Campaign Finance Report

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

| Filer Identificati Number : | on 2011 | 0226 | | | Rep File | | | CA | NDI | DATE | | COM | MITTEE | V | LOBE | 1131 | |
|--|--------------------------------|-------------|-----------------------|----------|-------------|------|-------|---------|--------|----------|--------|-----------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | ommittee, Candid | ate or L | obbyist: | | Sims | s4P/ | APac | | | | | | | | | | |
| Street Address: | 1120 Rodmar | St.,Ap | t 2 | | | | | | | | | | _ | | | | |
| City: | Philadelphia | | | | | | | State | e: | PA | | | Zip Co | de: 19 | 9147 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDA PRIMARY | Y PRE- | - 2 | 2. | 30 DA | | P | POST- | 3. | | AMENDN REPORT | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5 | 5. | 30 DA | | P | POST- | 6. | | TERMINA REPORT | | Yes | No | √ |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | | NG ME | | | | | PAPER | | | DISKE | TTE |
| Name of Office S | ought by Candida | te: | | | | | | DAT | ΈΟ | F ELE | CTIC | N | District Number | Office Code | Pari | ty Code | County Code |
| DEDDECENITATI | VE IN THE GENER | ما ۸۵۸ | EMRIV | | | | | МО | | DAY | YI | AR | 182 | STH | DEM | 1 | 51 |
| REFRESENTATI | VE IN THE GENER | AL ASS | ILIIDLI | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) |
| | Receipts and | МО | DAY | YEAR | 1 | | | МО | | DAY | ΥI | AR | FC | OR OFFI | CE USE | ONLY | |
| Expenditures | from: | | 1 1 | . 20 | 020 | Т | 0 | | 3 | | 9 | 2020 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | | 6,6 | 660.74 | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (Fron | n Sche | dule | I) | \$ | | | | 11,3 | 309.00 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | | 17,9 | 969.74 | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 7,2 | 279.16 | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line | C) | | | \$ | | | | 10,6 | 90.58 | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II |) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV | /) | | | \$ | | | | 50,0 | 00.00 | | | ' | | |
| | | | | AFF | IDA | VI | T SE | CTIO | NC | | | | | | | | |
| | a Committee report, incl | | _ | | | | | | | - | | _ | | of my kno | wledge a | and belie | ef , true |
| correct and comple | ete. | | | | | | | · | | | | | | | | | |
| Sworn to and subs | cribed before me this day of | • | 20 | | | | _ | | | | S | Signature | of Perso | n Submit | ting Rep | ort | |
| | Signatu | re | | | | | - | | | | | | Prin | ted Name | 3 | | |
| My Commission Ex | rpires | | | | | | _ | | • | | | | Ema | il | | | |
| | МО | D | AY | YR | _ | _ | | | _ | Are | ea Cod | le | Daytin | ne Teleph | ione Nui | mber | _ |
| Part II- If this is | a report of a cand | lidate's | authorized | Comn | nitte | e, C | andid | ate sl | hall : | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ned. | ıy knowl | edge and beli | ief this | polit | ical | comm | ittee h | ias n | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | | s | ignature | of Candid | ate | | |
| | _ | | | | | | - | | | | | | Printe | ed Name | | | |
| My Commission Exp | Signature ires | | | | | | _ | | | | | | Ema | nil | | | — |
| | МО | D | AY | YR | | | - | | | Area | Code | | D | aytime T | elephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | Period | | |
|---|-----------|---------|--------------|-----------|
| Sims4PAPac | From: | 1/1/202 | <u>0</u> To: | 3/9/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 1,764.00 |
| 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) | | | \$ | 2,045.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 2,045.00 |
| 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) | | | \$ | 7,500.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 7,500.00 |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page | | | \$ | 11,309.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | |
|---------------------------------------|---------------|-------------------|---------|-----------|------|----|--------|
| | | | From: | | То | : | |
| | | I | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | МО | 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 |

