#### **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 2006                          | 800         |                        |         | Rep<br>File |       |          | CAND               | IDATE    |        | СОМІ      | COMMITTEE \( \square\) LOBBYIST |                |           |           |          |          |
|--|----------------------------------|-------------|------------------------|---------|-------------|-------|----------|--------------------|----------|--------|-----------|---------------------------------|----------------|-----------|-----------|----------|----------|
| Name of Filing C                         | Committee, Candida               | ate or Lo   | obbyist:               |         | FRIE        | ND:   | S OF     | FARNES             | E        |        |           |                                 |                |           |           |          |          |
| Street Address:                          | PO BOX 2259                      | 6           |                        |         |             |       |          |                    |          |        |           |                                 |                |           |           |          |          |
| City:                                    | PHILADELPHIA                     | A           |                        |         |             |       |          | State:             | PA       |        |           | Zip Cod                         | de: 19         | 9110      |           |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY       | 1. <b>X</b> | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2         | 2.    | 30 DA    |                    | POST-    | 3.     |           | AMENDM<br>REPORT                |                | Yes       | No        | •        | <b>/</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | Ē- 5        | 5.    | 30 DA    |                    | POST-    | 6.     |           | TERMINA<br>REPORT               |                | Yes       | No        | •        | <b>/</b> |
| report type)                             | ANNUAL REPORT                    | 7.          | <b>Year</b> 2021       |         |             |       |          | NG METH<br>CHECK ( |          |        |           | PAPER                           |                | <b>/</b>  | DISKE     | TTE      |          |
| Name of Office S                         | Sought by Candidat               | te:         | -                      |         |             |       |          | DATE (             | OF ELE   | CTI    | ON        | District<br>Number              | Office<br>Code | Par       | ty Code   | Coun     |          |
|  | ,                                |             |                        |         |             |       |          | МО                 | DAY      | Y      | EAR       | Italiibei                       | STS            | DEM       | 1         | 51       |          |
| SENATOR IN TI                            | HE GENERAL ASSE                  | MBLY        |                        |         |             |       |          | 1:                 | L        | 2      | 2021      |                                 | (SEE IN        | ISTRUCTIO | ONS FOR C | CODES)   | 1        |
|  | Receipts and                     | МО          | DAY                    | YEAR    | ł           |       |          | МО                 | DAY      | Y      | EAR       | FC                              | R OFFI         | CE USE    | ONLY      |          |          |
| Expenditures                             | from:                            |             | 1 1                    | 2       | 021         | Т     | 0        | :                  | 3        | 29     | 2021      |                                 |                |           |           |          |          |
| A. Amount Bro                            | ught Forward Fron                | n Last R    | eport                  |         |             |       | \$       |                    |          | 7,     | 315.39    |                                 |                |           |           |          |          |
| B. Total Monet                           | ary Contributions A              | And Rec     | eipts (From            | Sche    | dule        | I)    | \$       |                    |          |        | 0.00      |                                 |                |           |           |          |          |
| C. Total Funds                           | Available (Sum Of                | Lines A     | and B)                 |         |             |       | \$       |                    |          | 7,     | 315.39    |                                 |                |           |           |          |          |
| D. Total Expen                           | ditures (From Sch                | edule II    | I)                     |         |             |       | \$       |                    |          | 1,     | 140.67    |                                 |                |           |           |          |          |
| E. Ending Cash                           | Balance (Subtract                | Line D      | From Line (            | C)      |             |       | \$       |                    |          | 6,     | 174.72    | ]                               |                |           |           |          |          |
| F. Value Of In-                          | Kind Contributions               | Receive     | ed (From S             | chedu   | le II       | )     | \$       |                    |          |        | 0.00      |                                 |                |           |           |          |          |
