

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20110226		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Sims4PAPac												
<b>Street Address:</b> 1120 Rodman St., Apt 2												
<b>City:</b> Philadelphia						<b>State:</b> PA		<b>Zip Code:</b> 19147				
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	182	STH	DEM	51
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	20	2020		11	23	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$		11,807.02				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		2,373.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		14,180.02				
<b>D. Total Expenditures (From Schedule III)</b>						\$		1,656.00				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		12,524.02				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Sims4PAPac	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 900.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 900.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 2,373.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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)**

<b>Name of Filing Committee or Candidate</b> Sims4PAPac	<b>Reporting Period</b> From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE		AMOUNT	
Full Name of Contributor David Frankel				MO	DAY	YEAR	\$ 100.00
Mailing Address 1251 Oakridge Dr				10	30	2020	
City Cleveland	State OH	Zip Code (Plus 4) 44121					
Full Name of Contributor Austin Idehen				MO	DAY	YEAR	\$ 100.00
Mailing Address 8931 161st St Ste 810				10	29	2020	
City Jamaica	State NY	Zip Code (Plus 4) 114326150					
Full Name of Contributor John Lundsten				MO	DAY	YEAR	\$ 100.00
Mailing Address 2833 NE 35th Ct 19A				10	28	2020	
City Fort Lauderdale	State FL	Zip Code (Plus 4) 333085815					
Full Name of Contributor John Marsden				MO	DAY	YEAR	\$ 250.00
Mailing Address 746 E Passyunk Ave Apt I				10	24	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191473045					
Full Name of Contributor Miles Newell				MO	DAY	YEAR	\$ 100.00
Mailing Address 2340 Mill St				11	2	2020	
City Aliquippa	State PA	Zip Code (Plus 4) 150012220					

Full Name of Contributor			MO	DAY	YEAR	\$250.00
Paul Testa						
Mailing Address			10	28	2020	
515 E 14th St Apt 7A						
City	State	Zip Code (Plus 4)				
New York	NY	100092912				

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

<b>PAGE TOTAL</b>
\$ 900.00

**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: <span style="float: right;">To:</span>

			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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  Sims4PAPac	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
David Sheaffer							
<b>Mailing Address</b> 440 Whisler Rd				11	9	2020	\$ 250.00
City Etters	State PA	Zip Code (Plus 4) 173198803					
<b>Employer Name</b> Lehigh Gas Partners LP				<b>Occupation</b> Accountant			
<b>Employer Mailing Address/Principal Place of Business</b> 440 Whisler Rd			<b>City</b> Etters		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173198803	

				MO	DAY	YEAR	
David Sheaffer							
<b>Mailing Address</b> 440 Whisler Rd				11	11	2020	\$ 250.00
City Etters	State PA	Zip Code (Plus 4) 173198803					
<b>Employer Name</b> Lehigh Gas Partners LP				<b>Occupation</b> Accountant			
<b>Employer Mailing Address/Principal Place of Business</b> 440 Whisler Rd			<b>City</b> Etters		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 173198803	

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

<b>PAGE TOTAL</b>
\$ 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
	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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Sims4PAPac		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Sims4PAPac	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT		
To Whom Paid 2nd Ward Dems			MO	DAY	YEAR	\$ 500.00
Mailing Address 219 Spring Garden St			10	23	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191232925	Description of Expenditure Contribution			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 23.97
Mailing Address 1900 Chelmsford Street			11	1	2020	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure Credit Card Processing Fee, Oct 20 - Oct 31			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 15.13
Mailing Address 1900 Chelmsford Street			11	23	2020	
City Lowell	State MA	Zip Code (Plus 4) 01851	Description of Expenditure Credit Card Processing Fee, Nov 1 - Nov 23			
To Whom Paid First Data Merchant Services			MO	DAY	YEAR	\$ 64.90
Mailing Address 5565 Glenridge Connector NE Ste 2000			11	3	2020	
City Atlanta	State GA	Zip Code (Plus 4) 303424799	Description of Expenditure Credit Card Fees			
To Whom Paid Friends of Kolbe Cole			MO	DAY	YEAR	\$ 250.00
Mailing Address 809 8TH AVENUE			11	23	2020	
City Beaver Falls	State PA	Zip Code (Plus 4) 15010	Description of Expenditure Contribution			

<b>To Whom Paid</b> Brian Sims			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 15941			11	10	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191030941	<b>Description of Expenditure</b> Reimbursement			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 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**

<b>Name of Filing Committee or Candidate</b>  Sims4PAPac				<b>Reporting Period</b>  From: <u>10/20/2020</u> To: <u>11/23/2020</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b> Mel Heifetz				<b>MO</b> 3	<b>DAY</b> 3	<b>YEAR</b> 2016	\$ 50,000.00
<b>Mailing Address</b> 304 S 12th St							
<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191075908		<b>Description of Debt</b> Loan Received		
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>  \$ 50,000.00