

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 :		20110226		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: SIMS4PAPAC												
Street Address:												
City: PHILADELPHIA						State: PA			Zip Code: 19147			
TYPE OF REPORT (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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2015		12	31	2015				
A. Amount Brought Forward From Last Report						\$			1,412.72			
B. Total Monetary Contributions And Receipts (From Schedule I)						\$			1,119.70			
C. Total Funds Available (Sum Of Lines A and B)						\$			2,532.42			
D. Total Expenditures (From Schedule III)						\$			1,021.82			
E. Ending Cash Balance (Subtract Line D From Line C)						\$			1,510.60			
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
SIMS4PAPAC	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 519.70

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)	\$ 600.00
TOTAL for the Reporting Period (2)	\$ 600.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 1,119.70
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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 Candidate	Reporting Period
SIMS4PAPAC	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
PETE CAZACUS							
Mailing Address				12	31	2015	
City	BAKERSFIELD	State	Zip Code (Plus 4)				
		CA	933064816				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
WENDY COX							
Mailing Address				12	11	2015	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191034461				
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
WALKER GILMORE							
Mailing Address				11	30	2015	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191461401				
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
WALKER GILMORE							
Mailing Address				12	30	2015	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191461401				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
MICHAEL HALL							
Mailing Address				12	15	2015	
City	MOBILE	State	Zip Code (Plus 4)				
		AL	366173307				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JAMES MACCALL							
Mailing Address				12	30	2015	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191282602				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
BRIAN PARKER							
Mailing Address				12	19	2015	
City	LOS ANGELES	State	Zip Code (Plus 4)				
		CA	900254889				

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

PAGE TOTAL

\$ 600.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE 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 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.

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	
SIMS4PAPAC		From: <u>11/24/2015</u> To: <u>12/31/2015</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SIMS4PAPAC	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTBLUE TECHNICAL SERVICES				
Mailing Address	11	30	2015	\$ 86.12
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
ACTBLUE TECHNICAL SERVICES				
Mailing Address	12	31	2015	\$ 118.04
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
AT&T				
Mailing Address	12	11	2015	\$ 294.66
City ALPHARETTA	State GA	Zip Code (Plus 4) 300048502	Description of Expenditure TELEPHONE	
To Whom Paid	MO	DAY	YEAR	
AT&T				
Mailing Address	12	17	2015	\$ 223.00
City ALPHARETTA	State GA	Zip Code (Plus 4) 300048502	Description of Expenditure TELEPHONE	
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address	12	2	2015	\$ 300.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure DATABASE MANAGEMENT	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 1,021.82

