Campaign Finance Report

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

Filer Identificat	tion	20120	0111			Repo		_	CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST			
Number : Name of Filing	Committee	Candida	ate or Lo	hhvist.			-		THE NO		ST								
Name of Filing	committee			bbyist.		NLILS					51								
Street Address	:																		
City:	PHILA	DELPHIA	4						State:	PA			Zip Co	Zip Code: 19114					
TYPE OF REPORT	6TH TUESI PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DA' RIMA		POST- 3.			AMENDMENT REPORT?		Yes	N	0	\checkmark	
(place X to the right of	6TH TUES		4.) DA` ECT				TERMIN/ REPORT	Yes	N	0	\checkmark			
report type)	ANNUAL	REPORT	7. X	Year 2022					G METHO				PAPER		\checkmark	DISK	ETTE		
Name of Office Sought by Candidate:									DATE O	F ELE(CTIC	ON	District Number	Office Code	Par	ty Code	e Cour Code		
	REPRESENTATIVE IN THE GENERAL ASSEMBLY								мо	DAY	Y	EAR	174	STH	DEN	1	51		
REPRESENTAT	IVE IN TH	E GENER	AL ASSI	EMBLY					11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	;)	
Summary of	Receipts	and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		1	1 29	2	022	то	Ī	12	3	1	2022							
A. Amount Bro	ought Forw	ard From	1 Last Re	eport				\$. 1	.06,	762.97	1						
B. Total Mone	tary Contri	butions A	And Rece	eipts (From	n Sche	dule I)		\$				0.00							
C. Total Funds	s Available	(Sum Of	Lines A	and B)				\$		1	.06,	762.97							
D. Total Expe	nditures (Fi	rom Sche	dule III)				\$			4,4	432.11							
E. Ending Cas	h Balance (Subtract	Line D l	From Line (C)			\$		1	02,3	30.86							
F. Value Of In	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)		\$				0.00							
G. Unpaid Deb	ots And Obl	igations	(From S	chedule IV	')			\$				0.00							
					AFF	IDAV	IT S	SEG	CTION										
PART I - If this	is a Commi	ttee repo	ort, treas	surer sign	here.	If this i	is a (Can	didate re	eport, c	andi	date sig	gn here.						
I swear (or affirm correct and comp		eport, inclu	uding the	attached sc	hedule	s filed or	n pap	per o	r by elect	ronic me	dium	n, are to t	the best o	f my knov	vledge	and be	ief , tr	'ue	
Sworn to and sub	scribed befo day of	re me this		20							:	Signatur	e of Perso	n Submitt	ing Rep	ort		-	
				·			_						Prin	ted Name				-	
My Commission I	Expires	Signatur	e										Ema	il				-	
	-	40	DA	Y	YR		_			Are	a Co	de		ne Teleph	one Nu	mber		-	
Part II- If this i	s a report	of a cand	idate's a	authorized	Comr	nittee, (Cano	dida	te shall :	sian he	re.								
I swear (or affirm No 320) as amend) that to the									-		ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subs	scribed before	e me this										s	ignature	of Candida	ite			-	
	day of			20									-					_	
		·					_						Printe	ed Name					
My Commission Ex		ignature											Ema	il				-	
	_	мо	DA	Y	YR	2	_			Area	Code		D	aytime Te	elephon	e Num	ber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** NEILSON FOR THE NORTHEAST From: <u>11/29/2022</u> **To:** 12/31/2022 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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				Reporting Period						
				From: To:				:		
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								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 Candida	te		Rep	orting P	eriod					
			Fror	From: T				0:		
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00		

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						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

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 Re				eporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
			From:			То:					
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (Plus 4)								
Receipt Description	•				•						
		_	o .:					PAGE TO	TAL		
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary Page,	Section	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 Perio	od	
NEILSON FOR THE NORTHEAST	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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	TF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	Period	·			
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		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	tion		•		
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period						
NEIL	SON FOR THE NORTHEAST			From	<u>11/29</u>	<u>9/2022</u>	То:	<u>12/31/2022</u>			
					DATE			AMOUNT			
To Wł	nom Paid			мо	DAY	YEAR					
CHAS	E CARD SERVICES VISA										
Mailin	ng Address			12	30	2022	\$	1,112.11			
City	WILMINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
DE 198865153				OPERAT	TING EXPE	NSES					
-	hom Paid NDS OF ARCHBISHOP RYAH F			мо	DAY	YEAR					
	ng Address			12	30	2022	\$	1,000.00			
		Chata	Zin Code (Dive 4)								
City PHILADELPHIA State Zip Code (Plus 4) 1015 102002					tion of Exp	enaiture					
PA 191543303				SPONS			_				
	SEMAN LODGE 211			мо	DAY	YEAR					
	ng Address			12	22	2022	\$	120.00			
		Chata	Zin Code (Dive 4)								
City	MACUNGIE	State PA	Zip Code (Plus 4) 180629249	Description of Expenditure DUES							
To W	nom Paid										
ουτς	AST RESCUE			мо	DAY	YEAR					
Mailin	ng Address			12	7	2022	\$	200.00			
City	CATASAUQUA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1				
		PA	180320012	DONAT	ION						
To W	nom Paid			мо	DAY	YEAR					
PRINT	Γ AND SEW			MO		TEAR					
Mailin	ng Address			12	30	2022	\$	2,000.00			
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
PA 191543204				SHIRT /	CAMPAIG	N GEAR					
F.e.t.	. Current Tabal - 6 Frances "			、				PAGE TOTAL			
Entei	r Grand Total of Expenditu	res on Page 1, Re	eport Cover Page, Item I).			\$	4,432.11			