#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on                    | 20150            | 0130        |                       |           |        | port<br>ed B |        | CAN      | DIE   | DATE     |        | COMN       | ITTEE              | <b>✓</b> [     | LOB      | BYIS  | БТ         |          |
|---|-----------------------|------------------|-------------|-----------------------|-----------|--------|--------------|--------|----------|-------|----------|--------|------------|--------------------|----------------|----------|-------|------------|----------|
| Name of Filing C                          | committee             | e, Candida       | ate or L    | obbyist:              |           | FRII   | END          | S OF   | RANIA    | MA    | JOR      |        |            |                    |                |          |       |            |          |
| Street Address:                           |                       |                  |             |                       |           |        |              |        |          |       |          |        |            |                    |                |          |       |            |          |
| City:                                     | PHILA                 | ADELPHI <i>A</i> | ٨           |                       |           |        |              | -      | State:   |       | PA       |        |            | Zip Cod            | <b>ie:</b> 19  | 133      | _     |            |          |
| TYPE OF<br>REPORT                         | 6TH TUES<br>PRE-PRIM  |                  | 1.          | 2ND FRID<br>PRIMARY   | AY PRE    | -      | 2.           | 30 DA  |          | P     | OST-     | 3.     |            | AMENDM<br>REPORT   |                | Yes      |       | No         | <b>\</b> |
| (place X to<br>the right of               | 6TH TUES<br>PRE-ELEC  |                  | 4. <b>X</b> | 2ND FRID.<br>ELECTION |           | ≣-     | 5.           | 30 DA  |          | P     | OST-     | 6.     |            | TERMINA<br>REPORT  |                | Yes      |       | No         | <b>\</b> |
| report type)                              | ANNUAL                | REPORT           | 7.          | <b>Year</b> 2016      | 5         |        |              |        | NG MET   |       |          |        |            | PAPER              |                | <b>\</b> | DIS   | KETTE      |          |
| Name of Office S                          | ought by              | Candidat         | e:          |                       |           |        |              |        | DATE     | OI    | ELE(     | CTIO   | N          | District<br>Number | Office<br>Code | Pa       | rty C | ode Cou    |          |
| 1110 OF OF THE                            | COURT                 | SE COMM          | 0 N DI E    | 4.0                   |           |        |              |        | МО       |       | DAY      | YE     | AR         | 1                  | CPJ            | DE       | М     | 51         |          |
| JUDGE OF THE                              | COURT O               | OF COMM          | ON PLE      | AS                    |           |        |              |        |          | 11    |          | 8      | 2016       |                    | (SEE IN        | STRUCT   | ONS F | OR CODE    | S)       |
| Summary of                                |                       | and              | МО          | DAY                   | YEAR      | ł .    |              |        | МО       |       | DAY      | ΥI     | EAR        | FO                 | R OFFI         | CE USI   | ON    | LY         |          |
| Expenditures                              | rrom:                 |                  |             | 5 1                   | 7 2       | 016    | Т            | 0      |          | 9     |          | 19     | 2016       |                    |                |          |       |            |          |
| A. Amount Bro                             | ught Forw             | vard From        | ı Last R    | eport                 |           |        |              | \$     |          |       |          | 13,6   | 504.09     |                    |                |          |       |            |          |
| B. Total Moneta                           | ary Contri            | butions A        | and Rec     | eipts (Fro            | m Sche    | dule   | ı)           | \$     |          |       |          |        | 0.00       |                    |                |          |       |            |          |
| C. Total Funds                            | Available             | (Sum Of          | Lines A     | and B)                |           |        |              | \$     |          |       |          | 13,6   | 504.09     |                    |                |          |       |            |          |
| D. Total Expend                           | ditures (F            | rom Sche         | dule II     | I)                    |           |        |              | \$     |          |       |          | 5,7    | 30.00      |                    |                |          |       |            |          |
