

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 : 20180132		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST									
Name of Filing Committee, Candidate or Lobbyist: AHMAD, NINA FOR PA																	
Street Address:																	
City: PHILADELPHIA				State: PA		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	<input checked="" type="checkbox"/> No								
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> 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	LTG		DEM	
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			12	31	2018								
A. Amount Brought Forward From Last Report					\$		1,772.64										
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		24,268.92										
C. Total Funds Available (Sum Of Lines A and B)					\$		26,041.56										
D. Total Expenditures (From Schedule III)					\$		28,991.01										
E. Ending Cash Balance (Subtract Line D From Line C)					\$		(2,949.45)										
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00										
G. Unpaid Debts And Obligations (From Schedule IV)					\$		655,835.52										

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, NINA FOR PA	From: <u>6/5/2018</u> To: <u>12/31/2018</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)	\$ 23,701.00
TOTAL for the Reporting Period (3)	\$ 23,701.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (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.)	\$ 24,268.92
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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, NINA FOR PA	Reporting Period From: <u>6/5/2018</u> To: <u>12/31/2018</u>
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DATE	AMOUNT
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Full Name of Contributor JONG KAI CHIN			MO	DAY	YEAR	\$ 200.00
Mailing Address			8	18	2018	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107				

Full Name of Contributor CHOWDHURY MEDICAL ASSOCIATES LLC			MO	DAY	YEAR	\$ 200.00
Mailing Address			6	5	2018	
City	State	Zip Code (Plus 4)				

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, NINA FOR PA	Reporting Period From: <u>6/5/2018</u> To: <u>12/31/2018</u>
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				DATE	AMOUNT		
Full Name of Contributor NINA AHMAD				MO	DAY	YEAR	\$ 601.00
Mailing Address City PHILADELPHIA State PA Zip Code (Plus 4) 19119							
Employer Name N/A				Occupation SCIENTIST			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor NANCY BEEUWKES				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City CONCORD State MA Zip Code (Plus 4) 01742				8	28	2018	
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor Nina Ahmad				MO	DAY	YEAR	\$ 17,600.00
Mailing Address City Philadelphia State PA Zip Code (Plus 4) 19119				6	27	2018	
Employer Name N/A				Occupation Scientist			
Employer Mailing Address/Principal Place of Business				City Philadelphia		State PA	Zip Code (Plus 4) 19119
Full Name of Contributor Nina Ahmad				MO	DAY	YEAR	\$ 4,000.00
Mailing Address City Philadelphia State PA Zip Code (Plus 4) 19119				11	21	2018	
Employer Name N/A				Occupation Scientist			
Employer Mailing Address/Principal Place of Business				City Philadelphia		State PA	Zip Code (Plus 4) 19119

Full Name of Contributor MUJIBUR R. MAJUMDUR			MO 6	DAY 5	YEAR 2018	\$ 500.00
Mailing Address						
City BROOKLYN	State NY	Zip Code (Plus 4) 104725106				
Employer Name LAW OFFICE OF BARRY SILBERZWEIG			Occupation LAWYER			
Employer Mailing Address/Principal Place of Business		City NEW YORK	State NY	Zip Code (Plus 4) 100161042		

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

PAGE TOTAL
\$ 23,701.00

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, NINA FOR PA	Reporting Period From: <u>6/5/2018</u> To: <u>12/31/2018</u>
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				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
PAYCHEX						
Mailing Address				8	7	2018
City	ROCHESTER	State	NY	Zip Code (Plus 4)	14625	
Receipt Description						
Full Name				MO	DAY	YEAR
MICHAEL L. RICHARDSON						
Mailing Address				8	23	2018
City		State		Zip Code (Plus 4)		
Receipt Description REIMBURSEMENT FOR UBER						

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

PAGE TOTAL
\$ 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, NINA FOR PA		From: <u>6/5/2018</u> To: <u>12/31/2018</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:
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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, NINA FOR PA	From <u>6/5/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address	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	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	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	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	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	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			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 NA						
Mailing Address			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			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 Inc						
Mailing Address			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			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			7	24	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Description of Expenditure Expense Reimbursement			
To Whom Paid			MO	DAY	YEAR	\$ 11.00
Paychex Inc						
Mailing Address			8	10	2018	
City Rochester	State NY	Zip Code (Plus 4) 14625	Description of Expenditure Payroll Fee			
To Whom Paid			MO	DAY	YEAR	\$ 18.00
CITIZENS BANK NA						
Mailing Address			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			12	21	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance			

To Whom Paid CITIZENS BANK NA			MO	DAY	YEAR	\$ 100.00
Mailing Address			7	27	2018	
City PROVIDENCE	State RI	Zip Code (Plus 4) 02940	Description of Expenditure Encoding Error			

To Whom Paid DC37			MO	DAY	YEAR	\$ 2,000.00
Mailing Address			12	10	2018	
City New York	State NY	Zip Code (Plus 4) 10007	Description of Expenditure Refund			

To Whom Paid Alliance of South Asian-American Labot			MO	DAY	YEAR	\$ 2,000.00
Mailing Address			12	18	2018	
City Jamaica	State NY	Zip Code (Plus 4) 14625	Description of Expenditure Refund			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 28,991.01

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	Reporting Period
AHMAD, NINA FOR PA	From: <u>6/5/2018</u> To: <u>12/31/2018</u>

				DATE	Outstanding Balance of Debt	
Name of Creditor NINA AHMAD			MO	DAY	YEAR	\$ 17,600.00
Mailing Address			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			11	21	2018	
City	PHILADELPHIA	State PA	Zip Code (Plus 4) 19119		Description of Debt LOAN RECEIVED	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 9,000.00
Mailing Address			3	13	2018	
City	Philadelphia	State PA	Zip Code (Plus 4) 19119		Description of Debt Loan Received	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 50,000.00
Mailing Address			3	26	2018	
City	Philadelphia	State PA	Zip Code (Plus 4) 19119		Description of Debt Loan Received	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 450,000.00
Mailing Address			3	26	2018	
City	Philadelphia	State PA	Zip Code (Plus 4) 19119		Description of Debt Loan Received	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 61,750.00
Mailing Address			5	4	2018	
City	Philadelphia	State PA	Zip Code (Plus 4) 19119		Description of Debt Loan Received	

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 13,000.00
Mailing Address			5	8	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan Received			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 12,000.00
Mailing Address			5	9	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan Received			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 27,000.00
Mailing Address			5	11	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan Received			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 11,485.52
Mailing Address			5	14	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
						\$ 655,835.52