

# 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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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>			
		11	24	2020		12	31	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$ 12,524.02						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 2,671.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 15,195.02						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,947.59						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 11,247.43						
<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>11/24/2020</u> To: <u>12/31/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 996.00

<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>	\$ 675.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 675.00

<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>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<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>	\$ 2,671.00
---	-------------



# 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> <b>From:</b> <u>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>
--	--

<b>DATE</b>	<b>AMOUNT</b>
-------------	---------------

<b>Full Name of Contributor</b> Dan Broeker			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b> 3000 Whiteford Rd			12	14	2020	
<b>City</b> York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 174028993				

<b>Full Name of Contributor</b> Bruce Espenshade			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 3680 Cutter Way			12	15	2020	
<b>City</b> Sacramento	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 958184458				

<b>Full Name of Contributor</b> Joseph Gallo			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 2001 Hamilton St			12	14	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191304201				

<b>Full Name of Contributor</b> Austin Idehen			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 8931 161st St Ste 810			11	29	2020	
<b>City</b> Jamaica	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 114326150				

<b>Full Name of Contributor</b> Austin Idehen			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 8931 161st St Ste 810			12	31	2020	
<b>City</b> Jamaica	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 114326150				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
John Lundsten						
Mailing Address			11	28	2020	
2833 NE 35th Ct 19A						
City	State	Zip Code (Plus 4)				
Fort Lauderdale	FL	333085815				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Neil Sandvold							
Mailing Address				12	14	2020	
1830 Lombard St							
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	191464003				

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

<b>PAGE TOTAL</b>
\$ 675.00

## 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:	To:

			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>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
David Sheaffer							
<b>Mailing Address</b> 440 Whisler Rd				12	9	2020	\$ 250.00
<b>City</b> Etters	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 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				12	11	2020	\$ 250.00
<b>City</b> Etters	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 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	
Paul Testa							
<b>Mailing Address</b> 515 E 14th St Apt 7A				11	28	2020	\$ 250.00
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100092912					
<b>Employer Name</b> NYU Langone Health				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b> 360 Park Ave S# 18-017			<b>City</b> New York		<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100101710	

<b>Full Name of Contributor</b> Paul Testa				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 515 E 14th St Apt 7A				12	28	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100092912					
<b>Employer Name</b> NYU Langone Health				<b>Occupation</b> Physician			
<b>Employer Mailing Address/Principal Place of Business</b> 360 Park Ave S# 18-017			<b>City</b> New York		<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100101710	

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

<b>PAGE TOTAL</b>
\$ 1,000.00



## 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>11/24/2020</u> To: <u>12/31/2020</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 RECIEVED - 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>

			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.						<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>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT
<b>To Whom Paid</b> Actblue Technical Services	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 40.24
<b>Mailing Address</b> 1900 Chelmsford Street	12	31	2020	
<b>City</b> Lowell	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 01851	<b>Description of Expenditure</b> Credit Card Processing Fee, Nov 23 - Dec 31	
<b>To Whom Paid</b> Emerge America	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 516.45
<b>Mailing Address</b> 1001 Connecticut Ave NW Ste 206	12	4	2020	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200365531	<b>Description of Expenditure</b> Contribution	
<b>To Whom Paid</b> First Data Merchant Services	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 64.90
<b>Mailing Address</b> 5565 Glenridge Connector NE Ste 2000	12	3	2020	
<b>City</b> Atlanta	<b>State</b> GA	<b>Zip Code (Plus 4)</b> 303424799	<b>Description of Expenditure</b> Credit Card Fees	
<b>To Whom Paid</b> National Conference of State Legislatures	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 120.00
<b>Mailing Address</b> 444 N Capitol St NW Ste 515	12	3	2020	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200011543	<b>Description of Expenditure</b> Membership Fees	
<b>To Whom Paid</b> Princeton Strategies	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,710.00
<b>Mailing Address</b> 1500 Walnut St Ste 800	11	30	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191023505	<b>Description of Expenditure</b> NGP Fees	

<b>To Whom Paid</b> Princeton Strategies			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1500 Walnut St Ste 800			11	30	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191023505	<b>Description of Expenditure</b> Consulting			

  

<b>To Whom Paid</b> Brian Sims			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 15941			12	20	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>
						\$ 3,947.59

**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>11/24/2020</u> To: <u>12/31/2020</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