| E. Ending Cash                            | Balance (             | (Subtract        | Line D      | From Line             | C)        |        |              | \$     |          |       |          | 7,8    | 74.09      |                    |                |          |       |            |          |
| F. Value Of In-                           | Kind Cont             | ributions        | Receiv      | ed (From              | Schedu    | le II  | ()           | \$     |          |       |          |        | 0.00       |                    |                |          |       |            |          |
| G. Unpaid Debt                            | s And Obl             | ligations        | (From S     | Schedule I            | V)        |        |              | \$     |          |       |          | 32,0   | 25.00      |                    |                |          |       |            |          |
|   |                       |                  |             |                       | AFF       | IDA    | AVI.         | T SE   | CTIO     | N     |          |        |            |                    |                |          |       |            |          |
| PART I - If this is                       | s a Commi             | ittee repo       | ort, trea   | surer sign            | here.     | If th  | is is        | a Car  | ndidate  | re    | port, c  | andi   | date sig   | ın here.           |                |          |       |            |          |
| I swear (or affirm)<br>correct and comple |                       | eport, incl      | uding the   | attached s            | chedule   | s file | d on         | paper  | or by el | ectr  | onic me  | edium  | , are to t | he best o          | f my kno       | wledge   | and   | belief , t | rue      |
| Sworn to and subs                         | cribed befo<br>day of | ore me this      |             | 20                    |           |        |              |        |          | -     |          | S      | ignature   | of Perso           | n Submit       | ting Re  | port  |            |          |
|   |                       | Signatur         | 'Α          |                       |           |        |              | -<br>- |          | -     |          |        |            | Prin               | ted Name       | •        |       |            | _        |
| My Commission Ex                          | cpires                | oigilatu.        | -           |                       |           |        |              |        |          | -     |          |        |            | Ema                | il             |          |       |            | _        |
|   | Ī                     | мо               | D           | AY                    | YR        |        |              |        |          | -     | Are      | ea Cod | le         | Daytim             | e Teleph       | one Nu   | ımbe  | r          |          |
| Part II- If this is                       | a report              | of a cand        | idate's     | authorize             | d Comr    | nitte  | e, C         | andid  | ate sha  | all s | ign he   | ere.   |            |                    |                |          |       |            |          |
| I swear (or affirm)<br>No 320) as amende  |                       | e best of m      | y knowle    | edge and be           | lief this | polit  | tical        | comm   | ittee ha | s no  | t violat | ted an | y provisi  | ions of th         | e act of J     | une 3,1  | 937   | (P.L. 13   | 33,      |
| Sworn to and subsc                        |                       | e me this        |             |                       |           |        |              |        |          |       |          |        | Si         | ignature o         | of Candid      | ate      |       |            | -        |
|   | day of                |                  |             |                       |           |        |              | _      |          |       |          |        |            | Printe             | d Name         |          |       |            | -        |
|   | s                     | Signature        |             |                       |           |        |              | -      |          | _     |          |        |            |                    |                |          |       |            | _        |
| My Commission Exp                         |                       |                  |             |                       |           |        |              |        |          |       |          |        |            | Ema                | il             |          |       |            |          |
|   | _                     | МО               | D           | AY                    | YR        | 1      |              | -      |          |       | Area     | Code   |            | Da                 | aytime T       | elepho   | ne Nı | ımber      | _        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period        |              |           |
|--|-----------|-----------------|--------------|-----------|
| FRIENDS OF RANIA MAJOR   | From:     | <u>5/17/201</u> | <u>б</u> То: | 9/19/2016 |
| 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 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 Candidat | e     | F                 | 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.

