

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 : 2018C1219		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST										
Name of Filing Committee, Candidate or Lobbyist: AHMAD, NILOFER NINA																
Street Address:																
City:			State:		Zip Code: 19119											
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>						
	ANNUAL REPORT	7. X	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						
LIEUTENANT GOVERNOR				<table border="1"> <tr> <th>MO</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>6</td> <td>2018</td> </tr> </table>			MO	DAY	YEAR	11	6	2018	-1	LTG	DEM	51
MO	DAY	YEAR														
11	6	2018														
							(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY							
		6	5	2018		1	31	2019								
A. Amount Brought Forward From Last Report					\$ 1,172.64											
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 6,668.92											
C. Total Funds Available (Sum Of Lines A and B)					\$ 7,841.56											
D. Total Expenditures (From Schedule III)					\$ 24,991.01											
E. Ending Cash Balance (Subtract Line D From Line C)					\$ (17,149.45)											
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00											
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 21,600.00											

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
AHMAD, NILOFER NINA	From: <u>6/5/2018</u> To: <u>1/31/2019</u>

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)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 400.00

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)	\$ 2,101.00
TOTAL for the Reporting Period (3)	\$ 2,101.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 4,167.92

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.)	\$ 6,668.92
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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 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 AHMAD, NILOFER NINA	Reporting Period From: <u>6/5/2018</u> To: <u>1/31/2019</u>
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DATE	AMOUNT
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Full Name of Contributor Chowdhury Medical Associates LLC			MO	DAY	YEAR	\$ 200.00
Mailing Address 10012 Edward Ave			6	5	2018	
City Bethesda	State MD	Zip Code (Plus 4) 20814				

Full Name of Contributor Jong Kai Chin			MO	DAY	YEAR	\$ 200.00
Mailing Address 203 N. 9th St			8	18	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19107				

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

PAGE TOTAL
\$ 400.00

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
	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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

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 AHMAD, NILOFER NINA	Reporting Period From: <u>6/5/2018</u> To: <u>1/31/2019</u>
-------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor Mujibur R Majumdar				MO	DAY	YEAR	\$ 500.00
Mailing Address 1950 Powell Ave							
City Brooklyn	State NY	Zip Code (Plus 4) 10472					
Employer Name Law Offices of Barry Silberzweig				Occupation Lawyer			
Employer Mailing Address/Principal Place of Business 271 Madison Ave Fl 3			City New York		State NY	Zip Code (Plus 4) 10016	
Full Name of Contributor Nancy Beeuwkes				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1360 Monument St							
City Concord	State MA	Zip Code (Plus 4) 01742					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Concord		State MA	Zip Code (Plus 4) 01742	
Full Name of Contributor Nina Ahmad				MO	DAY	YEAR	\$ 601.00
Mailing Address 405 E, Gowen St							
City Philadelphia	State PA	Zip Code (Plus 4) 19119					
Employer Name NA				Occupation Scientist			
Employer Mailing Address/Principal Place of Business Same as above			City Philadelphia		State PA	Zip Code (Plus 4) 19119	

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

PAGE TOTAL
\$ 2,101.00

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 AHMAD, NILOFER NINA	Reporting Period From: <u>6/5/2018</u> To: <u>1/31/2019</u>
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				DATE	AMOUNT
Full Name	MO	DAY	YEAR	\$	
DC37					2,000.00
Mailing Address 125 Barclay St					
City New York					
State NY					
Zip Code (Plus 4) 10007					
Receipt Description Refund					
Aliiance of South Asian-American Labot					2,000.00
Mailing Address 165-23 Hillside Ave					
City Jamaica					
State NY					
Zip Code (Plus 4) 14625					
Receipt Description Refund					
Paychex					135.97
Mailing Address 911 Panorama Trl S					
City Rochester					
State NY					
Zip Code (Plus 4) 14625					
Receipt Description Taxes					
Marcus L. Richardson					31.95
Mailing Address Requested					
City Philadelphia					
State PA					
Zip Code (Plus 4) 19119					
Receipt Description Reimbursement for Uber					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 4,167.92

