

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 :		2016C0396		Report Filed By :	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: BRIAN SIMS											
Street Address:											
City:					State:		Zip Code: 19107				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	Year 2016	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	182	STH	DEM	
					11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	8	2016			4	11	2016		
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		395.20				
C. Total Funds Available (Sum Of Lines A and B)					\$		395.20				
D. Total Expenditures (From Schedule III)					\$		796.42				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		(401.22)				
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

Signature

Printed Name

My Commission Expires

Email

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

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
BRIAN SIMS	From: <u>3/8/2016</u> To: <u>4/11/2016</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)	\$ 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)	\$ 395.20
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 395.20

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.)	\$ 395.20
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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	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$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 Candidate	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$ 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
BRIAN SIMS	From: <u>3/8/2016</u> To: <u>4/11/2016</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	395.20
SIMS4PA									
Mailing Address					3	2	2016		
1120 RODMAN ST. APT 2									
City	PHILADELPHIA		State	PA	Zip Code (Plus 4)	19147			

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

PAGE TOTAL
\$ 395.20

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: To:
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		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	
BRIAN SIMS		From: <u>3/8/2016</u> To: <u>4/11/2016</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 RECEIVED - 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:	
				DATE		AMOUNT	
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
BRIAN SIMS	From <u>3/8/2016</u> To: <u>4/11/2016</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
DELTA AIRLINES				
Mailing Address PO BOX 20706	3	2	2016	\$ 395.20
City ATLANTA	State GA	Zip Code (Plus 4) 30320	Description of Expenditure TRAVEL	
To Whom Paid	MO	DAY	YEAR	
PHILA TAXI				
Mailing Address 4421 ARAMINGO AVENUE	3	17	2016	\$ 33.70
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure TAXI	
To Whom Paid	MO	DAY	YEAR	
PHILA TAXI				
Mailing Address 4421 ARAMINGO AVENUE	3	18	2016	\$ 33.70
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure TAXI	
To Whom Paid	MO	DAY	YEAR	
PHILA TAXI				
Mailing Address 4421 ARAMINGO AVENUE	3	20	2016	\$ 33.70
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure TAXI	
To Whom Paid	MO	DAY	YEAR	
CORK & FORK				
Mailing Address 200 STATE ST.	3	23	2016	\$ 59.22
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure MEAL	
To Whom Paid	MO	DAY	YEAR	
ATLANTA TAXI				
Mailing Address 563 TRABERT AVE. NW	3	2	2016	\$ 53.90
City ATLANTA	State GA	Zip Code (Plus 4) 30309	Description of Expenditure TAXI	

To Whom Paid MILKBOY			MO	DAY	YEAR	\$ 73.00
Mailing Address 1100 CHESTNUT ST.			2	25	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure EVENT COST			

To Whom Paid DROPBOX			MO	DAY	YEAR	\$ 99.00
Mailing Address 185 BERRY ST. SUITE 400			3	4	2016	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94107	Description of Expenditure DATABASE COST			

To Whom Paid NYC TAXI			MO	DAY	YEAR	\$ 15.00
Mailing Address 33 BEAVER ST.			3	2	2016	
City NEW YORK	State NY	Zip Code (Plus 4) 10004	Description of Expenditure TAXI			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 796.42

