

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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	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	51
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	20	2020		11	23	2020				
A. Amount Brought Forward From Last Report						\$		11,807.02				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		2,373.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		14,180.02				
D. Total Expenditures (From Schedule III)						\$		1,656.00				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		12,524.02				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		50,000.00				

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>10/20/2020</u> To: <u>11/23/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 973.00

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)	\$ 900.00
TOTAL for the Reporting Period (2)	\$ 900.00

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)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,373.00
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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)				

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
Sims4PAPac	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
David Frankel				10	30	2020	
Mailing Address							
City	Cleveland	State	OH	Zip Code (Plus 4)		44121	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Austin Idehen				10	29	2020	
Mailing Address							
City	Jamaica	State	NY	Zip Code (Plus 4)		114326150	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
John Lundsten				10	28	2020	
Mailing Address							
City	Fort Lauderdale	State	FL	Zip Code (Plus 4)		333085815	
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
John Marsden				10	24	2020	
Mailing Address							
City	Philadelphia	State	PA	Zip Code (Plus 4)		191473045	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Miles Newell				11	2	2020	
Mailing Address							
City	Aliquippa	State	PA	Zip Code (Plus 4)		150012220	
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Paul Testa				10	28	2020	
Mailing Address							
City	New York	State	NY	Zip Code (Plus 4)		100092912	

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

PAGE TOTAL
\$ 900.00

			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 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 Sims4PAPac	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE	AMOUNT
Full Name of Contributor David Sheaffer				MO	\$ 250.00
Mailing Address				DAY	
City Etters	State PA	Zip Code (Plus 4) 173198803	YEAR		
Employer Name Lehigh Gas Partners LP				Occupation Accountant	
Employer Mailing Address/Principal Place of Business			City Etters	State PA	Zip Code (Plus 4) 173198803

Full Name of Contributor David Sheaffer				MO	\$ 250.00
Mailing Address				DAY	
City Etters	State PA	Zip Code (Plus 4) 173198803	YEAR		
Employer Name Lehigh Gas Partners LP				Occupation Accountant	
Employer Mailing Address/Principal Place of Business			City Etters	State PA	Zip Code (Plus 4) 173198803

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

PAGE TOTAL
\$ 500.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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>10/20/2020</u> To: <u>11/23/2020</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

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
Sims4PAPac	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
2nd Ward Dems				
Mailing Address	10	23	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 191232925	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
ActBlue Technical Services				
Mailing Address	11	1	2020	\$ 23.97
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure Credit Card Processing Fee, Oct 20 - Oct 31	
To Whom Paid	MO	DAY	YEAR	
ActBlue Technical Services				
Mailing Address	11	23	2020	\$ 15.13
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure Credit Card Processing Fee, Nov 1 - Nov 23	
To Whom Paid	MO	DAY	YEAR	
First Data Merchant Services				
Mailing Address	11	3	2020	\$ 64.90
City Atlanta	State GA	Zip Code (Plus 4) 303424799	Description of Expenditure Credit Card Fees	
To Whom Paid	MO	DAY	YEAR	
Friends of Kolbe Cole				
Mailing Address	11	23	2020	\$ 250.00
City Beaver Falls	State PA	Zip Code (Plus 4) 15010	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Brian Sims				
Mailing Address	11	10	2020	\$ 802.00
City Philadelphia	State PA	Zip Code (Plus 4) 191030941	Description of Expenditure Reimbursement	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 1,656.00

SCHEDULE IV

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 Sims4PAPac	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 50,000.00
Mel Heifetz							
Mailing Address				3	3	2016	
City	Philadelphia	State	PA	Zip Code (Plus 4)	Description of Debt		
			191075908	Loan Received			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 50,000.00
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