

# Campaign Finance Report

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

|                                                                                   |                          |           |                         |                                    |                      |                         |                                                  |                                                      |                              |                                     |                   |                    |
|-----------------------------------------------------------------------------------|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--------------------------------------------------|------------------------------------------------------|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>                                              |                          | 20120111  |                         | <b>Report Filed By :</b>           |                      | <b>CANDIDATE</b>        |                                                  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> NEILSON FOR THE NORTHEAST |                          |           |                         |                                    |                      |                         |                                                  |                                                      |                              |                                     |                   |                    |
| <b>Street Address:</b> PO BOX 6054                                                |                          |           |                         |                                    |                      |                         |                                                  |                                                      |                              |                                     |                   |                    |
| <b>City:</b> PHILADELPHIA                                                         |                          |           |                         |                                    |                      | <b>State:</b> PA        |                                                  |                                                      | <b>Zip Code:</b> 19114       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)                | 6TH TUESDAY PRE-PRIMARY  | 1.        | 2ND FRIDAY PRE-PRIMARY  | 2.                                 | 30 DAY POST-PRIMARY  | 3.                      | AMENDMENT REPORT?                                | Yes                                                  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|                                                                                   | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY POST-ELECTION | 6. X                    | TERMINATION REPORT?                              | Yes                                                  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|                                                                                   | ANNUAL REPORT            | 7.        | Year 2016               | <b>FILING METHOD ( ) CHECK ONE</b> |                      |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>                                        |                          |           |                         |                                    |                      | <b>DATE OF ELECTION</b> |                                                  |                                                      | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
|                                                                                   |                          |           |                         |                                    |                      | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>                                          |                              |                                     |                   |                    |
|                                                                                   |                          |           |                         |                                    |                      | 11                      | 8                                                | 2016                                                 | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>                                 |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>            | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>                                          | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|                                                                                   |                          | 10        | 25                      | 2016                               |                      | 11                      | 28                                               | 2016                                                 |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>                                 |                          |           |                         |                                    |                      | \$ 16,949.83            |                                                  |                                                      |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>             |                          |           |                         |                                    |                      | \$ 21,200.00            |                                                  |                                                      |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                            |                          |           |                         |                                    |                      | \$ 38,149.83            |                                                  |                                                      |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                                  |                          |           |                         |                                    |                      | \$ 13,196.54            |                                                  |                                                      |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                       |                          |           |                         |                                    |                      | \$ 24,953.29            |                                                  |                                                      |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>              |                          |           |                         |                                    |                      | \$ 0.00                 |                                                  |                                                      |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                         |                          |           |                         |                                    |                      | \$ 0.00                 |                                                  |                                                      |                              |                                     |                   |                    |

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| NEILSON FOR THE NORTHEAST                    | From: <u>10/25/2016</u> To: <u>11/28/2016</u> |

|                                                                                |           |
|--------------------------------------------------------------------------------|-----------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |           |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 950.00 |

|                                                                                  |             |
|----------------------------------------------------------------------------------|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 250.00   |
| <b>All Other Contributions (Part B)</b>                                          | \$ 2,700.00 |
| <b>TOTAL for the Reporting Period (2)</b>                                        | \$ 2,950.00 |

|                                                                         |              |
|-------------------------------------------------------------------------|--------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |              |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 15,800.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 1,500.00  |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 17,300.00 |

|                                                                                          |         |
|------------------------------------------------------------------------------------------|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>                                                | \$ 0.00 |

|                                                                                                                                                                                                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b> | \$ 21,200.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

**PART A**  
**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**  
**\$50.01 TO \$250.00**

**Use this Part to itemize only contributions received from political committees  
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

|                                                                                                                                                                                |                                                                                            |             |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------|---------------|
| <b>Name of Filing Committee or Candidate</b><br><br>NEILSON FOR THE NORTHEAST                                                                                                  | <b>Reporting Period</b><br><br><b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u> |             |               |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table> |                                                                                            | <b>DATE</b> | <b>AMOUNT</b> |
| <b>DATE</b>                                                                                                                                                                    | <b>AMOUNT</b>                                                                              |             |               |

|                                                                                   |                        |                                           |           |            |             |           |
|-----------------------------------------------------------------------------------|------------------------|-------------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>HEALTH PARTNERS OF PHILADELPHIA PAC |                        |                                           | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 901 MARKET ST STE 500                                      |                        |                                           | 11        | 6          | 2016        |           |
| <b>City</b> PHILADELPHIA                                                          | <b>State</b><br><br>PA | <b>Zip Code (Plus 4)</b><br><br>191073144 |           |            |             |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 250.00         |