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 | | | | orting Pe | eriod | | | |
|---|--------------------|---------------------------------------|-----|-----------|-------|------------------------|----|-----------------|
| Sims4PAPac | | | Fro | m: | 1/1/2 | 2 <u>020</u> To | : | <u>3/9/2020</u> |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor Eric Davis | | | | МО | DAY | YEAR | | |
| Mailing Address 2077 Edmund Ln | | | | | | | \$ | 100.00 |
| City Capitola | State CA | Zip Code (Plus 4) 950102529 | 3 | 9 | 2020 | | | |
| Full Name of Contributor Cory Nade | | МО | DAY | YEAR | | | | |
| Mailing Address 390 Jug Rd | | | | | | | \$ | 50.00 |
| City York | | 2 | 27 | 2020 | | | | |
| Full Name of Contributor Andrew Perkins | | | | МО | DAY | YEAR | | |
| Mailing Address 1615 Spruce St | | | | | | | \$ | 50.00 |
| City Southampton | State PA | Zip Code (Plus 4) 18966 | | 3 | 6 | 2020 | | |
| Full Name of Contributor Joseph Cautilli | | | | МО | DAY | YEAR | | |
| Mailing Address 535 Queen St | State | Zip Code (Plus 4) | | 1 | 16 | 2020 | \$ | 50.00 |
| City Philadelphia | PA | 191473032 | | | | | | |
| Full Name of Contributor Alexander Reber | | | | мо | DAY | YEAR | | |
| Mailing Address 1013 N 2nd St | | | | | | | \$ | 100.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 171023122 | | 2 | 3 | 2020 | | |

| | | | | | | | PAG | |
|--|--|--------------------|------------------------------------|-----------|---------------|----------------------|-----|--------|
| Full Name of Con | tributor | | | | | | | |
| Steven Hennesse | ee | | | МО | DAY | YEAR | | |
| Mailing Address | PO Box 582 | | | | | | \$ | 50.00 |
| City Richmond | <u> </u> | State | Zip Code (Plus 4) | 1 | 30 | 2020 | | |
| | | VA | 232180582 | | | | | |
| Full Name of Con | tributor | | | МО | DAY | YEAR | | |
| Ralph Grier | | | | | | | | |
| Mailing Address | 9900 Withers Rd | | | | | | \$ | 100.00 |
| City Charlotte | | State | Zip Code (Plus 4) | 3 | 5 | 2020 | | |
| Charlotte | | NC | 282786822 | | | | | |
| Full Name of Cont David Frankel | tributor | | | МО | DAY | YEAR | | |
| Mailing Address | 1251 Oakridge Dr | | | | | | \$ | 100.00 |
| City Cleveland | | State | Zip Code (Plus 4) | 2 | 29 | 2020 | | |
| ole velatie | • | он | 44121 | | | | | |
| | | | | | | | | |
| Full Name of Cont Lynn Wentzel | tributor | | | МО | DAY | YEAR | | |
| | tributor 150 Pond Rd | | | МО | DAY | YEAR | \$ | 10.00 |
| Lynn Wentzel Mailing Address | 150 Pond Rd | State | Zip Code (Plus 4) | MO | DAY 16 | YEAR 2020 | \$ | 10.00 |
| Lynn Wentzel | 150 Pond Rd | State PA | Zip Code (Plus 4) 18017 | | | | \$ | 10.00 |
| Lynn Wentzel Mailing Address | 150 Pond Rd n | | | | 16 | | \$ | 10.00 |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Confi | 150 Pond Rd n | | | 1 | 16 | 2020 | \$ | 20.00 |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Cont Derek Morr Mailing Address | 150 Pond Rd m tributor 126 Bottorf Dr | | | 1 | 16 | 2020 | | |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Cont Derek Morr | 150 Pond Rd m tributor 126 Bottorf Dr | PA | 18017 | мо | 16 | 2020 YEAR | | |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Confidence Morr Mailing Address City State Col | 150 Pond Rd m tributor 126 Bottorf Dr lege | PA | 18017 Zip Code (Plus 4) | мо | 16 | 2020 YEAR | | |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Cont Derek Morr Mailing Address City State Col | 150 Pond Rd m tributor 126 Bottorf Dr lege | PA | 18017 Zip Code (Plus 4) | 1 MO | 16 DAY | 2020 YEAR 2020 | | |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Confidence Morr Mailing Address City State Col | 150 Pond Rd m tributor 126 Bottorf Dr lege | PA | 18017 Zip Code (Plus 4) | 1 MO | 16 DAY 1 | 2020 YEAR 2020 | | |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Confidence Morr Mailing Address City State Colfidence Confidence Confi | 150 Pond Rd m tributor 126 Bottorf Dr lege tributor | PA | 18017 Zip Code (Plus 4) | 1 MO | 16 DAY | 2020 YEAR 2020 | \$ | 20.00 |
| Lynn Wentzel Mailing Address City Bethleher Full Name of Cont Derek Morr Mailing Address City State Col Full Name of Cont William Kelly Will Mailing Address | 150 Pond Rd m tributor 126 Bottorf Dr lege tributor | State PA | Zip Code (Plus 4) 168017124 | 1 MO 2 | 16 DAY 1 | 2020 YEAR 2020 | \$ | 20.00 |