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	
AHMAD, NILOFER NINA		From: <u>6/5/2018</u> To: <u>1/31/2019</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:
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			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
AHMAD, NILOFER NINA	From <u>6/5/2018</u> To: <u>1/31/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address 48 Grove St Ste 202	6	5	2018	\$ 450.00
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Credit Card Processing Fees	
To Whom Paid	MO	DAY	YEAR	
Dianne T. Gregg				
Mailing Address 148 Rock Hill Road	6	5	2018	\$ 5,124.79
City Centre Hall	State PA	Zip Code (Plus 4) 16828	Description of Expenditure Consulting	
To Whom Paid	MO	DAY	YEAR	
Vantiv LLC				
Mailing Address 8500 Governors Hill Road	6	11	2018	\$ 3.32
City Symmes Township	State OH	Zip Code (Plus 4) 45249	Description of Expenditure Service Fee	
To Whom Paid	MO	DAY	YEAR	
30th Ward Democratic Committee c/o Marcia Wilkhof				
Mailing Address 1521 Naudin Street	6	12	2018	\$ 250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Lyft				
Mailing Address 185 Berry St Ste 5000	6	14	2018	\$ 15.02
City San Francisco	State CA	Zip Code (Plus 4) 94107	Description of Expenditure Travel Expense	
To Whom Paid	MO	DAY	YEAR	
Lyft				
Mailing Address 185 Berry St Ste 5000	6	15	2018	\$ 16.93
City San Francisco	State CA	Zip Code (Plus 4) 94107	Description of Expenditure Travel Expense	

To Whom Paid			MO	DAY	YEAR	\$ 628.39
Octo Design						
Mailing Address 836 South Street			6	15	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Rent			
To Whom Paid			MO	DAY	YEAR	\$ 18.00
Citizens Bank						
Mailing Address PO Box 7000			6	27	2018	
City Providence	State RI	Zip Code (Plus 4) 02940	Description of Expenditure Wire Transfer Fee			
To Whom Paid			MO	DAY	YEAR	\$ 17,567.56
Kleinbard LLC						
Mailing Address 1717 Arch Street			6	29	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Final Legal Bill			
To Whom Paid			MO	DAY	YEAR	\$ 269.50
Paychex						
Mailing Address 911 Panoram Trl S			7	10	2018	
City Rochester	State NY	Zip Code (Plus 4) 14625	Description of Expenditure Payroll			
To Whom Paid			MO	DAY	YEAR	\$ 0.50
Vantiv LLC						
Mailing Address 8500 Governors Hill Drive			7	10	2018	
City Symmes Township	State OH	Zip Code (Plus 4) 45249	Description of Expenditure Service Fee			
To Whom Paid			MO	DAY	YEAR	\$ 18.00
Savannah Fritz						
Mailing Address 925 S. 8th Street APT 1			7	24	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Description of Expenditure Expense Reimbursement			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
Citizens Bank						
Mailing Address PO Box 7000			7	27	2018	
City Providence	State RI	Zip Code (Plus 4) 02940	Description of Expenditure Encoding Error			
To Whom Paid			MO	DAY	YEAR	\$ 11.00
Paychex Inc						
Mailing Address 911 Panorama Trl S			8	10	2018	
City Rochester	State NY	Zip Code (Plus 4) 14625	Description of Expenditure Payroll Fee			

To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 18.00
Mailing Address PO Box 7000			11	21	2018	
City Providence	State RI	Zip Code (Plus 4) 02940	Description of Expenditure Wire Transfer Fee			

To Whom Paid Kleinbard LLC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1717 Arch St			12	21	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 24,991.01

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 AHMAD, NILOFER NINA	Reporting Period From: <u>6/5/2018</u> To: <u>1/31/2019</u>
-------------------------------------------------------------------------	---------------------------------------------------------------------------

				DATE		Outstanding Balance of Debt	
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 17,600.00
Mailing Address 405 E. Gowen Ave				6	27	2018	
City Philadelphia		State PA	Zip Code (Plus 4) 19119	Description of Debt Loan Received			
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 4,000.00
Mailing Address 495 E. Gowen Ave				11	21	2018	
City Philadelphia		State PA	Zip Code (Plus 4) 19119	Description of Debt Loan Received			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 21,600.00