Campaign Finance Report

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

Filer Identificati Number :	ion	20180	0132			Repor Filed B		CANDI	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		AHMAD	, NIN	A FOR PA									
Street Address:	405 E	EAST GO	WEN A	/ENUE													
City:	PHIL	ADELPHIA	Ą					State:	PA			Zip Co	de: 19	119			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes	✓ N	0	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA	AY PRE-	- 5.	30 D/ ELEC		POST-	6.		TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL	REPORT	7. X	Year 2018	8			NG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by	Candidat	te:					DATE O	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	e Cour	
								мо	DAY	YE	AR		LTG	DEI	1		
LIEUTENANT G	OVERNOR	۲.						11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	e use	ONLY	,	
Expenditures	from:			6 5	5 20	018 T	0	12	. 3	31	2018						
A. Amount Bro	ught Forv	vard From	n Last R	leport			\$			1,7	72.64						
B. Total Moneta	ary Contri	ibutions A	And Rec	eipts (Fror	n Schec	dule I)	\$			24,2	268.92						
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			26,0)41.56						
D. Total Expen	ditures (F	rom Sche	edule II	I)			\$			28,9	91.01]					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)		\$			(2,94	19.45)						
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From S	Schedul	e II)	\$				0.00	-					
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule I	V)		\$		e	555,8	35.52						
					AFF	IDAVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	asurer sign	here. I	f this is	a Cai	ndidate re	eport, c	andio	date sig	gn here.					
I swear (or affirm) correct and comple		eport, inclu	uding th	e attached so	chedules	filed on	paper	or by elect	ronic me	edium,	, are to I	the best o	f my knov	ledge	and be	lief , tr	·ue
Sworn to and subs	cribed befo day of	ore me this		20						s	ignature	e of Perso	n Submitt	ing Rej	oort		-
		Signatur	re -				_					Prin	ted Name				-
My Commission Ex	kpires	0.9	-									Ema	il				_
		мо	D	AY	YR				Are	ea Cod	e	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	l Comm	ittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	ed.		ıy knowl	edge and bel	lief this	political	comm	ittee has n	ot violat	ted an	y provis	ions of th	e act of Ju	ne 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed befor day of	re me this		20							s	ignature (of Candida	te			-
							_					Printe	d Name				-
My Commission Exp		Signature					-					Ema	il				-
	_						-										-
		мо	D	AY	YR				Area (Code		D	aytime Te	lephor	e Num	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 o	or Candidate		Reporting	Period			
			From:		То	:	
		· · · ·		DATE			AMOUNT
Full Name of Contributing Cor	nmittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4))				
						Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

0.00

Use this Part to ite	emize all other 0.01 to \$250.(L TO \$250.00 contribution 00 in the repo	s w ortir	ith an 1g peri	aggrega iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting Pe	eriod			
AHMAD, NINA FOR PA			Fro	m:	<u>6/5/2</u>	2018 To	:	<u>12/31/2018</u>
					DATE			AMOUNT
Full Name of Contributor JONG KAI CHIN				мо	DAY	YEAR		
Mailing Address 203 N. 9TH ST. 2N	ID FLOOR				10	2010	\$	200.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		8	18	2018		
Full Name of Contributor CHOWDHURY MEDICAL ASSOCIATES L	LC			мо	DAY	YEAR		
Mailing Address 10012 EDWARD AV	/E BETHESDA MD 2	01814			_		\$	200.00
City	State	Zip Code (Plus 4)		6	5	2018		
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, S	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 Cand	idate		Reporting	9 Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	led Summary 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	TE		AMOUNT
Full Name of Contributor NINA AHMAD					мо	DAY	YEAR	
Mailing 405 E. GOWEN AVE.								\$ 601.00
City PHILADELPHIA	State	Zip	Code (Plus	4)				
	РА	191	.19					
Employer Name _{N/A}	· · · · ·				Occupat	ion S	CIENTI	ST
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code (Plus 4)
SAME AS ABOVE								
Full Name of Contributor NANCY BEEUWKES					мо	DAY	YEAR	
Mailing 1360 MONUMENT ST.								\$ 1,000.00
City CONCORD	State	Zip	Code (Plus	4)	8	28	2018	
	МА	017	42					
Employer Name RETIRED					Occupat	ion R	ETIRED)
Employer Mailing Address/Principal Plac Business	e of		City		1	State		Zip Code (Plus 4)
RETIRED								
Full Name of Contributor MUJIBUR R. MAJUMDUR					мо	DAY	YEAR	
Mailing 1950 POWELL AVE. Address						_		\$ 500.00
City BROOKLYN	State	Zip	Code (Plus	4)	6	5	2018	
	NY	104	725106					
Employer Name LAW OFFICE OF BARR	XY SILBERZWEIG				Occupat	ion L	AWYER	
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code (Plus 4)
271 MADISON AVE.FL 3			NEW YOR	K		NY		100161042

