$     | 1,000.00 |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |
|   |                         | PA         | 191028385         | DONAT                      | ION         |          |        |          |
| To W  | nom Paid                |            |                   | мо                         | DAY         | YEAR     |        |          |
| CHRIS   | S GUEST                 |            |                   | MO                         |             | TEAK     |        |          |
| Mailin  | ng Address              |            |                   | 3                          | 9           | 2014     | \$     | 250.00   |
| City  | PHILADELPHIA            | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |
|   |                         | PA         | 191141817         | PETITIC                    | ON DRIVE    |          |        |          |
| To W  | nom Paid                |            |                   | MO                         | DAY         | YEAR     |        |          |
| MCGR  | ATH'S PUB               |            |                   | мо                         |             | TEAK     |        |          |
| MCGRATH'S PUB                                       |                         |            |                   | 3                          | 9           | 2014     | \$     | 620.00   |
| Mailing Address                                     |                         |            |                   |                            |             |          |        |          |
| City  | HARRISBURG              | State      | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |          |

|   |                                 |             |                   |                            |                  |                  |      | TAGE 21   |  |
|---|---------------------------------|-------------|-------------------|----------------------------|------------------|------------------|------|-----------|--|
| To Wh   | nom Paid                        |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| MICH  | ELLE & JIM NOLAN                |             |                   |                            |                  |                  |      |           |  |
| Mailin  | g Address                       |             |                   | 3                          | 9                | 2014             | \$   | 450.00    |  |
| City  | BENSALEM                        | State       | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure         |      |           |  |
|   |                                 | PA          | 190202623         | CHARIT                     | Y FUNDRA         | ISER TIC         | KETS |           |  |
| To Wh   | nom Paid                        |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| SEVE  | N POINTS CONSULTING             |             |                   | MO                         |                  | TLAK             |      |           |  |
| Mailin  | g Address                       |             |                   | 3                          | 9                | 2014             | \$   | 1,000.00  |  |
| City  | HARRISBURG                      | State       | Zip Code (Plus 4) | Description of Expenditure |                  |                  |      |           |  |
|   |                                 | PA          | 171080391         | CONSULTING FEE             |                  |                  |      |           |  |
| To Wh   | nom Paid                        |             |                   |                            |                  | VEAD             |      |           |  |
| CITIZ   | ENS FOR BOYLE                   |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| Mailin  | Mailing Address                 |             |                   |                            |                  | 2014             | \$   | 1,000.00  |  |
| City         PHILADELPHIA         State         Zip Code (Plus 4) |                                 |             |                   |                            | tion of Exp      | enditure         |      |           |  |
|   | PA 191160545                    |             |                   |                            | ION              |                  |      |           |  |
| To Wh   | nom Paid                        | •           |                   |                            |                  |                  |      |           |  |
| PENN  | YPACK WOODS SWIM CLUB           |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| Mailin  | g Address                       | 3           | 11                | 2014                       | \$               | 1,000.00         |      |           |  |
| City  | PHILADELPHIA                    | State       | Zip Code (Plus 4) | Descrip                    | l<br>tion of Exp | enditure         |      |           |  |
|   |                                 | PA          | 191361304         | DONAT                      | DONATION         |                  |      |           |  |
| To Wh   | nom Paid                        | •           | •                 |                            |                  |                  |      |           |  |
| PHILL   | Y PRETZEL COMPANY               |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| Mailin  | g Address                       |             |                   | 3                          | 11               | 2014             | \$   | 580.00    |  |
| City  | PHILADELPHIA                    | State       | Zip Code (Plus 4) | Descrip                    | L<br>tion of Exp | enditure         |      |           |  |
|   |                                 | PA          | 191153149         | PRETZELS FOR EVENT         |                  |                  |      |           |  |
| To Wh   | nom Paid                        | •           |                   |                            |                  | VELD             |      |           |  |
| PRINT   | AND SEW                         |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| Mailin  | g Address                       |             |                   | 3                          | 11               | 2014             | \$   | 15,295.00 |  |
| City  | PHILADELPHIA                    | State       | Zip Code (Plus 4) | Descrip                    | L<br>tion of Exp | enditure         |      |           |  |
|   |                                 | PA          | 191543204         | PRINTE                     | D MATERIA        | ALS              |      |           |  |
| To Wh   | nom Paid                        | •           |                   |                            |                  | VEAD             |      |           |  |
| STRA  | SSHEIM GRAPHIC DESIGN           |             |                   | мо                         | DAY              | YEAR             |      |           |  |
| Mailin  | g Address                       |             |                   | 3                          | 11               | 2014             | \$   | 2,026.56  |  |
|   |                                 |             |                   |                            | l<br>tion of Exp | enditure         | I    |           |  |
| City  | PHILADELPHIA                    |             |                   |                            |                  |                  |      |           |  |
| City  | PHILADELPHIA                    | PA          | 191021034         | PRINTI                     | NG               |                  |      |           |  |
|   | PHILADELPHIA                    | PA          | 191021034         |                            |                  |                  |      |           |  |
| To Wh   |                                 | PA          | 191021034         | PRINTI<br>MO               | DAY              | YEAR             |      |           |  |
| To Wh   | nom Paid                        | PA          | 191021034         |                            |                  | <b>YEAR</b> 2014 | \$   | 50.00     |  |
| To Wh<br>UNITE  | nom Paid<br>ED METHODIST CHURCH | PA<br>State | 191021034         | <b>MO</b> 3                | DAY              | 2014             | \$   | 50.00     |  |

| To Wh   | om Paid               |                       |                           | мо      | DAY         | YEAR     |                 |
|---------|-----------------------|-----------------------|---------------------------|---------|-------------|----------|-----------------|
| NEILS   | ON FOR COUNCIL        |                       |                           | MO      |             |          |                 |
| Mailing | Aailing Address       |                       |                           | 4       | 4           | 2014     | \$<br>10,000.00 |
| City    | PHILADELPHIA          | State                 | Zip Code (Plus 4)         | Descrip | tion of Exp | enditure |                 |
|         |                       | PA                    | 191140654                 | DONATI  | ON          |          |                 |
|         |                       |                       |                           |         |             |          | PAGE TOTAL      |
| Enter   | Grand Total of Expend | litures on Page 1, Re | eport Cover Page, Item D. |         |             |          | \$<br>93,568.69 |
|         |                       |                       |                           |         |             |          | <br>            |
|         |                       |                       |                           |         |             |          |                 |
|         |                       |                       |                           |         |             |          |                 |
|         |                       |                       |                           |         |             |          |                 |
|         |                       |                       |                           |         |             |          |                 |