Campaign Finance Report

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

Filer Identificat Number :	ion 2	20180	132			Report Filed E		CANDI	DATE	C	COMM	IITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Ca	ndida	te or Lo	obbyist:				A FOR PA									
Street Address:																	
City:	PHILADEL	.PHIA						State:	PA			Zip Co	de: 19	119			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	:	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	✓^	lo]
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST-	6.		TERMINATION REPORT?		Yes	٦	lo	\checkmark
report type)	ANNUAL REP	ORT	7. X	Year 2018				NG METHO CHECK OI				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Can	didate	e:					DATE O	F ELEC	TION		District Number	Office Code	Pa	ty Cod	e Cou Cod	
								мо	DAY	YEAF	R		LTG	DEI	1	•	
LIEUTENANT G	OVERNOR							11		6 2	2018		(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of		d	мо	DAY	YEAR	1		мо	DAY	YEAF	R	FC	OR OFFIC	e use	ONL	(
Expenditures	s from:			6 5	2	018 T	0	12	3	1 2	2018						
A. Amount Brought Forward From Last Report							\$			1,772	2.64						
B. Total Monet	ary Contributi	ons A	nd Rece	eipts (From	n Sche	dule I)	\$			24,268	8.92						
C. Total Funds	Available (Su	n Of L	Lines A	and B)			\$		26,041.56								
D. Total Expen	ditures (From	Schee	dule III	[)			\$			28,991.01							
E. Ending Cash	Balance (Sub	tract	Line D	From Line	C)		\$		((2,949.45)							
F. Value Of In-	Kind Contribu	tions	Receive	ed (From S	chedu	le II)	\$			0	0.00						
G. Unpaid Deb	ts And Obligat	ions (From S	chedule IV	')		\$		6	55,835	5.52						
					AFF	IDAVI	T SE	CTION									
PART I - If this i		-	•	-					• •		-						
I swear (or affirm correct and compl		, inclu	ding the	attached sc	nedules	s filed on	paper	or by elect	ronic me	dium, ar	re to t	ne best o	т ту кпом	/leage	and be	lief , t	rue
Sworn to and sub	scribed before m day of	e this		20						Sign	nature	of Perso	n Submitt	ing Re	oort		_
	Sig	nature	e				_					Prin	ted Name				-
My Commission E	xpires						_					Ema	il				_
	МО		DA	Y	YR				Are	a Code		Daytim	ne Telepho	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	authorized	Comn	nittee, C	andid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amend		t of my	y knowle	dge and beli	ef this	political	comm	ittee has n	ot violat	ed any p	provisi	ons of th	e act of Ju	ine 3,1	937 (P	.L. 133	33,
Sworn to and subse	cribed before me day of	this		20							Si	gnature o	of Candida	te			-
							-					Printe	ed Name				-
My Commission Ex	Signat	ure					-					Ema	il				_
							-										_
	МС)	DA	AY .	YR				Area C	Code		D	aytime Te	lephor	ne Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>6/5/2018</u> **To:** AHMAD, NINA FOR PA 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 400.00 All Other Contributions (Part B) \$ **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 23,701.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 23,701.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 167.92 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 24,268.92 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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		Reporting Period				
			From	m:		То	
		·			DATE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4	4)				
							PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.					\$ 0.00		