### 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 o | r Candidate |               | Rep   | porting P | eriod |      |    |        |
|----------------------------|-------------|---------------|-------|-----------|-------|------|----|--------|
|                            |             |               | Fro   | om:       |       | To   | ): |        |
|                            |             |               | ·     |           | DATE  |      |    | AMOUNT |
| Full Name of Contributor   |             |               |       | МО        | DAY   | YEAR |    |        |
| Mailing Address            |             |               |       |           |       |      | \$ | 0.00   |
| City                       | State       | Zip Code (Plu | ıs 4) |           |       |      |    |        |
|                            |             |               |       |           |       |      |    |        |

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

#### **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 |               |           | 0.00 |
| Mailing Address                       |                      |         |             |        |     |      | <b>-</b>   \$ |           | 0.00 |
| City                                  | State                | Zip Cod | e (Plus 4)  |        |     |      |               |           |      |
|                                       |                      |         |             |        |     |      |               | PAGE TOTA | AL   |
| Enter Grand Total of Part C on Sche   | dule I, Detailed Sun | nmary P | 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<br>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:  |          |            |
|                           |                           | <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>                  | 1               |             |          |     |      | <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 Perio | od                          |                  |
|--|-----------------|-----------------------------|------------------|
| FRIENDS OF RANIA MAJOR   | From:           | <u>5/17/2016</u> <b>To:</b> | <u>9/19/2016</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTOR |                             |                  |
| TOTAL for the Reporting Pe   | eriod (1)       | \$                          | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | TF)             |                             |                  |
| 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 |      |             |           |      |
|---------------------------------------|------------------|----------------------|-----------|----------|------|-------------|-----------|------|
|                                       |                  |                      | From:     |          |      | To:         |           |      |
|                                       |                  |                      |           | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor              |                  |                      | МО        | DAY      | YEAR |             |           |      |
| Mailing Address                       |                  |                      |           |          |      | <b>7</b> \$ |           | 0.00 |
| City                                  | State            | Zip Code (Plus 4)    |           |          |      |             |           |      |
| Description of Contribution:          | -                | <b>-</b>             | •         | •        | •    |             |           |      |
|                                       |                  |                      |           |          |      |             |           |      |
| Enter Grand Total of Part F on Sche   | dule II, In-Kind | d Contributions Deta | iled Sum  | mary Pag | ge,  |             | PAGE TOTA | L    |
| Section 2.                            |                  |                      |           |          |      | \$          |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Re     | porting | Period       |       |      |                     |      |
|---|------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:      |              | To:   |      |                     |      |
|   |                  |      |                  |        |         | 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 | ′                | Stat   | e Zip   | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile | ed      |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |        |         |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod     |     |           |
|---------------------------------------|--------------|-----------|-----|-----------|
| FRIENDS OF RANIA MAJOR                | From         | 5/17/2016 | То: | 9/19/2016 |

|                               |              |             |                                |          | DATE        |           |    | AMOUNT   |  |
|-------------------------------|--------------|-------------|--------------------------------|----------|-------------|-----------|----|----------|--|
| To Whor                       | m Paid       |             |                                | МО       | DAY         | YEAR      |    |          |  |
| TD BANI                       | K            |             |                                | 1-10     |             |           |    |          |  |
| Mailing A                     | Address      |             |                                | 6        | 30          | 2016      | \$ | 8.00     |  |
| City                          | MT. LAUREL   | State       | Zip Code (Plus 4)              | Descrip  | tion of Exp | enditure  |    |          |  |
|                               |              | NJ          | 08054                          | MAINTE   | NANCE FE    | E         |    |          |  |
| To Whor                       | m Paid       |             |                                | мо       | DAY         | YEAR      |    |          |  |
| TD BANI                       | K            |             |                                | MO       | DAT         | TEAR      |    |          |  |
| Mailing A                     | Address      |             |                                | 6        | 30          | 2016      | \$ | 2.00     |  |
| City                          | MT LAUREL    | State       | Zip Code (Plus 4)              | Descrip  | tion of Exp | enditure  |    |          |  |
|                               |              | NJ          | 08054                          | PAPER S  | STATEMEN    | T FEE     |    |          |  |
| To Whor                       | m Paid       |             |                                | мо       | DAY         | YEAR      |    |          |  |
| ROSANN                        | NE PAUCIELLO |             |                                | MO       | DAT         | TEAR      |    |          |  |
| Mailing A                     | Address      |             |                                | 7        | 20          | 2016      | \$ | 3,200.00 |  |
| City [                        | PHILADELPHIA | State       | Zip Code (Plus 4)              | Descrip  | tion of Exp | enditure  |    |          |  |
|                               |              | PA          | 19145                          | SERVICES |             |           |    |          |  |
| To Whor                       | m Paid       |             |                                | мо       | DAY         | YEAR      |    |          |  |
| JOSEPH                        | RUSSO        |             |                                | МО       | DAY         | YEAK      |    |          |  |
| Mailing A                     | Address      |             |                                | 7        | 20          | 2016      | \$ | 2,500.00 |  |
| City [                        | PHILADELPHIA | State       | Zip Code (Plus 4)              | Descrip  | tion of Exp | enditure  |    |          |  |
|                               |              | PA          | 19147                          | SERVIC   | ES          |           |    |          |  |
| To Whor                       | m Paid       |             |                                |          | DAY         | YEAR      |    |          |  |
| TD BANI                       | K            |             |                                | МО       | DAT         | TEAK      |    |          |  |
| Mailing A                     | Address      |             |                                | 7        | 29          | 2016      | \$ | 8.00     |  |
|                               |              |             |                                | +        |             | ···       |    |          |  |
| City                          | MT. LAUREL   | State       | Zip Code (Plus 4)              | Descrip  | tion of Exp | enditure  |    |          |  |
| City                          | MT. LAUREL   | State<br>NJ | <b>Zip Code (Plus 4)</b> 08054 | 1        | IAINTENAN   |           |    |          |  |
|                               |              |             |                                | BANK M   | IAINTENAN   | ICE FEE   |    |          |  |
| To Whor                       | m Paid       |             |                                | 1        | -           |           |    |          |  |
| To Whor                       | m Paid<br>K  |             |                                | BANK M   | IAINTENAN   | ICE FEE   | \$ | 2.00     |  |
| To Whor<br>TD BANI<br>Mailing | m Paid<br>K  |             |                                | MO 7     | DAY         | YEAR 2016 | \$ | 2.00     |  |