| | | | | PAGE 6 |
|--|----------|---------------|----------------------|----------------------|
| Full Name of Contributor Lynn Wentzel | мо | DAY | YEAR | |
| Mailing Address 150 Pond Rd | | | | \$ 10.00 |
| City Bethlehem State Zip Code (Plant) PA 18017 | lus 4) 1 | 31 | 2020 | |
| Full Name of Contributor Derek Morr | МО | DAY | YEAR | |
| Mailing Address 126 Bottorf Dr | | | | \$ 20.00 |
| City State College State PA 2ip Code (Pl | | 1 | 2020 | |
| Full Name of Contributor Steven Hennessee | мо | DAY | YEAR | |
| Mailing Address PO Box 582 | | | | \$ 50.00 |
| City Richmond State VA Zip Code (Pl | | 29 | 2020 | |
| | | | | |
| Full Name of Contributor Lynn Wentzel | МО | DAY | YEAR | |
| | мо | | | \$ 10.00 |
| Lynn Wentzel | | DAY 14 | YEAR 2020 | \$ 10.00 |
| Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State Zip Code (Pl | | 14 | | \$ 10.00 |
| Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State PA 18017 Full Name of Contributor | lus 4) 1 | DAY | 2020 YEAR | \$ 10.00 \$ 10.00 |
| Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State PA 18017 Full Name of Contributor Lynn Wentzel | MO | 14 | 2020 | |
| Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State PA 18017 Full Name of Contributor Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State Zip Code (Plance) City Bethlehem State Zip Code (Plance) | MO | DAY | 2020 YEAR | |
| Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State PA 18017 Full Name of Contributor Lynn Wentzel Mailing Address 150 Pond Rd City Bethlehem State Zip Code (Plance) PA 2 18017 Full Name of Contributor | Mo 2 | 14 DAY | 2020 YEAR 2020 | |

| | | | | | | | PAGE | |
|---|--|--------------------|---------------------------------------|-----------|---------------|----------------------|------|--------|
| Full Name of Contrib | butor | | | мо | DAY | YEAR | | |
| Hadar Roizman | | | | | | | | |
| Mailing Address | 6 Red Maple Dr | | | | | | \$ | 100.00 |
| City Lafayette Hi | ill | State | Zip Code (Plus 4) | 2 | 10 | 2020 | | |
| | | PA | 194442304 | | | | | |
| Full Name of Contrib | butor | | | мо | DAY | YEAR | | |
| Monty D Smith | | | | | | | | |
| Mailing Address | 510 Grove Ter | | | | | | \$ | 50.00 |
| City Maplewood | | State | Zip Code (Plus 4) | 1 | 3 | 2020 | | |
| , | | NJ | 07040 | | | | | |
| Full Name of Contrib | butor | | | мо | DAY | YEAR | | |
| | | | | | | | | |
| Mailing Address | 126 Bottorf Dr | | | , | 1 | 2020 | \$ | 20.00 |
| City State Colleg | je | State | Zip Code (Plus 4) | 1 | 1 | 2020 | | |
| | | PA | 168017124 | | | | | |
| Full Name of Contrib | hb | | | | | | | |
| | butor | | | мо | DAY | YEAR | | |
| Cory Nade | | | | МО | DAY | YEAR | | |
| | 390 Jug Rd | | | | | | \$ | 50.00 |
| Cory Nade | | State | Zip Code (Plus 4) | MO | DAY 27 | YEAR 2020 | \$ | 50.00 |
| Cory Nade Mailing Address | | State PA | Zip Code (Plus 4) 174049165 | | | | \$ | 50.00 |
| Cory Nade Mailing Address | 390 Jug Rd | | | | 27 | 2020 | \$ | 50.00 |
| Cory Nade Mailing Address City York Full Name of Contrib | 390 Jug Rd | | | 1 | 27 | 2020 | | 50.00 |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address | 390 Jug Rd butor 6 Red Maple Dr | | | 1 | 27 | 2020 | | |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman | 390 Jug Rd butor 6 Red Maple Dr | PA | 174049165 | 1 | 27 DAY | 2020 YEAR | | |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address | 390 Jug Rd butor 6 Red Maple Dr ill | PA | 174049165 Zip Code (Plus 4) | 1 MO | 27 DAY | 2020 YEAR 2020 | | |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address City Lafayette Hi | 390 Jug Rd butor 6 Red Maple Dr ill | PA | 174049165 Zip Code (Plus 4) | 1 | 27 DAY | 2020 YEAR | | |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address City Lafayette Hi | 390 Jug Rd butor 6 Red Maple Dr ill | PA | 174049165 Zip Code (Plus 4) | 1 MO | 27 DAY | 2020 YEAR 2020 | | |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address City Lafayette Hi Full Name of Contrib David Sheaffer Mailing Address | 390 Jug Rd butor 6 Red Maple Dr ill | PA | 174049165 Zip Code (Plus 4) | 1 MO | 27 DAY | 2020 YEAR 2020 | \$ | 100.00 |
| Cory Nade Mailing Address City York Full Name of Contrib Hadar Roizman Mailing Address City Lafayette Hi Full Name of Contrib David Sheaffer Mailing Address | 390 Jug Rd butor 6 Red Maple Dr ill | State PA | Zip Code (Plus 4) 194442304 | 1 MO | 27 DAY 10 | 2020 YEAR 2020 | \$ | 100.00 |

