Campaign Finance Report

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

Filer Identificati Number :	on	2022	C0137				port		CANDI	CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		BRI	IAN S	SIMS										_
Street Address:																		
City:									State:				Zip Code	e: 19	147			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST- 3. AMENDMENT Yes REPORT?						No	٧	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No	Y	
report type)	ANNUAL	. REPORT	7.	Year 2022					NG METH				PAPER		√	DISKE	TTE	
Name of Office S	Sought by	/ Candidat	:e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	County	,
									МО	DAY	YEAF	₹	-1	LTG	DEN	1	code	_
LIEUTENANT G	OVERNO	R							11		8 2	022		(SEE INS	TRUCTI	ONS FOR (CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	T	0	5	5	2 2	022						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$	•	•	. (0.00						
B. Total Monet	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dul	e I)	\$			(0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(0.00						
D. Total Expen	ditures (I	From Sche	edule II	I)				\$			C	0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			0	.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$			C	0.00						
					AFF	:ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	his is	a Can	ndidate r	eport, o	candidat	te sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	hedule	s file	ed on	paper (or by elect	tronic m	edium, ar	e to t	the best of	my know	/ledge	and beli	ef , true	5.
Sworn to and subs	cribed bef day of	ore me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		
	_	Signatur	·e					-					Printe	ed Name				•
My Commission Ex	cpires							_					Email					
		мо	D	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		╝
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	ot viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	l
Sworn to and subsc	ribed befo day of	re me this		20						-		s	ignature of	Candida	te			
								-					Printed	Name				
		Signature						-					<u> </u>					.
My Commission Exp	oires												Email					
	-	МО	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BRIAN SIMS	From:	<u>3/29/2</u>	022 To :	<u>5/2/2022</u>
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	y Period	(2)	\$	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	J 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 an 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 Candidat	e		Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

(EXCI	lude contributions from	1 political commi	ittee	s re _l	portea	IN Part	A)	
Name of Filing Commit	ttee or Candidate		Repor	ting P	eriod			
			From:			To) :	
		•			DATE			AMOUNT
Full Name of Contributor			1	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	·							PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. 0.00

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.

ame of Filing Committee or Candidate			Reporting	Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TO	TAL	
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	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.)

ame of Filing Committee or Candidate				orting Pe	riod			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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 Peri	od	
BRIAN SIMS	From:	3/29/2022 To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	2	
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 Ca	Reporting Period						
	From: To:						
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL	
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00	