| To Whom Paid  |       |                   | МО                         | DAY         | YEAR     |    |            |
|---|-------|-------------------|----------------------------|-------------|----------|----|------------|
| TD BANK   |       |                   | МО                         |             | ILAK     |    |            |
| Mailing Address   |       |                   | 8                          | 31          | 2016     | \$ | 8.00       |
| City MT. LAUREL   | State | Zip Code (Plus 4) | Descript                   | tion of Exp | enditure |    |            |
|   | NJ    | 08054             | BANK M                     | AINTENAN    | ICE FEE  |    |            |
| To Whom Paid  |       |                   |                            | DAY         | YEAR     |    |            |
| TD BANK   |       |                   | МО                         |             | 1 L/ux   |    |            |
| Mailing Address   |       |                   | 8                          | 31          | 2016     | \$ | 2.00       |
| City MT. LAUREL   | State | Zip Code (Plus 4) | Description of Expenditure |             |          |    |            |
|   | NJ    | 08054             | BANK PA                    | APER STAT   | EMENT F  | EE |            |
|   |       |                   |                            |             |          |    | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |             |          | \$ | 5,730.00   |

### 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 Reporting |                                      |       |                     | ng Period                   |      |                                |           |          |  |  |
|---|--------------------------------------|-------|---------------------|-----------------------------|------|--------------------------------|-----------|----------|--|--|
| FRIENDS OF RANIA MAJOR From                     |                                      |       | From:               | <u>5/17/2016</u> <b>To:</b> |      |                                | 9/19/2016 |          |  |  |
|   |                                      |       |                     |                             | DATE | Outstanding<br>Balance of Debt |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | мо                          | DAY  | YEAR                           |           |          |  |  |
| RANIA MAJOR                                     |                                      |       |                     |                             |      |                                |           |          |  |  |
| Mailing Address                                 |                                      |       |                     | 3                           | 2    | 2015                           | \$        | 1,000.00 |  |  |
| City PHILA                                      | PHILA State Zip Code (Plus 4)        |       | lus 4)              | Description of Debt         |      |                                |           |          |  |  |
|   | PA 19146                             |       |                     | LOAN                        |      |                                |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | мо                          | DAY  | YEAR                           |           |          |  |  |
| RANIA MAJOR                                     |                                      |       |                     |                             |      | ILAK                           |           |          |  |  |
| Mailing Address                                 |                                      |       |                     | 3                           | 3    | 2015                           | \$        | 1,500.00 |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)       |                                      |       | Description of Debt |                             |      |                                |           |          |  |  |
| PA 19146  |                                      |       |                     | LOAN                        |      |                                |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | мо                          | DAY  | YEAR                           |           |          |  |  |
| RANIA MAJOR                                     |                                      |       |                     | MO                          | DAT  | TEAR                           |           |          |  |  |
| Mailing Address                                 |                                      |       |                     | 3                           | 9    | 2015                           | \$        | 2,000.00 |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)       |                                      |       | Description of Debt |                             |      |                                |           |          |  |  |
|   | PA                                   | 19146 |                     | LOAN                        |      |                                |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | мо                          |      |                                |           |          |  |  |
| RANIA MAJOR                                     |                                      |       |                     |                             | DAY  | YEAR                           |           |          |  |  |
| Mailing Address                                 |                                      |       |                     |                             | 23   | 2015                           | \$        | 1,000.00 |  |  |
| City PHILADELPHIA                               | PHILADELPHIA State Zip Code (Plus 4) |       |                     | Description of Debt         |      |                                |           |          |  |  |
|   | PA                                   | 19146 |                     | LOAN                        |      |                                |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | МС                          | DAY  | YEAR                           |           |          |  |  |
| RANIA MAJOR                                     |                                      |       |                     | МО                          | DAY  | YEAR                           |           |          |  |  |
| Mailing Address                                 |                                      |       |                     | 4                           | 2    | 2015                           | \$        | 225.00   |  |  |
| City PHILADELPHIA State Zip Code (Plus 4)       |                                      |       |                     | Description of Debt         |      |                                |           |          |  |  |
|   | PA                                   | 19146 |                     | LOAN                        |      |                                |           |          |  |  |
| Name of Creditor                                |                                      |       |                     | МО                          | DAY  | VEAD                           |           |          |  |  |

Zip Code (Plus 4)