**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

|                                                                           |  |  |  |                                                                          |  |               |  |
|---------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------|--|---------------|--|
| <b>Name of Filing Committee or Candidate</b><br>NEILSON FOR THE NORTHEAST |  |  |  | <b>Reporting Period</b><br>From: <u>10/25/2016</u> To: <u>11/28/2016</u> |  |               |  |
|                                                                           |  |  |  | <b>DATE</b>                                                              |  | <b>AMOUNT</b> |  |

  

|                                                |                    |                                       |  |           |            |             |           |
|------------------------------------------------|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>JOHN WITMER |                    |                                       |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 2437 DURHAM RD          |                    |                                       |  | 11        | 6          | 2016        |           |
| <b>City</b> BRISTOL                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190076901 |  |           |            |             |           |

  

|                                                   |                    |                                       |  |           |            |             |           |
|---------------------------------------------------|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>MARY JOSCELYNE |                    |                                       |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| <b>Mailing Address</b> 9222 HORATIO RD            |                    |                                       |  | 11        | 6          | 2016        |           |
| <b>City</b> PHILADELPHIA                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191143809 |  |           |            |             |           |

  

|                                                  |                    |                                       |  |           |            |             |           |
|--------------------------------------------------|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>CAROL LICOLLI |                    |                                       |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 2841 OLGA AVE             |                    |                                       |  | 11        | 6          | 2016        |           |
| <b>City</b> BENSALEM                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190204230 |  |           |            |             |           |

  

|                                                       |                    |                                       |  |           |            |             |           |
|-------------------------------------------------------|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>RICHARD E. MARINER |                    |                                       |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 3807 ANDREA RD                 |                    |                                       |  | 11        | 6          | 2016        |           |
| <b>City</b> PHILADELPHIA                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191544211 |  |           |            |             |           |

  

|                                                    |                    |                                       |  |           |            |             |           |
|----------------------------------------------------|--------------------|---------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>MR. DAVE KILROY |                    |                                       |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 2269 BROOMSTICK RD          |                    |                                       |  | 11        | 6          | 2016        |           |
| <b>City</b> GREEN LANE                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>180549532 |  |           |            |             |           |

|                                            |          |                             |    |     |      |           |
|--------------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>ALAN BUTKOVITZ |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1118 UNRUH AVE             |          |                             | 11 | 6   | 2016 |           |
| City PHILADELPHIA                          | State PA | Zip Code (Plus 4) 191114938 |    |     |      |           |

|                                                |          |                             |    |     |      |           |
|------------------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>MAE AND BILL FISCH |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 3811 NEDLA RD                  |          |                             | 11 | 6   | 2016 |           |
| City PHILADELPHIA                              | State PA | Zip Code (Plus 4) 191542716 |    |     |      |           |

|                                         |          |                             |    |     |      |           |
|-----------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>BRIAN WALSH |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 4702 N 5TH ST           |          |                             | 11 | 6   | 2016 |           |
| City PHILADELPHIA                       | State PA | Zip Code (Plus 4) 191204108 |    |     |      |           |

|                                               |          |                             |    |     |      |           |
|-----------------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>JOSEPH D. SCHULLE |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 3804 ANDREA RD                |          |                             | 11 | 6   | 2016 |           |
| City PHILADELPHIA                             | State PA | Zip Code (Plus 4) 191544212 |    |     |      |           |

|                                              |          |                             |    |     |      |           |
|----------------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>BRIDGET SCIPIONE |          |                             | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 5 RUCKER RD                  |          |                             | 11 | 6   | 2016 |           |
| City RICHBORO                                | State PA | Zip Code (Plus 4) 189541061 |    |     |      |           |

|                                                  |          |                             |    |     |      |           |
|--------------------------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>THOMAS J FLUEHR, JR. |          |                             | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 11010 KNIGHTS RD                 |          |                             | 11 | 6   | 2016 |           |
| City PHILADELPHIA                                | State PA | Zip Code (Plus 4) 191544213 |    |     |      |           |

