Campaign Finance Report

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

Filer Identificati Number :	on 2012	0111			Repo Filed			ANDI	DATE		COM	AITTEE	Y	LUBE	1131		
Name of Filing C	Committee, Candid	ate or L	obbyist:		NEILS	ON FO	R TH	HE NO	RTHE	AST							
Street Address:																	
City:	PHILADELPHI/	4					Sta	ite:	PA			Zip Co	Zip Code: 19114				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIM	AY 1ARY	F	POST-	3. X		AMENDN REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D	AY CTION		POST-	6.		TERMINATION REPORT?		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2018					VETHO				PAPER		\checkmark	DISKE	ΓΤΕ	
Name of Office S	- Sought by Candida	te:			-	-	DA	TE O	F ELE	CTIO	N	District Number	Office Code	Pari	y Code	County Code	
							МС		DAY	YE	AR			DEM			
								11		6	2018		(SEE IN	STRUCTIO	NS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR			МС)	DAY	YI	AR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	. 20	018	то		6		4	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$	5			16,0	17.56						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I) 9	\$			2,5	500.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			9	\$			18,5	517.56						
D. Total Expend	ditures (From Scho	edule II	I)				\$			7,4	17.39						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			11,1	00.17						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)		9	\$				0.00						
				AFF	IDAV	/IT S	ΞСТ	ION									
I swear (or affirm)	s a Committee repo that this report, incl	-	_								_		f my knov	vledge a	and belie	ef , true	
correct and comple	ete. scribed before me this										_			_			
	day of	•	20							S	ignature	of Perso	n Submitt	ing Rep	ort		
	Signatu	re				_						Prin	ted Name	1			
My Commission Ex	cpires											Ema	il				
	МО	D	AY	YR					Ar	ea Cod	le	Daytin	e Teleph	one Nui	nber	=	
	a report of a cand										_						
No 320) as amende		ny knowle	edge and beli	ief this	politica	al comr	nittee	has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,19)37 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candida	ate	_		
						_						Printe	d Name				
My Commission Exp	Signature pires					-						Ema	il			<u> </u>	
	МО	D	AY	YR		_			Area	Code		D	aytime To	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
NEILSON FOR THE NORTHEAST	From:	<u>5/1/201</u>	<u>.8</u> To:	6/4/2018
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	2,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,500.00

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.

Name of Filing Committee or Ca	ındidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Commi	ttee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Comm	ittee or Candidate		Reporting F	Period			
			From:		To) :	
		·		DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
Mailing Address						\$	0.00
Mailing Address City	State	Zip Code (Plus 4)				\$	0.00

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

PART C

Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period							
NEILSON FOR THE NORTHEAST	From:	5/1/2018	То:	6/4/2018				

DATE AMOUNT

Full Na	ame of Contributing Committee			мо	DAY	YEAR		
IBEW PAC VOLUNTARY FUND					J	12/11	\$ 2.	500.00
Mailin	Mailing Address			5	21	2018	,	
City	WASHINGTON	State	Zip Code (Plus 4)	,	21	2010		
		DC	20001					

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

PAGE TOTAL \$ 2,500.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	'			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Dama Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	4.			\$	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>5/1/2018</u> To:	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	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			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period			
NEILSON FOR THE NORTHEAST	From	<u>5/</u>	1/2018	To:	6/4/2018
		DATE			AMOUNT
To Whom Paid		DAY	VEAD		

				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
KSR COMMUNICATIONS			МО	DAT	TEAR		
Mailing Address			4	27	2018	\$	1,000.00
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19114	VET MEMORIAL EVENT				
To Whom Paid			мо	DAY	YEAR		
BENEFICIAL BANK			MO	DA1	ILAK		
Mailing Address			4	27	2018	\$	450.00
City PHILA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19114	POSTER CONTEST PRIZE CAMPS				
To Whom Paid			МО	DAY	YEAR		
CHASE CARD SERVICE			MO	DAI	ILAK		
Mailing Address			6	1	2018	\$	5,967.39
City WILMINGTON	State	Zip Code (Plus 4)	Description of Expenditure				
	DE	19886	E-DAY EXPENSES				
							PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	٠.			\$	7,417.39