			мо	DAY	YEAR		
						\$	17,600.00
State	Zi	p Code (Plus 4)	6	27	2018		
PA	19	9119					
	ľ		Occupat	ion S	cientist	•	
Place of		City		State		Zip Code	(Plus 4)
		Philadelphia		PA		19119	
			мо	DAY	YFAR		
						\$	4,000.00
State	Zi	p Code (Plus 4)	11	21	2018		
PA	19	9119					
•			Occupat	ion S	cientist		
Place of		City		State		Zip Code	(Plus 4)
		Philadelphia		PA		19119	
hedule I. Deta	iled Summ	nary Page, Secti	on 3.		Γ	PAC	GE TOTAL
						\$	23,701.00
	PA Place of State PA	State Zi PA 19 Place of	State Zip Code (Plus 4) PA 19119 Place of City Philadelphia State Zip Code (Plus 4) PA 19119	State Zip Code (Plus 4) 6 PA 19119 Occupation Place of City Philadelphia · State Zip Code (Plus 4) 11 · Philadelphia MO · Image: State Zip Code (Plus 4) 11 · PA 19119 11 · Occupation Occupation · Image: City Image: City	State Zip Code (Plus 4) 6 27 PA 19119 0ccupation 3 Place of City State PA Philadelphia MO DAY 3 State Zip Code (Plus 4) 11 21 Philadelphia MO DAY 3 State Zip Code (Plus 4) 11 21 PA 19119 11 21 PA City State PA PA 19119 11 21 PA 19119 11 21 PA PA 19119 11 21 PA PA 19119 11 21 PA PA 19119 PA PA PA	State Zip Code (Plus 4) 6 27 2018 PA 19119 0 0 27 2018 Pa 19119 0 0 0 27 2018 Pa 19119 0	State PAZip Code (Plus 4) 191196272018\$Occupation PA $Scientist$ $Scientist$ 1911919119Place ofCity PhiladelphiaState PA PA $Zip Code$ 1911919119MODAYYEAR PA19119 $YEAR$ $Scientist$StatePAZip Code (Plus 4)1911911212018$StatePAZip Code (Plus 4)19119111212018$PaZip Code (Plus 4)19119111212018$Place ofCityPhiladelphiaStatePAZip Code1911911121Zip Code2018$

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 Car	ndidate		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		
Mailing Address 911 PANORA	AMA TRL S						-	\$ 135.97
City ROCHESTER	State	Zip Code (Plus 4)	8	7	201	8	
	NY	14625						
Receipt Description								
Full Name				мо	DAY	YEAR	,	
MICHAEL L. RICHARDSON				10				
Mailing Address							-	\$ 31.95
City	State	Zip Code (Plus 4)	8	23	201	8	
Receipt Description REIMBU	JRSEMENT FOR UBER	I				<u> </u>		
				_				PAGE TOTAL
inter Grand Total of Part E on	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	TF)		
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	g Period			
			From:			То:	
				DATE		АМО	UNT
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	je,	PAGE	TOTAL
					4	6	0.00

PAGE 11

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

Name of Filing Committee or Candidate					Re	porting P	eriod			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	1		1			Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion of	Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, Iı	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
AHMAD, NINA FOR PA			From	<u>6/</u>	<u>5/2018</u>	То:	<u>12/31/2018</u>
				DATE			AMOUNT
To Whom Paid NGP VAN			мо	DAY	YEAR		
Mailing Address 48 GROVE ST. STE 3	202		6	5	2018	\$	450.00
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144		tion of Exp			
To Whom Paid DIANNE T. GREGG			мо	DAY	YEAR		
Mailing Address 148 ROCK HILL ROA	٨D		6	5	2018	\$	5,124.79
City CENTRE HALL	State Zin Code (Plus 4)			otion of Exp	penditure	1	
To Whom Paid VANTIV LLC			мо	DAY	YEAR		
Mailing Address 8500 GOVERNORS	HILL DRIVE		6	11	2018	\$	3.32
City SYMMES TOWNSHIP	State OH	Zip Code (Plus 4) 45249	Descrip SERVIC	ition of Ex	penditure	2	
To Whom Paid 30TH WARD DEMOCRATIC COMMITTEE	C/O MARCIA WILKHO	DF	мо	DAY	YEAR		
Mailing Address 1521 NAUDIN STRE	ET		6	12	2018	\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146		ion of Exp IBUTION	penditure	2	
To Whom Paid LYFT			мо	DAY	YEAR		
Mailing Address 185 BERRY STREET	STE. 5000		6	14	2018	\$	15.02
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94107		tion of Exp			