|                          |  |       |                   |    |     |      |    |        |
|--------------------------|--|-------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor |  |       |                   | MO | DAY | YEAR | \$ | 100.00 |
| THOMAS G MOORE           |  |       |                   |    |     |      |    |        |
| Mailing Address          |  |       |                   | 11 | 6   | 2016 |    |        |
| 3548 K ST                |  |       |                   |    |     |      |    |        |
| City                     |  | State | Zip Code (Plus 4) |    |     |      |    |        |
| PHILADELPHIA             |  | PA    | 191341413         |    |     |      |    |        |

|                                                  |          |                             |  |    |     |      |           |
|--------------------------------------------------|----------|-----------------------------|--|----|-----|------|-----------|
| Full Name of Contributor<br>MICHAEL S NIMMO, SR. |          |                             |  | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 7 DOUGLAS RD                     |          |                             |  | 11 | 6   | 2016 |           |
| City RICHBORO                                    | State PA | Zip Code (Plus 4) 189541203 |  |    |     |      |           |

|                              |              |       |                   |    |     |      |           |
|------------------------------|--------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributor     |              |       |                   | MO | DAY | YEAR | \$ 200.00 |
| CHARLES FELDMAN              |              |       |                   |    |     |      |           |
| Mailing Address 9679 PINE RD |              |       |                   | 11 | 6   | 2016 |           |
| City                         | PHILADELPHIA | State | Zip Code (Plus 4) |    |     |      |           |
|                              |              | PA    | 191152747         |    |     |      |           |

|                                          |          |                             |  |    |     |      |           |
|------------------------------------------|----------|-----------------------------|--|----|-----|------|-----------|
| Full Name of Contributor<br>JOHN GRAVELY |          |                             |  | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 8012 COLFAX ST           |          |                             |  | 11 | 6   | 2016 |           |
| City PHILADELPHIA                        | State PA | Zip Code (Plus 4) 191361703 |  |    |     |      |           |

|                          |  |       |                   |    |     |      |    |        |
|--------------------------|--|-------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor |  |       |                   | MO | DAY | YEAR | \$ | 100.00 |
| CHARLES SEIDEL           |  |       |                   |    |     |      |    |        |
| Mailing Address          |  |       |                   | 11 | 6   | 2016 |    |        |
| 105 DILL AVE             |  |       |                   |    |     |      |    |        |
| City                     |  | State | Zip Code (Plus 4) |    |     |      |    |        |
| COLLINGSWOOD             |  | NJ    | 081083122         |    |     |      |    |        |

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

**PAGE TOTAL**

\$ 2,700.00

## 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.**

|                                              |                                                             |
|----------------------------------------------|-------------------------------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                     |
| NEILSON FOR THE NORTHEAST                    | <b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u> |

|                                                                                    |          |                             |  | DATE |     | AMOUNT |             |
|------------------------------------------------------------------------------------|----------|-----------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee<br>SPRINKLER FITTERS LOCAL UNION #692 PAC FUND |          |                             |  | MO   | DAY | YEAR   | \$ 5,000.00 |
| Mailing Address 14002 MCNULTY ROAD                                                 |          |                             |  | 11   | 11  | 2016   |             |
| City PHILADELPHIA                                                                  | State PA | Zip Code (Plus 4) 191543023 |  |      |     |        |             |
| Full Name of Contributing Committee<br>IBEW LOCAL 743 POLITICAL EDUCATION FUND     |          |                             |  | MO   | DAY | YEAR   | \$ 1,000.00 |
| Mailing Address 20 MORGAN DR                                                       |          |                             |  | 11   | 6   | 2016   |             |
| City READING                                                                       | State PA | Zip Code (Plus 4) 196081753 |  |      |     |        |             |
| Full Name of Contributing Committee<br>IRON WORKERS LOCAL 405 PAC                  |          |                             |  | MO   | DAY | YEAR   | \$ 1,000.00 |
| Mailing Address 2433 REED ST                                                       |          |                             |  | 11   | 6   | 2016   |             |
| City PHILADELPHIA                                                                  | State PA | Zip Code (Plus 4) 191464000 |  |      |     |        |             |
| Full Name of Contributing Committee<br>FIRE FIGHTERS LOCAL 22                      |          |                             |  | MO   | DAY | YEAR   | \$ 500.00   |
| Mailing Address 415 N 5TH ST # 27                                                  |          |                             |  | 11   | 6   | 2016   |             |
| City PHILADELPHIA                                                                  | State PA | Zip Code (Plus 4) 191234095 |  |      |     |        |             |
| Full Name of Contributing Committee<br>I.U.E.C. LOCAL 5 PAC FUND                   |          |                             |  | MO   | DAY | YEAR   | \$ 500.00   |
| Mailing Address 12273 TOWNSEND RD                                                  |          |                             |  | 11   | 6   | 2016   |             |
| City PHILADELPHIA                                                                  | State PA | Zip Code (Plus 4) 191541204 |  |      |     |        |             |

