

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 : 20110226		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Sims4PAPac										
Street Address: 1120 Rodman St., Apt 2										
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	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	
		11	24	2020	TO	12	31	2020		
A. Amount Brought Forward From Last Report				\$		12,524.02				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,671.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		15,195.02				
D. Total Expenditures (From Schedule III)				\$		3,947.59				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		11,247.43				
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
 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
Sims4PAPac	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

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

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)	\$ 675.00
TOTAL for the Reporting Period (2)	\$ 675.00

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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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.)	\$ 2,671.00
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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
Sims4PAPac	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 75.00
Dan Broeker				12	14	2020	
Mailing Address 3000 Whiteford Rd							
City York	State PA	Zip Code (Plus 4) 174028993					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Bruce Espenshade				12	15	2020	
Mailing Address 3680 Cutter Way							
City Sacramento	State CA	Zip Code (Plus 4) 958184458					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Joseph Gallo				12	14	2020	
Mailing Address 2001 Hamilton St							
City Philadelphia	State PA	Zip Code (Plus 4) 191304201					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Austin Idehen				11	29	2020	
Mailing Address 8931 161st St Ste 810							
City Jamaica	State NY	Zip Code (Plus 4) 114326150					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Austin Idehen				12	31	2020	
Mailing Address 8931 161st St Ste 810							
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			11	28	2020	
City Fort Lauderdale	State FL	Zip Code (Plus 4) 333085815				

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

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

PAGE TOTAL
\$ 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	
Mailing Address				\$ 0.00
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>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor David Sheaffer				MO	DAY	YEAR	\$ 250.00
Mailing Address 440 Whisler Rd				12	9	2020	
City Eppers	State PA	Zip Code (Plus 4) 173198803					
Employer Name Lehigh Gas Partners LP				Occupation Accountant			
Employer Mailing Address/Principal Place of Business 440 Whisler Rd			City Eppers	State PA	Zip Code (Plus 4) 173198803		
Full Name of Contributor David Sheaffer				MO	DAY	YEAR	\$ 250.00
Mailing Address 440 Whisler Rd				12	11	2020	
City Eppers	State PA	Zip Code (Plus 4) 173198803					
Employer Name Lehigh Gas Partners LP				Occupation Accountant			
Employer Mailing Address/Principal Place of Business 440 Whisler Rd			City Eppers	State PA	Zip Code (Plus 4) 173198803		
Full Name of Contributor Paul Testa				MO	DAY	YEAR	\$ 250.00
Mailing Address 515 E 14th St Apt 7A				11	28	2020	
City New York	State NY	Zip Code (Plus 4) 100092912					
Employer Name NYU Langone Health				Occupation Physician			
Employer Mailing Address/Principal Place of Business 360 Park Ave S# 18-017			City New York	State NY	Zip Code (Plus 4) 100101710		

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

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

PAGE TOTAL
\$ 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	
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 Sims4PAPac	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</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 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	\$ 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>11/24/2020</u> To: <u>12/31/2020</u>

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

To Whom Paid Princeton Strategies			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1500 Walnut St Ste 800			11	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191023505	Description of Expenditure Consulting			
To Whom Paid Brian Sims			MO	DAY	YEAR	\$ 496.00
Mailing Address PO Box 15941			12	20	2020	
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 \$ 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**

Name of Filing Committee or Candidate Sims4PAPac		Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>		
				Outstanding Balance of Debt
				DATE
Name of Creditor Mel Heifetz		MO	DAY	YEAR
Mailing Address 304 S 12th St		3	3	2016
				\$ 50,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 191075908		Description of Debt Loan Received
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 50,000.00