| Eull Name of Comme | | | | | | | FAGL 8 |
|---|-------------------------------|--------------------|---|---------|---------------|------------------|----------------------|
| Full Name of Contribu | itor | | | мо | DAY | YEAR | |
| Lynn Wentzel | | | | МО | DAT | TEAR | |
| Mailing Address 1 | 150 Pond Rd | | | | | | \$ 10.00 |
| City Bethlehem | | State | Zip Code (Plus 4) | 2 | 29 | 2020 | |
| | | PA | 18017 | | | | |
| Full Name of Contribu Monty D Smith | itor | | | МО | DAY | YEAR | |
| Mailing Address 5 | 510 Grove Ter | | | | | | \$ 50.00 |
| City Maplewood | - | State | Zip Code (Plus 4) | 2 | 3 | 2020 | |
| ap.cou | | NJ | 07040 | | | | |
| Full Name of Contribu Andrew Perkins | itor | | | МО | DAY | YEAR | |
| Mailing Address 1 | 1615 Spruce St | | | | | | \$ 50.00 |
| City Southampton | | State | Zip Code (Plus 4) | 1 | 31 | 2020 | |
| · | | PA | 18966 | | | | |
| Full Name of Contribu Joseph Cautilli | itor | | | МО | DAY | YEAR | |
| Mailing Address 5 | | | | | | | |
| 5 | 35 Queen St | | | | | | \$ 50.00 |
| | | State | Zip Code (Plus 4) | 2 | 16 | 2020 | \$ 50.00 |
| | | State PA | Zip Code (Plus 4) 191473032 | 2 | 16 | 2020 | \$ 50.00 |
| | | | | 2 | DAY | 2020 YEAR | \$ 50.00 |
| City Philadelphia Full Name of Contribu Kira Kinsman | | | | | DAY | YEAR | \$ 50.00 \$ 50.00 |
| City Philadelphia Full Name of Contribu Kira Kinsman | ıtor | | | | | | |
| City Philadelphia Full Name of Contribu Kira Kinsman Mailing Address 6 | ıtor | РА | 191473032 | мо | DAY | YEAR | |
| City Philadelphia Full Name of Contribu Kira Kinsman Mailing Address 6 | itor 52 Stanley St | PA | 191473032 Zip Code (Plus 4) | мо | DAY | YEAR | |
| Full Name of Contribu Kira Kinsman Mailing Address 6 City Wilkes Barre Full Name of Contribu Kira Kinsman | itor 52 Stanley St | PA | 191473032 Zip Code (Plus 4) | мо 2 | DAY 18 | YEAR 2020 YEAR | |
| Full Name of Contribu Kira Kinsman Mailing Address 6 City Wilkes Barre Full Name of Contribu Kira Kinsman | stor 52 Stanley St stor | PA | 191473032 Zip Code (Plus 4) | мо 2 | DAY 18 | YEAR 2020 | \$ 50.00 |
| Full Name of Contribution Kira Kinsman Mailing Address 6 City Wilkes Barre Full Name of Contribution Kira Kinsman Mailing Address 6 | stor 52 Stanley St stor | State PA | 191473032 Zip Code (Plus 4) 187022339 | мо 2 | DAY 18 | YEAR 2020 YEAR | \$ 50.00 |