| G. Unpaid Debt                           | s And Obligations                | (From S     | chedule IV             | )       |             |       | \$       |                    |          | 26,    | 801.35    |                                 |                | 1         |           |          |          |
|  |                                  |             |                        | AFF     | IDA         | VI    | T SE     | CTION              |          |        |           |                                 |                |           |           |          |          |
| PART I - If this is                      | s a Committee rep                | ort, trea   | surer sign l           | here.   | If thi      | is is | a Car    | ndidate ı          | eport,   | cand   | idate sig | gn here.                        |                |           |           |          |          |
| I swear (or affirm correct and comple    | ) that this report, incl<br>ete. | uding the   | attached scl           | nedule  | s filed     | l on  | paper    | or by elec         | tronic n | nediun | n, are to | the best o                      | f my kno       | wledge a  | and belie | ef , tru | ıe       |
| Sworn to and subs                        | cribed before me this            |             | 20                     |         |             |       |          |                    |          |        | Signature | e of Perso                      | n Submit       | ting Rep  | ort       |          | _        |
|  |                                  |             |                        |         |             |       | <b>-</b> |                    |          |        |           | Prin                            | ted Name       | e         |           |          | -        |
| My Commission Ex                         | Signatu<br>opires                | re          |                        |         |             |       |          |                    |          |        |           | Ema                             | il             |           |           |          | -        |
|  | мо                               | DA          | AY                     | YR      |             |       | -        |                    | A        | rea Co | de        |                                 | ie Teleph      | none Nui  | mber      |          | _        |
| Part II- If this is                      | a report of a cand               | lidate's    | authorized             | Comn    | nitte       | e, C  | andid    | ate shal           | l sign h | ere.   |           |                                 |                |           |           |          |          |
| I swear (or affirm)<br>No 320) as amendo | that to the best of med.         | ny knowle   | edge and beli          | ef this | polit       | ical  | comm     | ittee has          | not viol | ated a | ny provis | ions of th                      | e act of J     | une 3,19  | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                       | ribed before me this             |             |                        |         |             |       |          |                    |          |        | s         | ignature (                      | of Candid      | ate       |           |          | -        |
|  | day of                           |             |                        |         |             |       | _        |                    |          |        |           | Drints                          | d Name         |           |           |          | _        |
|  | Signature                        |             |                        |         |             |       | -        |                    |          |        |           | Printe                          | ed Name        |           |           |          |          |
| My Commission Exp                        | _                                |             |                        |         |             |       |          |                    |          |        |           | Ema                             | il             |           |           |          | -  <br>  |
|  | МО                               | D           | AY                     | YR      | l           |       | -        |                    | Area     | Code   |           | D                               | aytime T       | elephon   | e Numb    | er       | -        |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |           |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |           |
| FRIENDS OF FARNESE   | From:     | 1/1/202  | <u>1</u> To: | 3/29/2021 |
| 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 | Name of Filing Committee or Candidate |                   |      | Reporting Period |      |    |        |  |  |  |
|--------------------------------------|---------------------------------------|-------------------|------|------------------|------|----|--------|--|--|--|
|                                      |                                       | F                 | rom: |                  | То   | į  |        |  |  |  |
|                                      |                                       |                   |      | DATE             |      | į  | 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 Commit    | itee or Candidate |                   | Repo | orting P | eriod |      |    |            |
|--------------------------|-------------------|-------------------|------|----------|-------|------|----|------------|
|                          |                   |                   | Fron | 1:       |       | To   | ): |            |
|                          |                   |                   |      |          | DATE  |      |    | AMOUNT     |
| Full Name of Contributor |                   |                   |      | 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.

