Campaign Finance Report

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

Filer Identification20120111RepoNumber :Filed							CANDI	IDATE COMMITTEE 🗸 LO					LOBI	BYIST		
	Committee, Candida	ate or Lo	obbyist:			-	L R THE NO	RTHEA	AST							
Street Address:	P.O. BOX 605	4	-													
City:	PHILADELPHI	4					State: PA Zip Code:					de: 19	19114			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELECT		POST-	6.		TERMIN REPORT		Yes	No	\checkmark	
report type) ANNUAL REPORT 7. Year 2018							NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candidat	te:					DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR			DEN	1		
							11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	. 2	018 T	0	6		4	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			16,0)17.56						
B. Total Monet	ary Contributions	And Reco	eipts (Fron	n Sche	dule I)	\$			2,5	500.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			18,5	517.56						
D. Total Expen	ditures (From Sche	edule II	[)			\$			7,4	17.39						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$			11,1	00.17						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		\$				0.00						
				AFF	IDAVI	T SE	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If this is	a Car	ndidate re	eport, o	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium	, are to t	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rep	oort		
	Signatu	re				_					Prir	ited Name				
My Commission E	-					_					Ema	il				
	мо	DA	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and bel	ief this	political	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite			
day of 20											Printe	ed Name				
My Commission Exp	Signature					-					Ema	il				
	мо	DA	AY	YR	1	-		Area	Code		D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS 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 Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

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)								
Name of Filing Committee or Candidat	e		-	orting P	eriod			
	From: To:							
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00								

PAGE 5

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/</u>	<u>6/4/2018</u>				
					DATE AMOUN				
Full Name of Contributing Comm IBEW PAC VOLUNTARY FUND	ittee			мо	DAY	YEAR			
Mailing Address 900 7TH STR	EET N.W.						\$	2,500.00	
City WASHINGTON	State DC	Zip Cod 20001	e (Plus 4)	5	21	2018			
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	2,500.00	

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 of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		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:	<u>6/4/2018</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 PART	「 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 (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	g Period				
F						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

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

Name of Filing Committee or Candidate					Reporting F	Period			
					From:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	l tion		I	
Employer Mailing Address/Princip Business	al Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
		·	<u> </u>						PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reportin	ng Period			
NEILSON FOR THE NORTHEAST			From	<u>5/</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>
				DATE			AMOUNT
To Whom Paid KSR COMMUNICATIONS			мо	DAY	YEAR		
Mailing Address 9619 CONVENT RD				27	2018	\$	1,000.00
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
PA 19114				EMORIAL E	VENT		
To Whom Paid BENEFICIAL BANK			мо	DAY	YEAR		
Mailing Address 3202 RED LION	RD		4	27	2018	\$	450.00
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•	
	PA	19114	POSTER	R CONTES	T PRIZE (CAMPS	
To Whom Paid CHASE CARD SERVICE		i	мо	DAY	YEAR		
Mailing Address PO BOX 15153			6	1	2018	\$	5,967.39
City WILMINGTON	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
	DE	19886	E-DAY	EXPENSES			
							PAGE TOTAL
Enter Grand Total of Expenditure	es on Page 1, R	leport Cover Page, Item I).			\$	7,417.39