Use this Part to it	emize all other 50.01 to \$250.0	L TO \$250.00 contribution 00 in the repo	s w ortir	ith an 1g peri	aggrega iod.			rom
Name of Filing Committee or Candida	te		Rep	orting Pe	eriod			
AHMAD, NINA FOR PA				om: <u>6/5/2018</u> To				<u>12/31/2018</u>
					DATE			AMOUNT
Full Name of Contributor JONG KAI CHIN				мо	DAY	YEAR		
Mailing Address							\$	200.00
City PHILADELPHIA	State PA	Zip Code (Plus 4 19107)	8	18	2018		
Full Name of Contributor				мо	DAY	YEAR		
CHOWDHURY MEDICAL ASSOCIATES I	LC			МО	DAT	TLAK		
Mailing Address							\$	200.00
City	State	Zip Code (Plus 4)	6	5	2018		
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detaile	ed Summary Pag	je, So	ection 2			\$	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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.0
Mailing Address] *	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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			Rep	orting Pe	riod		
AHMAD, NINA FOR PA			Fron	n:	<u>6/5/2</u>	<u>018</u> To	: <u>12/31/2018</u>
				DA	ATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
NINA AHMAD				MO	DAT	TEAR	\$ 601.00
Mailing Address							
City PHILADELPHIA	State	Zip Code (Plu	s 4)				
	PA	19119					
Employer Name N/A				Occupat	tion	SCIENT	IST
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
Full Name of Contributor				мо	DAY	YEAR	
NANCY BEEUWKES				MO	DAT	TEAK	\$ 1,000.00
Mailing Address				8	28	2018	
City CONCORD	State	Zip Code (Plu	s 4)	0	20	2010	
	МА	01742					
Employer Name RETIRED				Occupat	tion	RETIRE	D
Employer Name RETIRED Employer Mailing Address/Principal Place of Business City					State		Zip Code (Plus 4)
Employer Mailing Address/Principal Plac	e of Business	City			State		
	e of Business				State		
Full Name of Contributor	e of Business			мо	DAY	YEAR	\$ 17,600.00
Full Name of Contributor Nina Ahmad		City			DAY		\$ 17,600.00
Full Name of Contributor Nina Ahmad Mailing Address	State		s 4)	мо 6		YEAR 2018	\$ 17,600.00
Full Name of Contributor Nina Ahmad	State	Zip Code (Plu	s 4)		DAY		\$ 17,600.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia			s 4)	6	DAY 27	2018	\$ 17,600.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A	State PA	Zip Code (Plu 19119	s 4)		DAY 27		\$ 17,600.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia	State PA	Zip Code (Plu 19119 City		6	DAY 27 tion State	2018	\$ 17,600.00 t Zip Code (Plus 4)
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place	State PA	Zip Code (Plu 19119		6	DAY 27	2018	\$ 17,600.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor	State PA	Zip Code (Plu 19119 City		6	DAY 27 tion State	2018	\$ 17,600.00 t Zip Code (Plus 4)
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor Nina Ahmad	State PA	Zip Code (Plu 19119 City		6 Occupat	DAY 27 tion State PA DAY	2018 Scientis YEAR	\$ 17,600.00 t Zip Code (Plus 4) 19119 \$ 4,000.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor Nina Ahmad Mailing Address	State PA ce of Business	Zip Code (Plu 19119 City Philadelp	hia	6 Occupat	DAY 27 cion State PA	2018 Scientis	\$ 17,600.00 t Zip Code (Plus 4) 19119 \$ 4,000.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor Nina Ahmad	State PA ce of Business	Zip Code (Plu 19119 City Philadelp	hia	6 Occupat	DAY 27 tion State PA DAY	2018 Scientis YEAR	\$ 17,600.00 t Zip Code (Plus 4) 19119 \$ 4,000.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia	State PA ce of Business	Zip Code (Plu 19119 City Philadelp	hia	MO 11	DAY 27 27 ion State PA DAY 21	2018 Scientis YEAR 2018	\$ 17,600.00 t Zip Code (Plus 4) 19119 \$ 4,000.00
Full Name of Contributor Nina Ahmad Mailing Address City Philadelphia Employer Name N/A Employer Mailing Address/Principal Place Full Name of Contributor Nina Ahmad Mailing Address	State PA ce of Business State PA	Zip Code (Plu 19119 City Philadelp	hia	6 Occupat	DAY 27 27 ion State PA DAY 21	2018 Scientis YEAR	\$ 17,600.00 t Zip Code (Plus 4) 19119 \$ 4,000.00

Full Name of Contributor			мо	DAY	YEAR		500.00
MUJIBUR R. MAJUMDUR			no	DAT	TEAN	\$	500.00
Mailing Address			6	5	2018		
City BROOKLYN	State	Zip Code (Plus 4)	Ū	5	2010		
	NY	104725106					
Employer Name LAW OFFICE OF BARRY SILBERZWEIG			Occupation LAWYER				
Employer Mailing Address/Principal Plac	e of Business	City		State		Zip Code	(Plus 4)
		NEW YORK		NY		10016104	42
Enter Grand Total of Part C on Scheo	lule I, Detailed Su	immary Page, Sectio	on 3.		4		GE 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 Cane	didate		Report	ing Perio	d			
AHMAD, NINA FOR PA			From:		<u>6/5/201</u>	<u>8</u> To:		<u>12/31/2018</u>
				D	ATE			AMOUNT
Full Name PAYCHEX				мо	DAY	YEAR	\$	135.97
Mailing Address	I	I		8	7	201	3	
City ROCHESTER	State	Zip Code (Plus 4)					
	NY	14625						
Receipt Description	•							
Full Name MICHAEL L. RICHARDSON				мо	DAY	YEAR	\$	31.95
Mailing Address				0	22	201		
City	State	Zip Code (Plus 4)	8	23	2018	5	
Receipt Description REIMBUR:	SEMENT FOR UBER			1				
								PAGE TOTAL
Enter Grand Total of Part E on S	Schedule I, Detailed	Summary Page,	Section	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, NINA FOR PA	From:	<u>6/5/2018</u> То:	<u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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			мо	DAY	YEAR			
Mailing Address		_				*		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		0.00