|                                                                                              |                    |                                       |           |            |             |                                   |
|----------------------------------------------------------------------------------------------|--------------------|---------------------------------------|-----------|------------|-------------|-----------------------------------|
| <b>Full Name of Contributing Committee</b><br>IBEW LOCAL 98 COMMITTEE ON POLITICAL EDUCATION |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 2,500.00                       |
| <b>Mailing Address</b> 1719 SPRING GARDEN ST                                                 |                    |                                       | 11        | 6          | 2016        |                                   |
| <b>City</b> PHILADELPHIA                                                                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191303915 |           |            |             |                                   |
| <b>Full Name of Contributing Committee</b><br>THE CHARTWELL LAW PAC                          |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 5,000.00                       |
| <b>Mailing Address</b> 970 RITTENHOUSE RD STE 300                                            |                    |                                       | 11        | 6          | 2016        |                                   |
| <b>City</b> EAGLEVILLE                                                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>194032265 |           |            |             |                                   |
| <b>Full Name of Contributing Committee</b><br>STEAMFITTERS LOCAL 449 PAC                     |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 300.00                         |
| <b>Mailing Address</b> 1517 WOODRUFF ST                                                      |                    |                                       | 11        | 6          | 2016        |                                   |
| <b>City</b> PITTSBURGH                                                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>152205317 |           |            |             |                                   |
| <b>Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.</b>          |                    |                                       |           |            |             | <b>PAGE TOTAL</b><br>\$ 15,800.00 |



**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

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

|                                                                               |                                                                                            |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Name of Filing Committee or Candidate</b><br><br>NEILSON FOR THE NORTHEAST | <b>Reporting Period</b><br><br><b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u> |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                             |                 |                                    |             | DATE                  | AMOUNT                   |      |           |
|-------------------------------------------------------------|-----------------|------------------------------------|-------------|-----------------------|--------------------------|------|-----------|
| Full Name of Contributor                                    |                 |                                    |             | MO                    | DAY                      | YEAR |           |
| LEWIS, ECKERT, ROBB & CO. (SOLE PROPRIETORSHIP)             |                 |                                    |             |                       |                          |      |           |
| <b>Mailing Address</b> 1 PLYMOUTH MEETING MALL SUITE 425    |                 |                                    |             | 11                    | 11                       | 2016 | \$ 500.00 |
| <b>City</b> PLYMOUTH MEETING                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 194621326 |             |                       |                          |      |           |
| <b>Employer Name</b> N/A                                    |                 |                                    |             | <b>Occupation</b> N/A |                          |      |           |
| <b>Employer Mailing Address/Principal Place of Business</b> |                 |                                    | <b>City</b> | <b>State</b>          | <b>Zip Code (Plus 4)</b> |      |           |

| Full Name of Contributor                                    |                 |                                |             | MO                         | DAY                      | YEAR |             |
|-------------------------------------------------------------|-----------------|--------------------------------|-------------|----------------------------|--------------------------|------|-------------|
| JOHN J BRAZIL, JR                                           |                 |                                |             |                            |                          |      |             |
| <b>Mailing Address</b> 310 ADAMS AVENUE SUITE 200           |                 |                                |             | 11                         | 6                        | 2016 | \$ 1,000.00 |
| <b>City</b> SCRANTON                                        | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 18503 |             |                            |                          |      |             |
| <b>Employer Name</b> BRAZIL & BRAZIL                        |                 |                                |             | <b>Occupation</b> ATTORNEY |                          |      |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |                 |                                | <b>City</b> | <b>State</b>               | <b>Zip Code (Plus 4)</b> |      |             |
| 310 ADAMS AVENUE                                            |                 |                                | SCRANTON    | PA                         | 18503                    |      |             |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,500.00       |

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 | Reporting Period |
|                                       | From: To:        |

|                     |       |                   |  | DATE |     | AMOUNT |         |
|---------------------|-------|-------------------|--|------|-----|--------|---------|
| Full Name           |       |                   |  | MO   | DAY | YEAR   | \$ 0.00 |
| Mailing Address     |       |                   |  |      |     |        |         |
| City                | State | Zip Code (Plus 4) |  |      |     |        |         |
| Receipt Description |       |                   |  |      |     |        |         |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 0.00           |

