

Commonwealth of Pennsylvania

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	LOBBYIST					
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.	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. X	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	
		10	25	2016		11	28	2016		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,246.37				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,246.37				
D. Total Expenditures (From Schedule III)				\$		1,246.37				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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>10/25/2016</u> To: <u>11/28/2016</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)	\$ 1,246.37
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,246.37

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.)	\$ 1,246.37
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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	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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 BRIAN SIMS	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
SIMS4PA PAC				
Mailing Address P.O. BOX 15941				\$ 1,246.37
City PHILADELPHIA	11	22	2016	
State PA				
Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 1,246.37

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:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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 BRIAN SIMS	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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>10/25/2016</u> To: <u>11/28/2016</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
DIVE BAR	11	22	2016	\$ 20.05
Mailing Address 5147 BUTLER ST				
City PITTSBURGH	State PA	Zip Code (Plus 4)		Description of Expenditure MEAL
To Whom Paid SEPTA	11	22	2016	\$ 191.00
Mailing Address 1234 MARKET ST				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		Description of Expenditure TRAVEL
To Whom Paid SEPTA	11	22	2016	\$ 191.00
Mailing Address 1234 MARKET ST				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		Description of Expenditure TRAVEL
To Whom Paid SEPTA	11	22	2016	\$ 191.00
Mailing Address 1234 MARKET ST.				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		Description of Expenditure TRAVEL
To Whom Paid SQ TAXI SERVICES	11	22	2016	\$ 42.57
Mailing Address 2901 SOUTH 128TH STREET				
City TUKWILA	State WA	Zip Code (Plus 4) 98168		Description of Expenditure TRAVEL

To Whom Paid SQ TAXI SERVICES			MO	DAY	YEAR	
Mailing Address 2901 SOUTH 128TH STREET			11	22	2016	\$ 44.30
City TUKWILA	State WA	Zip Code (Plus 4) 98168	Description of Expenditure TRAVEL			
To Whom Paid DETROIT FOOD			MO	DAY	YEAR	
Mailing Address 17801 INTERNATIONAL BLVD			11	22	2016	\$ 8.58
City SEATTLE	State WA	Zip Code (Plus 4) 98158	Description of Expenditure MEAL			
To Whom Paid SUBWAY			MO	DAY	YEAR	
Mailing Address 17801 INTERNATIONAL BLVD			11	22	2016	\$ 8.88
City SEATTLE	State WA	Zip Code (Plus 4) 98158	Description of Expenditure MEAL			
To Whom Paid MCDONALD'S			MO	DAY	YEAR	
Mailing Address 1122 MADISON ST.			11	22	2016	\$ 11.85
City SEATTLE	State WA	Zip Code (Plus 4) 98104	Description of Expenditure MEAL			
To Whom Paid COBALT			MO	DAY	YEAR	
Mailing Address 1639 R ST NW.			11	22	2016	\$ 52.00
City WASHINGTON	State DC	Zip Code (Plus 4) 20009	Description of Expenditure MEAL			
To Whom Paid ICRACKED			MO	DAY	YEAR	
Mailing Address 350 MARINE PKWY STE. 100			11	22	2016	\$ 179.14
City REDWOOD CITY	State CA	Zip Code (Plus 4) 94065	Description of Expenditure PHONE REPAIR			

To Whom Paid ALBERT HICKS			MO	DAY	YEAR	
Mailing Address 245 N BROAD ST.			11	22	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure REIMBURSEMENT			
To Whom Paid WILLIAM COBB			MO	DAY	YEAR	
Mailing Address 6040 CANNON HILL RD			11	22	2016	
City FORT WASHINGTON	State PA	Zip Code (Plus 4) 19034	Description of Expenditure REIMBURSEMENT			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,246.37