| Full Name of Contributor John Lundsten | | | мо | DAY | YEAR | |
|--|--------------------|---------------------------------------|----|-----|------|------------------|
| Mailing Address 2833 NE 35th | Ct 19A | | | 20 | 2020 | \$ 100.00 |
| City Fort Lauderdale | State FL | Zip Code (Plus 4) 333085815 | 1 | 28 | 2020 | |
| Full Name of Contributor David Frankel | | | МО | DAY | YEAR | |
| Mailing Address 1251 Oakridge | e Dr | | | | | \$ 100.00 |
| City Cleveland | State OH | Zip Code (Plus 4) 44121 | 1 | 30 | 2020 | |
| Full Name of Contributor Lynn Wentzel | | | МО | DAY | YEAR | |
| Mailing Address 150 Pond Rd | | | | | | \$ 10.00 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | 2 | 16 | 2020 | |
| Full Name of Contributor Robin Morris | | | МО | DAY | YEAR | |
| Mailing Address 907 Latimer S | t | | | | | \$ 75.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191075711 | 1 | 3 | 2020 | |
| | | | | | | |

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

PAGE TOTAL \$ 2,045.00

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 Candi | ame of Filing Committee or Candidate Rep | | | | | Reporting Period | | | | | |
|-----------------------------------|--|---------------|-------------|------|-----|------------------|----|------------|--|--|--|
| | | | From: | | | То: | | | | | |
| | | | | DA | TE | | Α | MOUNT | | | |
| Full Name of Contributing Committ | tee | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | | |
| | | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3. | | | \$ | 0.00 | | | |

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 | Name of Filing Committee or Candidate Re | | | | | Reporting Period | | | | | |
|--|--|--------------|------------|------|----------------------|------------------|-----------------------|-------------------|-----------|---------------|--|
| Sims4PAPac | | | | Fror | n: | 1/1/2 | <u>020</u> T o |) : | <u>3/</u> | <u>9/2020</u> | |
| | | | | | D <i>A</i> | ATE | | | AMOUN | т | |
| Full Name of Contributor Todd Sears | | | | | МО | DAY | YEAR | | | | |
| Mailing 520 W 43rd St Apt 2 | BA | | | | | | | ١, | \$ | 1,000.00 | |
| City New York | State | Zip | Code (Plus | 4) | 1 | 17 | 2020 |) | | | |
| | NY | NY 100364355 | | | | | | | | | |
| Employer Name OUT LEADERSHIP | | | | | Occupat | ion | Consulta | nt | | | |
| Employer Mailing Address/Principal Place of Business City | | | | | | State | | Zip | Code (Plu | s 4) | |
| Business 636 11th Ave New York | | | | (| | NY | | 10 | 00362109 | | |
| Full Name of Contributor Christopher Pristera | | | | | МО | DAY | YEAR | | | | |
| Mailing 139 W St NW | | | | | | | | ١, | \$ | 1,000.00 | |
| City Washington | State | Zip | Code (Plus | 4) | 3 | 5 | 2020 | | | | |
| | DC | 20 | 0011602 | | | | | | | | |
| Employer Name Sirius XM | | | | | Occupation Engineer | | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | State Zip Code | | | Code (Plu | s 4) | | |
| 1500 Eckington Pl NE | | | Washingt | on | | DC | | 20 | 00022128 | | |
| Full Name of Contributor Paul Testa | | | | | МО | DAY | YEAR | | | | |
| Mailing 515 E 14th St Apt 7A | | | | | | | | | \$ | 250.00 | |
| City New York | State | Zip | Code (Plus | 4) | 2 | 28 | 2020 |) | | | |
| | NY | 10 | 0092912 | | | | | | | | |
| Employer Name NYU Langone Health | | | | | Occupation Physician | | | n | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | State | | | Zip Code (Plus 4) | | s 4) | |
| 360 Park Ave SSte 18-017 | | | New York | (| | NY | | 10 | 00101710 | | |

