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	20110	226				Repo Filed	-		CAN	DIE	DATE		СОМ	4ITTEE	✓	LOB	BYIS ⁻	Г	
Name of Filing C	ommittee, C	andida	te or Lo	obbyis	t:	S	SIMS4	PAPA	C											
Street Address:																				
City:	PHILADE	LPHIA							s	tate:		PA			Zip Cod	l e: 19	103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA	RIDAY	PRE-	2.		DAY MAR	Y	P	OST-	3.		AMENDM REPORT?	Yes		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		1.	2ND F ELECT		PRE-	- 5.		30 DAY F ELECTION			POST- 6.		TERMINATION REPORT?		Yes		No	/	
report type)	ANNUAL RE	PORT	7. X	Year 2	2023				FILING METHOD () CHECK ONE					PAPER		\checkmark	DIS	KETTE		
Name of Office S	Sought by Ca	ndidate	e:						D	ATE	OI	F ELE	CTI	NC	District Number	Office Code	Par	ty Co	de Cou Cod	
									M	10		DAY	Y	EAR			DEI	1		
											11		7	2023		(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of		nd	МО	DA	Y	YEAR			M	10		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	from:		1	11	28	20	23	то			12		31	2023						
A. Amount Bro	ught Forward	d From	Last R	eport					\$				16,	922.01						
B. Total Monet	ary Contribut	tions A	nd Rec	eipts (From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (Sı	um Of L	ines A	and B)				\$				16,	922.01						
D. Total Expend	ditures (Fron	n Sche	dule III	[)					\$				1,	528.72						
E. Ending Cash	Balance (Su	btract	Line D	From I	Line C)		_	\$				15,	393.29						
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fro	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	itions (From S	chedu	le IV)	1			\$					0.00		,				
						AFFI	DAV	'IT S	EC	TIO	N									
PART I - If this is		=	-		_									_						
I swear (or affirm) correct and complete		rt, inclu	ding the	attach	ed sch	edules	filed o	n pape	er or	by ele	ectr	onic m	ediun	n, are to t	he best of	my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before r day of	me this		20							-			Signature	of Perso	n Submitt	ing Re _l	ort		
	- <u> </u>	ignature	•					_			-				Print	ed Name				_
My Commission Ex	rpires							_			-				Emai	I				
	МО		DA	λY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's	author	rized (Commi	ittee,	Cand	idat	e sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge an	d belie	f this p	politica	al com	mitt	ee ha	s no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before m day of	e this		20										s	ignature o	f Candida	ite			-
								_							Printe	d Name				-
	Sign	ature						_			-									_
My Commission Exp	ires														Emai	ı				
		10	D#	λY		YR						Area	Code		Da	ytime Te	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SIMS4PAPAC	From:	11/28/202	<u>3</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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) 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	Period	(3)	\$	0.00
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 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	R	eporting	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.

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.

Name of Filing Comm	ittee or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
					DATE			AMOUNT
Full Name of Contributo	r			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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	me 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)							
1	I	ı			ı	<u> </u>				
		_		_				PAGE TOT	AL	
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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	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	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 Per	iod	
SIMS4PAPAC	From:	11/28/2023 To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			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 Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
SIMS4PAPAC	From	11/28	<u>3/2023</u>	To:	12/31/2023	
		DATE			AMOUNT	
To Whom Paid		DAY	VEAD			

					DATE		AMOUNT	
To W	nom Paid			МО	DAY	YEAR		
PRIN	CETON STRATEGIES			МО		ILAK		
Mailir	ng Address			1	1	2023	\$	1,188.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19103	NGP RE	IMBURSME	ENT		
To Wi	nom Paid			мо	DAY	YEAR		
BENJ	I AITOUMEZIANE			М		ILAK		
Mailir	ng Address			1	25	2023	\$	148.04
City	PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	19123	REIMBU	IRSEMENT			
To Wi	nom Paid			МО	DAY	YEAR		
UBER	TECHNOLOGIES, INC							
Mailing Address					5	2023	\$	16.90
City	SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		CA	94158	TRAVEL/TRANSPORTATION				
To Wi	nom Paid			МО	DAY	YEAR		
UBER	TECHNOLOGIES, INC					7 = 7 1.13		
Mailir	ng Address			12	5	2023	\$	13.89
City	SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		CA	94158	TRAVEL	/TRANSPO	RTATION		
To W	nom Paid			МО	DAY	YEAR		
ZOON	VIDEO COMMUNICATIONS INC			MO	DAI	ILAK		
Mailir	ng Address			2	21	2023	\$	161.89
City	SAN JOSE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
_		CA	95113	сомми	NICATION	S		
								PAGE TOTAL
Ente	r Grand Total of Expenditures	on Page 1, Report	Cover Page, Item D).			\$	1,528.72
								,

		PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	1, Report Cover Page, Item D.	\$	1,528.72	