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS  
DURING THE REPORTING PERIOD.**

**Detailed Summary Page**

|                                                                                                                                                                          |  |                                               |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|------|
| <b>Name of Filing Committee or Candidate</b>                                                                                                                             |  | <b>Reporting Period</b>                       |      |
| NEILSON FOR THE NORTHEAST                                                                                                                                                |  | From: <u>10/25/2016</u> To: <u>11/28/2016</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>                                                                           |  |                                               |      |
| TOTAL for the Reporting Period (1)                                                                                                                                       |  | \$                                            | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>                                                                                    |  |                                               |      |
| TOTAL for the Reporting Period (2)                                                                                                                                       |  | \$                                            | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>                                                                                              |  |                                               |      |
| TOTAL for the Reporting Period (3)                                                                                                                                       |  | \$                                            | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) |  | \$                                            | 0.00 |

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

|                                       |                  |     |
|---------------------------------------|------------------|-----|
| Name of Filing Committee or Candidate | Reporting Period |     |
|                                       | From:            | To: |

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

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

|                                       |                  |
|---------------------------------------|------------------|
| Name of Filing Committee or Candidate | Reporting Period |
|                                       | From: To:        |

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

# SCHEDULE III STATEMENT OF EXPENDITURES

|                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                      |
| NEILSON FOR THE NORTHEAST                    | From <u>10/25/2016</u> To: <u>11/28/2016</u> |

| DATE                                                    |          |                             |                                                       | AMOUNT |      |             |
|---------------------------------------------------------|----------|-----------------------------|-------------------------------------------------------|--------|------|-------------|
| To Whom Paid<br>NORTHEAST VICTIM SERVICES               |          |                             | MO                                                    | DAY    | YEAR | \$ 100.00   |
| Mailing Address 2824 COTTMAN AVE STE 2                  |          |                             | 11                                                    | 2      | 2016 |             |
| City PHILADELPHIA                                       | State PA | Zip Code (Plus 4) 191491400 | Description of Expenditure<br>DONATION                |        |      |             |
| To Whom Paid<br>STRASSHEIM GRAPHIC DESIGN               |          |                             | MO                                                    | DAY    | YEAR | \$ 1,218.24 |
| Mailing Address 333 N 15TH ST                           |          |                             | 11                                                    | 18     | 2016 |             |
| City PHILADELPHIA                                       | State PA | Zip Code (Plus 4) 191021034 | Description of Expenditure<br>MOONSHINE EVENT EXPENSE |        |      |             |
| To Whom Paid<br>FRIENDS OF 56 WARD DEMOCRATIC COMMITTEE |          |                             | MO                                                    | DAY    | YEAR | \$ 1,800.00 |
| Mailing Address 7408 RISING SUN AVE                     |          |                             | 11                                                    | 4      | 2016 |             |
| City PHILADELPHIA                                       | State PA | Zip Code (Plus 4) 191113635 | Description of Expenditure<br>ELECTION DAY EXPENSE    |        |      |             |
| To Whom Paid<br>CHASE CARD SERVICES VISA                |          |                             | MO                                                    | DAY    | YEAR | \$ 2,662.30 |
| Mailing Address PO BOX 15153                            |          |                             | 11                                                    | 18     | 2016 |             |
| City WILMINGTON                                         | State DE | Zip Code (Plus 4) 198865153 | Description of Expenditure<br>CAMPAIGN EXPENSES       |        |      |             |
| To Whom Paid<br>MAGGIE'S WATERFRONT CAFE                |          |                             | MO                                                    | DAY    | YEAR | \$ 3,466.80 |
| Mailing Address 9242 N DELAWARE AVE                     |          |                             | 11                                                    | 4      | 2016 |             |
| City PHILADELPHIA                                       | State PA | Zip Code (Plus 4) 191144209 | Description of Expenditure<br>MOONSHINE EVENT EXPENSE |        |      |             |

|                              |          |                             |                                                        |     |      |           |
|------------------------------|----------|-----------------------------|--------------------------------------------------------|-----|------|-----------|
| To Whom Paid<br>298 INC.     |          |                             | MO                                                     | DAY | YEAR | \$ 300.00 |
| Mailing Address PO BOX 37393 |          |                             | 11                                                     | 18  | 2016 |           |
| City PHILADELPHIA            | State PA | Zip Code (Plus 4) 191487393 | Description of Expenditure<br>EVENT TICKETS / DONATION |     |      |           |