| | | | | | | | | TAGE 12 | |
|-----------------------------|-----------------------|--------------------|----------|------------------|----------------------|--------------|-----------|-------------------|--|
| Full Name of Co | ntributor | | | | МО | DAY | YEAR | | |
| Mailing Address | 304 S 12th St | | | | | | | \$ 5,000.00 | |
| City Philadel | phia | State PA | | P Code (Plus 4) | 1 | 9 | 2020 | | |
| Employer Name Self Employed | | | | | | t ion | teal Esta | ate Investor | |
| Employer Mailin Business | g Address/Principal F | Place of | | City | • | State | | Zip Code (Plus 4) | |
| 304 S 12th St | | | | Philadelphia | | PA | | 191075908 | |
| Full Name of Co | ntributor | | | | МО | DAY | YEAR | | |
| Mailing Address | 515 E 14th St Apt | : 7A | | | | | | \$ 250.00 | |
| City New Yo | rk | State NY | | P Code (Plus 4) | 1 | 28 | 2020 | | |
| Employer Name | NYU Langone Heal | th | • | | Occupation Physician | | | | |
| Employer Mailin Business | g Address/Principal F | Place of | | City | 1 | State | | Zip Code (Plus 4) | |
| 360 Park Ave S | Ste 18-017 | | | New York | | NY | | 100101710 | |
| Enter Grand T | otal of Part C on So | chedule I, Detai | led Sumn | nary Page, Secti | on 3. | | | PAGE TOTAL | |

7,500.00

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 Car | Name of Filing Committee or Candidate | | | | | | | |
|---------------------------------|---------------------------------------|-----------------|---------|----|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | • | | | • | |
| Enter Grand Total of Part E on | Schedule T. Detailed | l Summary Page. | Section | 4. | | | P | AGE TOTAL |
| | 2, 2000 | | 22300 | | | | \$ | 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 | I | |
|--|------------------|----------------------------|-----------------|
| Sims4PAPac | From: | <u>1/1/2020</u> To: | <u>3/9/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidat | Name of Filing Committee or Candidate R | | | | | Reporting Period | | | | |
|--------------------------------------|---|-----------------------|-------------|-------------|-------|------------------|------------|--|--|--|
| | | | From: | | | То: | | | | |
| | | | | DATE | | | AMOUNT | | | |
| 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 Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | | | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL | | | |
| | | | | | | \$ | 0.00 | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidat | Name of Filing Committee or Candidate | | | | | Reporting Period | | | | |
|---|---------------------------------------|---------|------------|---------|-------|------------------|-----------|--------|-------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | -1 | | • | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pl Business | ace of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on So Summary Page, Section 3. | hedule II, | In-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III **STATEMENT OF EXPENDITURES**

| Name of Filing Committee or Ca | ndidate | | Reporti | ng Period | | | |
|--|-----------------------|---------------------------------------|---------|----------------------------|-----------|-----|----------|
| Sims4PAPac | | | From | <u>1/:</u> | 1/2020 | То: | 3/9/2020 |
| | | | | DATE | | | AMOUNT |
| To Whom Paid Elizabeth Sarshik | | | мо | DAY | YEAR | | |
| Mailing Address 1812 Pine St | : 1R | | 2 | 12 | 2020 | \$ | 1,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191036644 | | ntion of Exp ance Servi | | | |
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| Mailing Address 1900 Chelms | sford Street | | 2 | 11 | 2020 | \$ | 0.54 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | | otion of Exp | | | |
| To Whom Paid ActBlue Technical Services | | | мо | DAY | YEAR | | |
| Mailing Address 1900 Chelms | sford Street | | 2 | 27 | 2020 | \$ | 0.54 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | | otion of Exp Card Proce | | | |
| To Whom Paid ActBlue Technical Services | | · | МО | DAY | YEAR | | |
| Mailing Address 1900 Chelms | sford Street | | 1 | 15 | 2020 | \$ | 0.68 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | ı | otion of Exp Card Proce | | | |
| To Whom Paid First Data Merchant Services | | | МО | DAY | YEAR | | |
| Mailing Address 5565 Glenrid | ge Connector NE Ste 2 | 000 | 2 | 3 | 2020 | \$ | 64.90 |
| City Atlanta | State GA | Zip Code (Plus 4) 303424799 | | otion of Exp Card Fees | penditure | | |

