

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: | | | | | | | | | | | | |
| 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. X | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2018 | 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 |
| | | | | | | MO | DAY | YEAR | DEM | | | |
| | | | | | | 11 | 6 | 2018 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 10 | 23 | 2018 | | 11 | 26 | 2018 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 27,175.13 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 5,280.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 32,455.13 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 17,826.88 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 14,628.25 | | | | | | |
| 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| SIMS4PAPAC | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 925.00 |

| | |
|--|-----------|
| 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) | \$ 855.00 |
| TOTAL for the Reporting Period (2) | \$ 855.00 |

| | |
|---|-------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 500.00 |
| All Other Contributions (Part D) | \$ 3,000.00 |
| TOTAL for the Reporting Period (3) | \$ 3,500.00 |

| | |
|--|---------|
| 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.) | \$ 5,280.00 |
|---|-------------|

| | |
|--|-------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |

| | DATE | AMOUNT |
|--|------|--------|
|--|------|--------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| 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 SIMS4PAPAC | | | | Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u> | | | |
| | | | | DATE | | AMOUNT | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor MICHAEL CARVER | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address | | | 10 | 23 | 2018 | |
| City HONOLULU | State HI | Zip Code (Plus 4) 968145006 | | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor MICHAEL CARVER | | | MO | DAY | YEAR | \$ 25.00 |
| Mailing Address | | | 10 | 29 | 2018 | |
| City HONOLULU | State HI | Zip Code (Plus 4) 968145006 | | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor MICHAEL CARVER | | | MO | DAY | YEAR | \$ 25.00 |
| Mailing Address | | | 11 | 20 | 2018 | |
| City HONOLULU | State HI | Zip Code (Plus 4) 968145006 | | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor MICHAEL HILLWIG | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 11 | 5 | 2018 | |
| City REVERE | State MA | Zip Code (Plus 4) 021514150 | | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor MORGAN HOOVER | | | MO | DAY | YEAR | \$ 25.00 |
| Mailing Address | | | 10 | 31 | 2018 | |
| City SILVER SPRING | State MD | Zip Code (Plus 4) 209011058 | | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|-----------|------------|-------------|----------|
| Full Name of Contributor MORGAN HOOVER | | | MO | DAY | YEAR | \$ 35.00 |
| Mailing Address | | | 11 | 6 | 2018 | |
| City SILVER SPRING | State MD | Zip Code (Plus 4) 209011058 | | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor JO JOHNSON | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address | | | 10 | 31 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191061866 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 175.00 |
|--------------------------|--------------|-------|----|-------------------|------|-----------|
| DAN OCKO | | | 10 | 30 | 2018 | |
| Mailing Address | | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | | 171129174 |
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| SAMUEL WALLACE | | | 11 | 13 | 2018 | |
| Mailing Address | | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code (Plus 4) | | 191033045 |
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
| JOSEPH WALSH | | | 10 | 31 | 2018 | |
| Mailing Address | | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code (Plus 4) | | 191302607 |

PAGE TOTAL

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

\$ 855.00

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 |
| SIMS4PAPAC | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |

| | | | DATE | | | AMOUNT | |
|-------------------------------------|--------------|-------|------|----|-----|--------|-------------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| PECO PAC | | | | | | | |
| Mailing Address | | | | 10 | 24 | 2018 | |
| City | PHILADELPHIA | State | PA | | | | Zip Code (Plus 4) |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 500.00 |

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>10/23/2018</u> To: <u>11/26/2018</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|--------------------|---------------------------------------|----------------------|--|--------------------|-------------|---------------------------------------|
| Full Name of Contributor DENNIS W IVILL | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | | 10 | 24 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191471230 | | | | | |
| Employer Name PA REHAB ASSOCIATES | | | | Occupation PHYSICIAN | | | |
| Employer Mailing Address/Principal Place of Business | | | City DARBY | | State PA | | Zip Code (Plus 4) 190231333 |
| Full Name of Contributor MEL HEIFETZ | | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address | | | | 10 | 24 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191075908 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation REAL ESTATE INVESTOR | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State PA | | Zip Code (Plus 4) |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 3,000.00 |