#### **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> | U          | .00 |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |          |            |     |
|                                       |                      |          |             |        |     |      |          | PAGE TOTAL |     |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$       | 0.0        | )0  |

### 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 | 2                |         |              | Rep        | orting Pe | riod  |      |            |              |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
|                                       |                  |         |              | Fron       | n:        |       | To   | <b>)</b> : |              |
|                                       |                  |         |              |            | D         | ATE   |      |            | AMOUNT       |
| Full Name of Contributor              |                  |         |              |            | мо        | DAY   | YEAR | \$         | 0.00         |
| Mailing Address                       |                  |         |              |            |           |       |      |            |              |
| City                                  | State            | Zi      | p Code (Plus | <b>(4)</b> |           |       |      |            |              |
| Employer Name                         | •                |         |              |            | Occupa    | tion  | -    | -          |              |
| Employer Mailing Address/Principal Pl | ace of Business  |         | City         |            | •         | State |      | Zip Co     | ode (Plus 4) |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | ed Sumr | mary Page,   | Section    | 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:  |          |     | То:  |    |            |
|                            |                           | •  |        | C        | ATE |      |    | AMOUNT     |
| Full Name                  |                           |  |        | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address            |                           |  |        |          |     |      | 7  |            |
| City                       | State                     | Zip Code (Pl   | lus 4) |          |     |      |    |            |
| Receipt Description        | <u>'</u>                  | <b>.</b>   |        |          | •   |      |    |            |
| Futor Curred Total of Doub | Fan Cabadula I. Datailad  | I Communication of the Communi |        | 4        |     |      | F  | PAGE TOTAL |
| Enter Grand Total of Part  | E ON Schedule 1, Detalled | i Summary Page, S  | ection | 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 | d                          |           |  |  |  |  |  |
|--|------------------|----------------------------|-----------|--|--|--|--|--|
| FRIENDS OF FARNESE   | From:            | <u>1/1/2021</u> <b>To:</b> | 3/29/2021 |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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   | 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          | me of Filing Committee or Candidate |                     |          |          | Reporting Period |          |            |      |  |
|--|-------------------------------------|---------------------|----------|----------|------------------|----------|------------|------|--|
|  |                                     |                     | From:    |          |                  | To:      |            |      |  |
|  |                                     |                     |          | DATE     |                  |          | 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  |                |     |                  | 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   | oation         |       |       |                   |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zij   | p Code(Plus 4) | Descr | iptio | n of Contribution | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed      |                |       |       | PAGE TOT          | ΓAL  |
| Summary Page, Section 3.               |                |     |                  |        | -       |                |       |       |                   | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |     |                  |  |  |  |
|---------------------------------------|------------------|----------|-----|------------------|--|--|--|
| FRIENDS OF FARNESE                    | From             | 1/1/2021 | То: | <u>3/29/2021</u> |  |  |  |

|  |                   |                               |                            | DATE        |          |        | AMOUNT |  |  |
|--|-------------------|-------------------------------|----------------------------|-------------|----------|--------|--------|--|--|
| To Whom Paid                             |                   |                               | МО                         | DAY         | YEAR     |        |        |  |  |
| KENYATTA JOHNSON LEGAL DEFENS            | SE FUND           |                               | 1-10                       |             |          |        |        |  |  |
| Mailing Address 2401 PENNSYLVA           | ANIA AVE STE 1C41 |                               | 2                          | 25          | 2021     | \$     | 500.00 |  |  |
| City PHILADELPHIA                        | State             | Zip Code (Plus 4)             | Descrip                    | tion of Exp | enditure |        |        |  |  |
|  | PA                | 191307722                     | DONAT                      | ION         |          |        |        |  |  |
| To Whom Paid                             |                   |                               | мо                         | DAY         | YEAR     |        |        |  |  |
| MARIA MCLAUGHLIN FOR SUPREME             | COURT             |                               | МО                         |             | ILAK     |        |        |  |  |
| Mailing Address PO BOX 15943             |                   |                               | 2                          | 24          | 2021     | \$     | 500.00 |  |  |
| City PHILADELPHIA                        | State             | Zip Code (Plus 4)             | Description of Expenditure |             |          |        |        |  |  |
|  | PA                | 191030943                     | DONAT                      | ION         |          |        |        |  |  |
| To Whom Paid                             |                   |                               | МО                         | DAY         | YEAR     |        |        |  |  |
| PAYA                                     |                   |                               | МО                         |             | ILAK     |        |        |  |  |
| Mailing Address 12120 SUNSET H           | ILLS RD STE 500   |                               | 1                          | 4           | 2021     | \$     | 2.50   |  |  |
