

Campaign Finance Report

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

Filer Identification Number : 20120111		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: NEILSON FOR THE NORTHEAST											
Street Address: PO BOX 6054											
City: PHILADELPHIA					State: PA		Zip Code: 19114				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	2	2017		6	5	2017			
A. Amount Brought Forward From Last Report					\$ 38,021.98						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,800.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 41,821.98						
D. Total Expenditures (From Schedule III)					\$ 9,878.57						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 31,943.41						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this

day of 20

Signature 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

Name of Filing Committee or Candidate	Reporting Period
NEILSON FOR THE NORTHEAST	From: <u>5/2/2017</u> To: <u>6/5/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

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

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 2,700.00
TOTAL for the Reporting Period (3)	\$ 3,700.00

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

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.)	\$ 3,800.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

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

Name of Filing Committee or Candidate NEILSON FOR THE NORTHEAST	Reporting Period From: <u>5/2/2017</u> To: <u>6/5/2017</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee IBC PAC			MO	DAY	YEAR	\$ 100.00
Mailing Address 1901 MARKET STREET			4	29	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 100.00

PART C

Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period
NEILSON FOR THE NORTHEAST	From: <u>5/2/2017</u> To: <u>6/5/2017</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND									
Mailing Address					4	29	2016		
30 SOUTH 17TH STREET									
City	PHILADELPHIA		State	PA	Zip Code (Plus 4)	191034196			

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

PAGE TOTAL
\$ 1,000.00

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 of Filing Committee or Candidate NEILSON FOR THE NORTHEAST	Reporting Period From: <u>5/2/2017</u> To: <u>6/5/2017</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
JAMES ANDERSON							
Mailing Address 100 STREET ROAD				4	29	2016	\$ 2,700.00
City NEW HOPE	State PA	Zip Code (Plus 4) 189389215					
Employer Name ANDERSON CONSTRUCTION				Occupation OWNER/PARTNER			
Employer Mailing Address/Principal Place of Business 6958 TORRESDALE AVE			City PHILADELPHIA	State PA	Zip Code (Plus 4) 19135		

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

PAGE TOTAL
\$ 2,700.00

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:
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			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.

PAGE TOTAL
\$ 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

Name of Filing Committee or Candidate		Reporting Period	
NEILSON FOR THE NORTHEAST		From: <u>5/2/2017</u> To: <u>6/5/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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:
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			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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
NEILSON FOR THE NORTHEAST	From <u>5/2/2017</u> To: <u>6/5/2017</u>

DATE				AMOUNT		
To Whom Paid ST. HUBERT'S CHEERLEADERS			MO	DAY	YEAR	\$ 120.00
Mailing Address 7320 TORRESDALE AVE			4	22	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191364104	Description of Expenditure SPONSORSHIP			
To Whom Paid FRIENDS OF 66 A WARD			MO	DAY	YEAR	\$ 400.00
Mailing Address 3824 CHALFONT DR			4	22	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191543442	Description of Expenditure ELECTION DAY EXPENSE			
To Whom Paid SHRED-IT			MO	DAY	YEAR	\$ 718.88
Mailing Address 649 WHITEHEAD RD			4	23	2016	
City LAWRENCE TOWNSHIP	State NJ	Zip Code (Plus 4) 086484449	Description of Expenditure SHREDDING EVENT			
To Whom Paid TORRESDALE SWIM CLUB			MO	DAY	YEAR	\$ 70.00
Mailing Address 446 MILL RD			4	23	2016	
City BENSALEM	State PA	Zip Code (Plus 4) 190206339	Description of Expenditure EVENT TICKETS / DONATION			
To Whom Paid CHASE CARD SERVICES VISA			MO	DAY	YEAR	\$ 62.22
Mailing Address PO BOX 15153			4	29	2016	
City WILMINGTON	State DE	Zip Code (Plus 4) 198865153	Description of Expenditure CAMPAIGN EXPENSES			

To Whom Paid PA LEGISLATIVE SPORTSMAN CAUCUS			MO	DAY	YEAR	
Mailing Address 123 EAST WING			4	29	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure MEMBERSHIP DUES			

To Whom Paid STRASSHEIM GRAPHIC DESIGN			MO	DAY	YEAR	
Mailing Address 1500 SPRING GARDEN ST STE 225			5	11	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191304600	Description of Expenditure PRINTING			

To Whom Paid IBEW LOCAL 269			MO	DAY	YEAR	
Mailing Address 670 WHITEHEAD RD			4	20	2016	
City LAWRENCE TOWNSHIP	State NJ	Zip Code (Plus 4) 086484440	Description of Expenditure ADVERTISING			

To Whom Paid ABRAHAM LINCOLN ALUMNI ASSOCIATION			MO	DAY	YEAR	
Mailing Address INFORMATION REQUESTED			5	11	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure MEMORIAL PAVER			

To Whom Paid FRIENDS OF THE 57TH WARD			MO	DAY	YEAR	
Mailing Address 9217 ANDOVER RD			4	20	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191143818	Description of Expenditure ELECTION DAY EXPENSE			

To Whom Paid SAINT DOMINIC'S			MO	DAY	YEAR	
Mailing Address 8504 FRANKFORD AVENUE			4	22	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure SPONSORSHIP			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 9,878.57