|                                          |          |                             |                                                    |     |      |             |
|------------------------------------------|----------|-----------------------------|----------------------------------------------------|-----|------|-------------|
| To Whom Paid<br>PADDY WHACKS             |          |                             | MO                                                 | DAY | YEAR | \$ 1,900.00 |
| Mailing Address 9241 ROOSEVELT BLVD # 43 |          |                             | 11                                                 | 9   | 2016 |             |
| City PHILADELPHIA                        | State PA | Zip Code (Plus 4) 191142205 | Description of Expenditure<br>ELECTION DAY EXPENSE |     |      |             |

|                                              |          |                             |                                        |     |      |           |
|----------------------------------------------|----------|-----------------------------|----------------------------------------|-----|------|-----------|
| To Whom Paid<br>MAUREEN MADDEN FOR STATE REP |          |                             | MO                                     | DAY | YEAR | \$ 250.00 |
| Mailing Address PO BOX 1186                  |          |                             | 11                                     | 11  | 2016 |           |
| City STROUDSBURG                             | State PA | Zip Code (Plus 4) 183604186 | Description of Expenditure<br>DONATION |     |      |           |

|                                                     |          |                             |                                        |     |      |           |
|-----------------------------------------------------|----------|-----------------------------|----------------------------------------|-----|------|-----------|
| To Whom Paid<br>LOCAL 401 SUPPLEMENTAL WELFARE FUND |          |                             | MO                                     | DAY | YEAR | \$ 300.00 |
| Mailing Address 11600 NORCOM RD                     |          |                             | 11                                     | 11  | 2016 |           |
| City PHILADELPHIA                                   | State PA | Zip Code (Plus 4) 191542309 | Description of Expenditure<br>DONATION |     |      |           |

|                                 |          |                             |                                                   |     |      |           |
|---------------------------------|----------|-----------------------------|---------------------------------------------------|-----|------|-----------|
| To Whom Paid<br>PRINT AND SEW   |          |                             | MO                                                | DAY | YEAR | \$ 525.00 |
| Mailing Address 10960 DUTTON RD |          |                             | 11                                                | 18  | 2016 |           |
| City PHILADELPHIA               | State PA | Zip Code (Plus 4) 191543204 | Description of Expenditure<br>NEILSON SHIRTS/GEAR |     |      |           |

|                                  |          |                             |                                                         |     |      |           |
|----------------------------------|----------|-----------------------------|---------------------------------------------------------|-----|------|-----------|
| To Whom Paid<br>DORIS M. NEILSON |          |                             | MO                                                      | DAY | YEAR | \$ 124.60 |
| Mailing Address 3812 CHALFONT DR |          |                             | 11                                                      | 18  | 2016 |           |
| City PHILADELPHIA                | State PA | Zip Code (Plus 4) 191543442 | Description of Expenditure<br>REIMBURSEMENT OF EXPENSES |     |      |           |

|                                                                                |                    |                                       |                                                |            |             |                                   |
|--------------------------------------------------------------------------------|--------------------|---------------------------------------|------------------------------------------------|------------|-------------|-----------------------------------|
| <b>To Whom Paid</b><br>IBEW LOCAL 98                                           |                    |                                       | <b>MO</b>                                      | <b>DAY</b> | <b>YEAR</b> |                                   |
| <b>Mailing Address</b> 1719 SPRING GARDEN ST                                   |                    |                                       | 11                                             | 18         | 2016        |                                   |
| <b>City</b> PHILADELPHIA                                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191303915 | <b>Description of Expenditure</b><br>2017 DUES |            |             |                                   |
|                                                                                |                    |                                       |                                                |            |             |                                   |
| <b>To Whom Paid</b><br>HOUSEMAN LODGE 211                                      |                    |                                       | <b>MO</b>                                      | <b>DAY</b> | <b>YEAR</b> |                                   |
| <b>Mailing Address</b> 7056 HEARTH LN                                          |                    |                                       | 11                                             | 18         | 2016        |                                   |
| <b>City</b> MACUNGIE                                                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>180629249 | <b>Description of Expenditure</b><br>2017 DUES |            |             |                                   |
|                                                                                |                    |                                       |                                                |            |             |                                   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                    |                                       |                                                |            |             | <b>PAGE TOTAL</b><br>\$ 13,196.54 |