| | | | | | | PAC | GE 18 |
|--|------------------------|---------------------------------------|----------------------------|----------------------------|-----------|-----|----------|
| To Whom Paid VLB Consulting | | | МО | DAY | YEAR | | |
| Mailing Address 701 N Illin | ois St | | 2 | 17 | 2020 | \$ | 2,750.00 |
| City Arlington | State VA | Zip Code (Plus 4) 222051161 | Descrip Petition | n tion of Ex p | penditure | | |
| To Whom Paid Brian Sims | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 15 | 941 | | 2 | 11 | 2020 | \$ | 423.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191030941 | | otion of Exp usement | penditure | | |
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| Mailing Address 1900 Cheli | msford Street | | 3 | 4 | 2020 | \$ | 24.23 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | | otion of Exp | | | |
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| Mailing Address 1900 Cheli | msford Street | | 1 | 9 | 2020 | \$ | 0.54 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | | otion of Exp Card Proce | | | |
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| | | | | | | 1 | |
| Mailing Address 1900 Cheli | msford Street | | 3 | 9 | 2020 | \$ | 12.06 |
| 1900 Chen | msford Street State MA | Zip Code (Plus 4) 01851 | | 9 otion of Exp | | | 12.06 |
| Other. | State | | | | | | 12.06 |
| City Lowell To Whom Paid ActBlue Technical Services | State | | Descrip | otion of Exp | penditure | | 0.57 |

| To Whom Paid ActBlue Technica | l Services | | | МО | DAY | YEAR | | |
|--|--|-----------------|--------------------------------|--|----------------------------------|--|-----------|------|
| Mailing Address | 1900 Chelmsford St | reet | | 2 | 5 | 2020 | \$ 120 |).15 |
| City Lowell | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Lowen | | MA | 01851 | | Card Proce | | | |
| To Whom Paid ActBlue Technica | l Services | | | МО | DAY | YEAR | | |
| Mailing Address | 1900 Chelmsford St | reet | | 3 | 6 | 2020 | \$ O | 0.68 |
| City Lowell | | State | Zip Code (Plus 4) | Descrin | tion of Exp | enditure | | |
| Lowell | | МА | 01851 | | Card Proce | | | |
| To Whom Paid ActBlue Technica | l Services | | · | МО | DAY | YEAR | | |
| Mailing Address | 1900 Chelmsford St | reet | | 2 | 25 | 2020 | \$ 0 |).54 |
| City Lowell | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Lowen | | МА | 01851 | | Card Proce | | | |
| | | | | | | | | |
| To Whom Paid ActBlue Technica | l Services | | | МО | DAY | YEAR | | |
| | l Services 1900 Chelmsford St | reet | | мо 1 | DAY 8 | YEAR 2020 | \$ 89 | 9.65 |
| ActBlue Technica Mailing Address | | reet | Zip Code (Plus 4) | 1 | 8 | 2020 | \$ 89 | 9.65 |
| ActBlue Technica Mailing Address | | | Zip Code (Plus 4) 01851 | 1 Descrip | | 2020 penditure | 89 | 9.65 |
| ActBlue Technica Mailing Address | 1900 Chelmsford St | State | | 1 Descrip | 8 otion of Exp | 2020 penditure | 89 | 9.65 |
| ActBlue Technica Mailing Address City Lowell To Whom Paid | 1900 Chelmsford St | State MA | | 1 Descrip Credit (| 8 Oction of Exp Card Proce | 2020 Denditure ssing Fee | | 1.96 |
| Mailing Address City Lowell To Whom Paid ActBlue Technica Mailing Address | 1900 Chelmsford St | State MA | | Descrip Credit (| 8 Dation of Exp Card Proce | 2020 Denditure ssing Fee YEAR 2020 | | |
| Mailing Address City Lowell To Whom Paid ActBlue Technica Mailing Address | 1900 Chelmsford St | State MA | 01851 | Descrip Credit (| 8 Dation of Exp Card Proce | 2020 Denditure SSING Fee YEAR 2020 Denditure | \$ | |
| Mailing Address City Lowell To Whom Paid ActBlue Technica Mailing Address | 1900 Chelmsford St | MA MA reet | 01851 Zip Code (Plus 4) | Descrip Credit (| DAY 14 Otion of Exp | 2020 Denditure SSING Fee YEAR 2020 Denditure | \$ | |
| Mailing Address City Lowell To Whom Paid ActBlue Technica Mailing Address City Lowell To Whom Paid | 1900 Chelmsford St | reet State MA | 01851 Zip Code (Plus 4) | Descrip Credit (| DAY 14 Otion of Exp Card Proce | 2020 penditure ssing Fee YEAR 2020 penditure ssing Fee | \$ 31 | |
| Mailing Address City Lowell To Whom Paid ActBlue Technica Mailing Address City Lowell To Whom Paid ActBlue Technica | 1900 Chelmsford St I Services 1900 Chelmsford St | reet State MA | 01851 Zip Code (Plus 4) | Description of the control of the co | DAY 14 Otion of Exp Card Proce | 2020 Penditure ssing Fee YEAR 2020 Penditure ssing Fee YEAR 2020 | \$ 31 | 1.96 |