19146

**State** PA

RANIA MAJOR

**Mailing Address** 

PHILADELPHIA

2015

**Description of Debt** 

LOAN

2,500.00

| Name of Creditor RANIA MAJOR              |   |                     |                         | мо                  | DAY         | YEAR |           |            |  |  |
|---|---|---------------------|-------------------------|---------------------|-------------|------|-----------|------------|--|--|
|   |   |                     |                         |                     |             |      |           |            |  |  |
| Mailing Address                           |   |                     | 4                       | 29                  | 2015        | \$   | 5,000.00  |            |  |  |
| City                                      | PHILADELPHIA                              | State               | Zip Code (Plus 4)       | Descrip             | tion of Deb | t    |           |            |  |  |
|   |   | PA                  | 19146                   | LOAN                |             |      |           |            |  |  |
| Name                                      | of Creditor                               |                     |                         | мо                  | DAY         | YEAR |           |            |  |  |
| RANIA MAJOR                               |   |                     |                         |                     |             |      |           |            |  |  |
| Mailing Address                           |   |                     | 5                       | 7                   | 2015        | \$   | 3,500.00  |            |  |  |
| City PHILADELPHIA State Zip Code (Plus    |   |                     | Zip Code (Plus 4)       | Description of Debt |             |      |           |            |  |  |
|   |   | PA                  | 19146                   | LOAN                |             |      |           |            |  |  |
| Name                                      | of Creditor                               |                     |                         | мо                  | DAY         | YEAR |           |            |  |  |
| RANIA MAJOR                               |   |                     |                         | МО                  |             | ILAK |           |            |  |  |
| Mailing Address                           |   |                     | 5                       | 14                  | 2015        | \$   | 2,000.00  |            |  |  |
| City                                      | PHILADELPHIA                              | State               | Zip Code (Plus 4)       | Description of Debt |             |      |           |            |  |  |
| PA 19146                                  |   |                     |                         | LOAN                |             |      |           |            |  |  |
| Name                                      | of Creditor                               |                     |                         | мо                  | DAY         | YEAR |           |            |  |  |
| RANIA                                     | A MAJOR                                   |                     |                         | МО                  |             | ILAK |           |            |  |  |
| Mailin                                    | g Address                                 |                     |                         | 5                   | 22          | 2015 | \$        | 2,000.00   |  |  |
| City PHILADELPHIA State Zip Code (Plus 4) |   |                     | Description of Debt     |                     |             |      |           |            |  |  |
| PA 19146                                  |   |                     |                         | LOAN                |             |      |           |            |  |  |
| Name                                      | of Creditor                               |                     |                         | МО                  | DAY         | YEAR |           |            |  |  |
| RANIA                                     | A MAJOR                                   |                     |                         | МО                  | DAT         | TEAR |           |            |  |  |
| Mailin                                    | g Address                                 |                     |                         | 5                   | 24          | 2015 | \$        | 800.00     |  |  |
| City                                      | City PHILADELPHIA State Zip Code (Plus 4) |                     | Zip Code (Plus 4)       | Description of Debt |             |      |           |            |  |  |
|   |   | PA                  | 19146                   | LOAN                |             |      |           |            |  |  |
| Name                                      | of Creditor                               |                     |                         | МО                  | DAY         | YEAR |           |            |  |  |
| RANIA                                     | A MAJOR                                   |                     |                         | МО                  | DAY         | YEAR |           |            |  |  |
| Mailin                                    | g Address                                 |                     |                         | 5                   | 27          | 2015 | \$        | 500.00     |  |  |
| City                                      | PHILADELPHIA                              | State               | Zip Code (Plus 4)       | Descrip             | tion of Deb | t    |           |            |  |  |
|   |   | PA 19146            |                         |                     | LOAN        |      |           |            |  |  |
| Name of Creditor                          |   |                     | Ma                      | DAY                 | VEAD        |      |           |            |  |  |
| RANIA MAJOR                               |   |                     | МО                      | DAY                 | YEAR        |      |           |            |  |  |
| Mailing Address                           |   |                     | 7                       | 14                  | 2016        | \$   | 10,000.00 |            |  |  |
| City                                      | PHILADELPHIA                              | State               | Zip Code (Plus 4)       | Descrip             | tion of Deb | t    | 1         |            |  |  |
|   |   | PA                  | 19146                   | LOAN                |             |      |           |            |  |  |
|   |   |                     |                         |                     |             |      |           | PAGE TOTAL |  |  |
| En  | ter Grand Total of Unpa                   | id Debts on Page 1, | Report Cover Page, Iter | n G.                |             |      | \$        | 32,025.00  |  |  |
|   |   |                     |                         |                     |             |      |           | JZ,UZJ.UU  |  |  |