### **Campaign Finance Report**

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

Filer Identificati	on	20220	C0137				port		CANE	DIDA.	TE	✓ C	OMMITTE		LOBI	BYIST		
Number : Name of Filing C	`ommitte	a Candida	ate or L	abbyiet:			ed E	SIMS									<u> </u>	
Name of Filling C	,ommitte	e, Candida	ate or L	obbyist:		DKI	LAIN	51115										
Street Address:																		
City:	_								State:				Zip Cod	e: 19	147			
TYPE OF REPORT	6TH TUES PRE-PRIM		1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?					Yes	No		<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION					NY ΓΙΟΝ	POS	ST-	6.	TERMINA' REPORT?	TION	Yes	No	•	<b>/</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022		FILING METHO ( ) CHECK O							PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by	Candidat	·e·	]					DATE	OF E	LEC	TION	District	Office	Par	ty Code		
Nume of office c	ought by	Canalaat							МО	D/	ΑY	YEAR	Number -1	<b>Code</b> LTG	DEN	1	Code	
LIEUTENANT G	OVERNO	R							1	1		8 2022	2	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DA	AY	YEAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	022	T	0		3	2	8 2022	2					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00						
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00	)					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	ng Cash Balance (Subtract Line D From Line C) \$ 0.00																	
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00		•				
					AFF	ID	AVI	T SE	CTION	١								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here. :	If th	nis is	a Car	ndidate	repo	rt, ca	andidate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by ele	ctroni	ic me	dium, are to	the best of	my know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	cribed befo	ore me this		20						_		Signatui	re of Person	Submitt	ing Rep	ort		-
	<u>-</u>	Signatur	·e					_		_			Print	ed Name				-
My Commission Ex	cpires	<b>-</b>											Email					-
		мо	D/	ΑY	YR						Are	a Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	ll sig	n he	re.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not v	/iolate	ed any provi	sions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this								_		:	Signature of	Candida	te			-
	day of —							_		_			Printed	l Name				_
		Signature						_		_								_
My Commission Exp		- g											Email	_		_		_
	_	мо	D/	AY	YR	l		-		A	Area C	Code	Da	ytime Te	lephon	e Numb	er	۱ ٔ

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BRIAN SIMS	From:	1/1/202	22 <b>To</b> :	3/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
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)	\$	0.00		
TOTAL for the Reporting	\$	0.00		
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)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
			_	
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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	Reporting Period							
		F	rom:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Com	mittee		МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

### **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.

Full Name of Contributor  Mo DAY YEAR  Mailing Address  City State Zip Code (Plus 4)	MINT
Full Name of Contributor  MO DAY YEAR  Mailing Address  \$	IINT
MO DAY YEAR  Mailing Address  \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E TOTAL

#### **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:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							<b>-</b>   \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	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	Rep	Reporting Period							
Fron					То:				
				DATE AMOUNT				AMOUNT	
Full Name of Contributor					DAY	YEAR	\$	0.00	
Mailing Address				1					
City	State Zip Code (Plus 4)								
Employer Name				Occupation					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00	

## 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 Candidate			Report	Reporting Period						
			From:			To:				
		<b>'</b>			ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (P	Plus 4)							
Receipt Description	<b>'</b>						<u> </u>			
	- C		<b>.</b> .:	_				PAGE TOTAL		
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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		
BRIAN SIMS	From:	<u>1/1/2022</u> <b>To:</b>	<u>3/28/2022</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 Candidate	Reporting	g Period	I					
	From: To:							
		AMOUNT						
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address				<b> </b>		0.00		
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting Period						
F					m:		То:				
									AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	ation					
Employer Mailing Address/Principal Place of Business City					e Zip	Code(Plus 4)	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sch	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed							PAGE TOTAL			
Summary Page, Section 3.								0.00			

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From To:						
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Crand Total of Evnanditures					PAGE TOTAL		
Enter Grand Total of Expenditures	<b>,</b> .			\$	0.00		