PAGE 11

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period				
			From:			То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4))				
Employer of Contributor				Occupa	ation		•
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate			Reporti	ng Period			
АНМ	AD, NINA FOR PA			From	<u>6/!</u>	<u>5/2018</u>	То:	<u>12/31/2018</u>
					DATE			AMOUNT
To Wr	nom Paid			мо	DAY	YEAR		
NGP \	/AN							
Mailin	g Address			6	5	2018	\$	450.00
City	SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		МА	02144	CREDIT	CARD PRO	DCESSIN	G FEES	
	nom Paid NE T. GREGG			мо	DAY	YEAR		
Mailin	g Address			6	5	2018	\$	5,124.79
City	CENTRE HALL	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
		PA	16828	CONSULTING				
To Whom Paid VANTIV LLC			мо	DAY	YEAR			
Mailin	g Address			6	11	2018	\$	3.32
City	SYMMES TOWNSHIP	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
		он	45249	SERVICE FEE				
-	nom Paid WARD DEMOCRATIC COMMITTEE	C/O MARCIA WILKH	DF	мо	DAY	YEAR		
Mailin	g Address			6	12	2018	\$	250.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure		
		РА	19146	CONTRI	BUTION			
To WH	nom Paid			мо	DAY	YEAR		
Mailin	g Address			6	14	2018	\$	15.02
City	SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure		
		СА	94107	TRAVEL	EXPENSE			
To WH	nom Paid			мо	DAY	YEAR		
Mailin	g Address			6	15	2018	\$	16.93
City	SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1	
	CA 94107			TRAVEL	EXPENSE			

							 GE 13
To Wh	nom Paid			мо	DAY	YEAR	
осто	DESIGN			MO	DAT	TLAK	
Mailin	g Address			6	15	2018	\$ 628.39
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	19107	RENT			
To Wh	nom Paid			мо	DAY	YEAR	
CITIZ	ENS BANK NA			MO	DAT	TLAK	
Mailin	g Address			6	27	2018	\$ 18.00
City	PROVIDENCE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		RI	02940	WIRE T	RANSFER F	EE	
To Wh	nom Paid					VEAD	
Kleinb	pard LLC			мо	DAY	YEAR	
Mailin	g Address			6	29	2018	\$ 17,567.56
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	
		PA	19103	Final Le	gal Bill		
To Wh	nom Paid					VEAD	
Paych	lex Inc			мо	DAY	YEAR	
Mailing Address				7	10	2018	\$ 269.50
City	Rochester	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	
		NY	14625	Payroll			
To Wh	nom Paid			MO	DAY	YEAR	
Vantiv	/ LLC			мо	DAT	TEAK	
Mailin	g Address			7	10	2018	\$ 0.50
City	Symmes Township	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		ОН	45249	Service	Fee		
To Wh	nom Paid			мо	DAY	YEAR	
Savar	nnah Fritz			MO	DAT	TEAK	
Mailin	g Address			7	24	2018	\$ 18.00
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	ion of Exp	enditure	
		PA	19147	Expense	e Reimburs	ement	
PA 19147					1		
To Wh	nom Paid				DAY	VEAD	
	nom Paid lex Inc			мо	DAY	YEAR	
Paych				мо 8	DAY 10	YEAR 2018	\$ 11.00
Paych	ex Inc g Address	State	Zip Code (Plus 4)	8		2018	\$ 11.00
Paych Mailin	lex Inc	State NY	Zip Code (Plus 4) 14625	8	10 tion of Exp	2018	\$ 11.00
Paych Mailin City	ex Inc g Address			8 Descrip Payroll	10 tion of Exp Fee	2018 enditure	\$ 11.00
Paych Mailin City To Wh	ex Inc g Address Rochester			8 Descrip	10 tion of Exp	2018	\$ 11.00
Paych Mailin City To Wh	ex Inc g Address Rochester nom Paid			8 Descrip Payroll	10 tion of Exp Fee	2018 enditure	\$ 11.00
Paych Mailin City To Wh	ex Inc g Address Rochester hom Paid ENS BANK NA			8 Descrip Payroll MO 11	10 tion of Exp Fee DAY	2018 enditure YEAR 2018	