| City RESTON                              | State             | Zip Code (Plus 4)             | Descrip                    | tion of Exp | enditure |        |        |  |  |
|  | VA                | 201905858                     | CREDIT                     | CARD PRO    | CESSING  | G FEES |        |  |  |
| To Whom Paid                             |                   |                               | мо                         | DAY         | YEAR     |        |        |  |  |
| PAYA                                     |                   |                               | МО                         |             | ILAK     |        |        |  |  |
| Mailing Address 12120 SUNSET H           | ILLS RD STE 500   |                               | 2                          | 1           | 2021     | \$     | 2.50   |  |  |
| City RESTON                              | State             | Zip Code (Plus 4)             | Descrip                    | tion of Exp | enditure |        |        |  |  |
|  | VA                | 201905858                     | FEE                        |             |          |        |        |  |  |
| To Whom Paid                             |                   |                               | мо                         | DAY         | YEAR     |        |        |  |  |
| PAYA                                     |                   |                               | 1-10                       |             | 1 = July |        |        |  |  |
| Mailing Address 12120 SUNSET H           | ILLS RD STE 500   |                               | 3                          | 1           | 2021     | \$     | 2.50   |  |  |
| City RESTON                              | State             | Zip Code (Plus 4)             | Descrip                    | tion of Exp | enditure |        |        |  |  |
|  | VA                | 201905858                     | FEE                        |             |          |        |        |  |  |
| To Whom Paid                             |                   |                               | МО                         | DAY         | YEAR     |        |        |  |  |
| TD BANK, N.A.                            |                   |                               | 1.10                       |             | I EAR    |        |        |  |  |
| Mailing Address 1701 MARLTON F           | PIKE E            |                               | 1                          | 29          | 2021     | \$     | 3.00   |  |  |
| City CHERRY HILL State Zip Code (Plus 4) |                   | 4) Description of Expenditure |                            |             |          |        |        |  |  |
|  | NJ                | 080032390                     | FEE                        |             |          |        |        |  |  |
|  |                   |                               |                            |             |          |        |        |  |  |

| To Whom Paid  |       |                   | МО                         | DAY | YEAR |    |            |
|---|-------|-------------------|----------------------------|-----|------|----|------------|
| TD BANK, N.A.   |       |                   | PIO                        |     | ILAK |    |            |
| Mailing Address 1701 MARLTON PIKE E                                     |       |                   | 2                          | 26  | 2021 | \$ | 3.00       |
| City CHERRY HILL  | State | Zip Code (Plus 4) | Description of Expenditure |     |      |    |            |
|   | NJ    | 080032390         | FEE                        |     |      |    |            |
| To Whom Paid  |       |                   |                            | DAY | YEAR |    |            |
| UNITED STATES TREASURY  |       |                   | МО                         |     | ILAK |    |            |
| Mailing Address 1500 PENNSYLVANIA AVE NW                                |       |                   | 2                          | 4   | 2021 | \$ | 127.17     |
| City WASHINGTON   | State | Zip Code (Plus 4) | Description of Expenditure |     |      |    |            |
|   | DC    | 202200001         | TAXES                      |     |      |    |            |
|   |       |                   |                            |     |      |    | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |     |      | \$ | 1,140.67   |

### 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 Period |                     |                 |      |           |                              |  |
|---|-------|---------------------------------------|------------------|---------------------|-----------------|------|-----------|------------------------------|--|
| FRIENDS OF FARNESE  |       |                                       | From:            |                     | <u>1/1/2021</u> | То:  |           | 3/29/2021                    |  |
|   |       |                                       |                  |                     | DATE            |      |           | utstanding<br>alance of Debt |  |
| Name of Creditor FUMO FOR SENATE  |       |                                       |                  |                     | DAY             | YEAR |           |                              |  |
| Mailing Address 2220 GREEN ST   |       |                                       |                  | 1                   | 10              | 2017 | 7 \$      | 25,000.00                    |  |
| City PHILADELPHIA   | State | Zip Code (Plus 4) Description of Debt |                  |                     |                 | t    |           |                              |  |
|   | PA    | 191303113                             | 3                | LOAN RECEIVED       |                 |      |           |                              |  |
| Name of Creditor  KLEHR, HARRISON, HARVEY, BRANZBURG, LLP               |       |                                       |                  |                     | DAY             | YEAR |           |                              |  |
| Mailing Address 1835 MARKET ST  |       |                                       |                  |                     | 25              | 2018 | <b>\$</b> | 1,801.35                     |  |
| City PHILADELPHIA   | State | Zip Code (P                           | lus 4)           | Description of Debt |                 |      |           |                              |  |
| PA 191032968 LEGAL FEES   |       |                                       |                  |                     |                 |      |           |                              |  |
|   |       |                                       |                  |                     |                 |      |           | PAGE TOTAL                   |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |                                       |                  |                     |                 |      | \$        | 26,801.35                    |  |