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 | \$ 0.00 | |
| Mailing Address | | | | | | | |
| 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 | | Reporting Period | |
| SIMS4PAPAC | | From: <u>10/23/2018</u> To: <u>11/26/2018</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 RECIEVED - 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 | \$ 0.00 |
| Mailing Address | | | | | | |
| 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>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE | | | | AMOUNT |
|--------------------------------|-----------------|------------------------------------|---|----------|
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE TECHNICAL SERVICES | | | | |
| Mailing Address | 11 | 5 | 2018 | \$ 29.34 |
| City LOWELL | State MA | Zip Code (Plus 4) 01851 | Description of Expenditure CREDIT CARD PROCESSING FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE TECHNICAL SERVICES | | | | |
| Mailing Address | 11 | 8 | 2018 | \$ 2.10 |
| City LOWELL | State MA | Zip Code (Plus 4) 01851 | Description of Expenditure CREDIT CARD PROCESSING FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE TECHNICAL SERVICES | | | | |
| Mailing Address | 11 | 13 | 2018 | \$ 0.55 |
| City LOWELL | State MA | Zip Code (Plus 4) 01851 | Description of Expenditure CREDIT CARD PROCESSING FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| ACTBLUE TECHNICAL SERVICES | | | | |
| Mailing Address | 11 | 21 | 2018 | \$ 0.58 |
| City LOWELL | State MA | Zip Code (Plus 4) 01851 | Description of Expenditure CREDIT CARD PROCESSING FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| BENEFICIAL MUTUAL SAVINGS BANK | | | | |
| Mailing Address | 10 | 25 | 2018 | \$ 5.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191073619 | Description of Expenditure BANK FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| BENEFICIAL MUTUAL SAVINGS BANK | | | | |
| Mailing Address | 11 | 26 | 2018 | \$ 5.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191073619 | Description of Expenditure BANK FEE | |

| | | | | | | |
|---|-------------|--------------------------------|--|-----|------|-----------|
| To Whom Paid CITIZENS FOR JASON RUFF | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City SLATINGTON | State PA | Zip Code (Plus 4) 180801444 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--------------------------------------|-------------|--------------------------------|--|-----|------|-----------|
| To Whom Paid CITIZENS FOR MULLERY | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City NANTICOKE | State PA | Zip Code (Plus 4) 186344113 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|-------------|--------------------------------|--|-----|------|-----------|
| To Whom Paid COMMITTEE TO ELECT HELEN TAI | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City NEW HOPE | State PA | Zip Code (Plus 4) 189389528 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|-------------|--------------------------------|--|-----|------|-----------|
| To Whom Paid COMMITTEE TO ELECT KRISTIN SEALE | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address | | | 11 | 1 | 2018 | |
| City MEDIA | State PA | Zip Code (Plus 4) 190632516 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|---------------------------------|-------------|--------------------------------|---|-----|------|-------------|
| To Whom Paid FAIRMOUNT MEDIA | | | MO | DAY | YEAR | \$ 3,500.00 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191300069 | Description of Expenditure CONSULTING SERVICES | | | |

| | | | | | | |
|---------------------------------|-------------|--------------------------------|---|-----|------|-------------|
| To Whom Paid FAIRMOUNT MEDIA | | | MO | DAY | YEAR | \$ 2,078.50 |
| Mailing Address | | | 10 | 25 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191300069 | Description of Expenditure REIMBURSEMENT FOR EVENT COSTS AND PHONE | | | |

| | | | | | | |
|---------------------------------|-------------|--------------------------------|--|-----|------|-------------|
| To Whom Paid FAIRMOUNT MEDIA | | | MO | DAY | YEAR | \$ 5,090.00 |
| Mailing Address | | | 11 | 1 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191300069 | Description of Expenditure CONSULTING SERVICES + DATABASE REIMBURSEMENT | | | |

| | | | | | | |
|--|-------------|--------------------------------|--|-----|------|----------|
| To Whom Paid FIRST DATA MERCHANT SERVICES | | | MO | DAY | YEAR | \$ 82.49 |
| Mailing Address | | | 11 | 5 | 2018 | |
| City ATLANTA | State GA | Zip Code (Plus 4) 303424799 | Description of Expenditure CREDIT CARD FEES | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|--------------------|
| To Whom Paid PENNSYLVANIA HOUSE DEMOCRATIC CAMPAIGN COMMITTEE | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address | | | 11 | 1 | 2018 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171080555 | Description of Expenditure GOTV | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|--|------------|-------------|--------------------|
| To Whom Paid ELIZABETH SARSHIK | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191036644 | Description of Expenditure COMPLIANCE SERVICES | | | |

| | | | | | | |
|-----------------------------------|--------------------|---------------------------------------|--|------------|-------------|------------------|
| To Whom Paid BRIAN SIMS | | | MO | DAY | YEAR | \$ 533.32 |
| Mailing Address | | | 10 | 26 | 2018 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191030941 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|---|--------------|--------------------------|--|------------|-------------|--------------------|
| To Whom Paid WARD 2 DEMOCRATS | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | 11 | 1 | 2018 | |
| City | State | Zip Code (Plus 4) | Description of Expenditure ELECTION DAY EXPENSES | | | |

| | | | | | | |
|--|--|--|--|--|--|---------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 17,826.88 |

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>10/23/2018</u> To: <u>11/26/2018</u> |
|--|--|

| | | | | DATE | | | Outstanding Balance of Debt |
|------------------|--------------|-------|----|-------------------|-----------|---------------------|--------------------------------|
| Name of Creditor | | | | MO | DAY | YEAR | \$ 50,000.00 |
| MEL HEIFETZ | | | | | | | |
| Mailing Address | | | | 3 | 3 | 2016 | |
| 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 |
|--|---------------------------------------|