To Whom Paid				DAY	YEAR			
Kleinbard LLC								
Mailing Address			12	21	2018	\$	500.00	
City Philadelphia State Zip Code (Plus 4)			Description of Expenditure					
	PA	19103	Compliance					
To Whom Paid			мо	DAY	YEAR			
CITIZENS BANK NA								
Mailing Address			7	27	2018	\$	100.00	
City PROVIDENCE	State	Zip Code (Plus 4)	Descrip	tion of Exp				
	RI	02940	Encoding Error					
To Whom Paid				DAY	YEAR			
DC37								
Mailing Address			12	10	2018	\$	2,000.00	
City New York	ty New York State Zip Code (Plus 4) Description of Expenditure NY 10007 Refund			escription of Expenditure				
To Whom Paid				DAY	YEAR			
Alliance of South Asian-Americ	мо							
Mailing Address			12	18	2018	\$	2,000.00	
City Jamaica State Zip Code (Plus 4) Descri			Descrip	Description of Expenditure				
	NY	14625	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 Reportin				ng Period						
AHMAD, NINA FOR PA			From:	<u>6/5/2018</u> To:		<u>12/31/2018</u>				
						DATE		Outstan Balance	ding of Debt	
Name of Creditor				мо	DAY	YEAR				
NINA AHMAD										
Mailing Address				6	27	2018	\$	17,600.00		
City	PHILADELPHIA	State	Zip Code (P	lus 4)	Description of Debt					
		РА	19119		LOAN RECEIVED					
Name of Creditor NINA AHMAD					мо	DAY	YEAR			
Mailin	g Address				11	21	2018	\$	4,000.00	
City	PHILADELPHIA	State	Zip Code (P	lus 4)	Description of Debt					
	PA 19119				LOAN RECEIVED					
Name of Creditor Nina Ahmad				мо	DAY	YEAR				
Mailing Address				3	13	2018	\$	9,000.00		
City Philadelphia State Zip Code (Plus 4)			Description of Debt							
PA 19119				Loan Received						
Name of Creditor										
Nina Ahmad					мо	DAY	YEAR			
Mailing Address					3	26	2018	\$	50,000.00	
City Philadelphia State Zip Code (Plus 4)			lus 4)	Description of Debt						
	PA 19119				Loan Received					
Name of Creditor				мо	DAY	YEAR				
Mailing Address				3	26	2018	\$	450,000.00		
			Description of Debt							
	Philadelphia	PA	19119	103 4)	Loan Received					
Name	of Creditor									
Nina Ahmad				мо	DAY	YEAR				
Mailing Address				5	4	2018	\$	61,750.00		
City	City Philadelphia State Zip Code (Plus 4)			Plus 4)	Description of Debt					
PA 19119				Loan Received						

Name of Creditor				мо	DAY	YEAR			
Nina Ahmad									
Mailing Address			5	8	2018	3 \$	13,000.00		
City Philadelphia State Zip Code (Plus 4)			Description of Debt						
PA 19119				Loan Received					
Name of Creditor					DAY	YEAR			
Nina Ahmad				мо	DAT	TEAR			
Mailing Address				5	9	2018	3 \$	12,000.00	
City	Philadelphia	State	Zip Code (Plus 4)	Description of Debt					
		РА	19119	Loan Received					
Name	of Creditor				DAY	YEAR			
Nina Ahmad				мо		TEAR			
Mailing Address			5	11	2018	3 \$	27,000.00		
City Philadelphia State Zip Code (Plus 4)			Description of Debt						
PA 19119				Loan Received					
Name of Creditor						VEAD			
Nina Ahmad				мо	DAY	YEAR			
Mailing Address				5	14	2018	3 \$	11,485.52	
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Deb	t	•		
PA 19119 Loan Received									
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL			
					\$	655,835.52			