| | | | | | | PAGE | |
|---|------------------------------|---------------------------------------|--|---|--|------|------|
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| Mailing Address 1900 Chelmsfor | rd Street | | 2 | 26 | 2020 | \$ | 1.02 |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | | otion of Exp Card Proce | | | |
| To Whom Paid Abby Rambo | | | МО | DAY | YEAR | | |
| Mailing Address 1030 Cantrell S | 1 | 6 | 2020 | \$ | 2,500.00 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191483007 | Descrip Consult | otion of Exp | enditure | | |
| To Whom Paid ActBlue Technical Services | | | МО | DAY | YEAR | | |
| Mailing Address 1900 Chelmsfor | rd Street | | 2 | 18 | 2020 | \$ | 0.57 |
| City Lowell | | otion of Exp Card Proce | | | | | |
| | | | | | | | |
| To Whom Paid ActBlue Technical Services | <u> </u> | | мо | DAY | YEAR | | |
| | rd Street | <u> </u> | MO 2 | DAY 10 | YEAR 2020 | \$ | 7.54 |
| ActBlue Technical Services | rd Street State MA | Zip Code (Plus 4) 01851 | 2 Descrip | | 2020 penditure | | 7.54 |
| ActBlue Technical Services Mailing Address 1900 Chelmsfor | State | | 2 Descrip | 10 | 2020 penditure | | 7.54 |
| ActBlue Technical Services Mailing Address 1900 Chelmsfor City Lowell To Whom Paid First Data Merchant Services | State | 01851 | 2 Descrip | 10 Stion of Exp Card Proce | 2020 penditure ssing Fee | | 7.54 |
| ActBlue Technical Services Mailing Address 1900 Chelmsfor City Lowell To Whom Paid First Data Merchant Services | State MA | 01851 | Description of the control of the co | 10 Ition of Exp Card Proce | 2020 Denditure SSING Fee YEAR 2020 | | |
| ActBlue Technical Services Mailing Address 1900 Chelmsfor City Lowell To Whom Paid First Data Merchant Services Mailing Address 5565 Glenridge | State MA Connector NE Ste 2 | 2000 Zip Code (Plus 4) | Description of the control of the co | 10 Ition of Exp Card Proce DAY 3 | 2020 Denditure SSING Fee YEAR 2020 | | |
| ActBlue Technical Services Mailing Address 1900 Chelmsfor City Lowell To Whom Paid First Data Merchant Services Mailing Address 5565 Glenridge City Atlanta To Whom Paid First Data Merchant Services | State MA Connector NE Ste 2 | 2000 Zip Code (Plus 4) 303424799 | Descrip Credit (| 10 Ition of Exp Card Proce DAY 3 Ition of Exp Card Fees | 2020 penditure ssing Fee YEAR 2020 penditure | | |

| To Whom Paid ActBlue Technical Services | | | | DAY | YEAR | |
|---|-------------------------|--------------------------------|------|----------------------------|------|----------------------------------|
| Mailing Address 1900 Cl | 1 | 28 | 2020 | \$ 0.55 | | |
| City Lowell | State MA | Zip Code (Plus 4) 01851 | _ | otion of Exp Card Proce | | |
| Enter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D | • | | | \$ PAGE TOTAL 7,279.16 |
| | | | | | | |
| | | | | | | |

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | | |
|---------------------------------------|-------------------|--------------------|----------------------------------|----------|------------------|-----------------|------|-------------|--------------------------------|--|--|
| Sims4PAPac | | | | From: | | <u>1/1/2020</u> | To: | | 3/9/2020 | | |
| | | | | | | DATE | | | Outstanding Balance of Debt | | |
| Name of Creditor Mel Heifetz | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | 304 S 12th St | | | | 3 | 3 | 2010 | 5 \$ | 50,000.00 | | |
| City Philadelphia | | State PA | Zip Code (Pl 191075908 | • | 1 | otion of De | bt | • | | | |
| Enter Crand To | tal of Umpaid Dob | to on Dogo | 1 Panart Cavar Pa | as Itom | | | | | PAGE TOTAL | | |
| Enter Grand 10 | tai of Unpaid Dec | ots on Page | e 1, Report Cover Pa | ge, item | ı G. | | | \$ | 50,000.00 | | |
| | | | | | | | | | | | |