To Whom Paid				мо	DAY	YEAR	
Mailing Address	185 BERRY STREET	STE. 5000		6	15	2018	\$ 16.93
City SAN FRAI	NCISCO	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	
		СА	94107	TRAVE	_ EXPENSE		
To Whom Paid OCTO DESIGN				мо	DAY	YEAR	
Mailing Address	836 SOUTH STREET			6	15	2018	\$ 628.39
City PHILADE	LPHIA	State	Zip Code (Plus 4)	Descrip	tion of Ex) penditure	
		РА	19107	RENT			
To Whom Paid CITIZENS BANK	NA			мо	DAY	YEAR	
Mailing Address	PO BOX 7000			6	27	2018	\$ 18.00
City PROVIDE	NCE	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	
		RI	02940	WIRE T	RANSFER	FEE	
To Whom Paid Kleinbard LLC				мо	DAY	YEAR	
	1717 Arch Street, 5	th Floor	<u>.</u>	мо 6	DAY 29	YEAR 2018	\$ 17,567.56
Kleinbard LLC		th Floor State	Zip Code (Plus 4)	6		2018	17,567.56
Kleinbard LLC Mailing Address		1	Zip Code (Plus 4) 19103	6	29 Dition of Exp	2018	17,567.56
Kleinbard LLC Mailing Address		State		6 Descrip	29 Dition of Exp	2018	17,567.56
Kleinbard LLC Mailing Address City Philadelp To Whom Paid		State		6 Descrip Final Le	29 Detion of Exp egal Bill	2018 penditure	17,567.56
Kleinbard LLC Mailing Address City Philadelp To Whom Paid Paychex Inc	hia 911 Panoram Tri S	State		6 Descrip Final Le MO 7	29 btion of Exp egal Bill DAY	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelp To Whom Paid Paychex Inc Mailing Address	hia 911 Panoram Tri S	State PA	19103	6 Descrip Final Le MO 7	29 ption of Exp egal Bill DAY 10 ption of Exp	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelp To Whom Paid Paychex Inc Mailing Address	hia 911 Panoram Tri S	State PA State	19103 Zip Code (Plus 4)	6 Descrip Final Le MO 7 Descrip	29 ption of Exp egal Bill DAY 10 ption of Exp	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelph To Whom Paid Paychex Inc Mailing Address City Rocheste To Whom Paid	hia 911 Panoram Tri S	State PA State NY	19103 Zip Code (Plus 4)	6 Descrip Final Le MO 7 Descrip Payroll	29 ption of Exp egal Bill DAY 10 ption of Exp	2018 penditure YEAR 2018 penditure	\$
Kleinbard LLC Mailing Address City Philadelph To Whom Paid Paychex Inc Mailing Address City Rocheste To Whom Paid Vantiv LLC Mailing Address	hia 911 Panoram Tri S r	State PA State NY	19103 Zip Code (Plus 4)	6 Descrip Final Le MO 7 Descrip Payroll MO 7	29 ption of Exp egal Bill DAY 10 ption of Exp	2018 penditure YEAR 2018 penditure YEAR 2018	\$ 269.50

To Whom Paid					DAY	YEAR	
Savannah Fritz				мо			
Mailing Address 925 S. 8th Street Apt 1				7	24	2018	\$ 18.00
City Philadelphi	ia	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	
		РА	19147	Expens	e Reimbur	sement	
To Whom Paid Paychex Inc			мо	DAY	YEAR		
Mailing Address	911 Panorama Tri S			8	10	2018	\$ 11.00
City Rochester		State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure	
		NY	14625	Payroll	Fee		
To Whom Paid CITIZENS BANK NA			мо	DAY	YEAR		
Mailing Address	PO BOX 7000			11	21	2018	\$ 18.00
City PROVIDEN	ICE	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	
		RI	02940	Wire Tr	ansfer Fee	2	
To Whom Paid Kleinbard LLC							
				мо	DAY	YEAR	
	1717 Arch Street, 5	th Floor		мо 12	DAY 21	YEAR 2018	\$ 500.00
Kleinbard LLC		h Floor State	Zip Code (Plus 4)	12		2018	500.00
Kleinbard LLC Mailing Address		r	Zip Code (Plus 4) 19103	12	21 ption of Exp	2018	500.00
Kleinbard LLC Mailing Address	ia	State		12 Descrip	21 ption of Exp	2018	500.00
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid	ia	State		12 Descrip Complia	21 ption of Exp ance	2018 penditure	500.00
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid CITIZENS BANK N	ia IA PO BOX 7000	State		12 Descrip Complia MO 7	21 btion of Exp ance DAY	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid CITIZENS BANK N Mailing Address	ia IA PO BOX 7000	State PA	19103	12 Descrip Complia MO 7 Descrip	21 otion of Exp ance DAY 27	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid CITIZENS BANK N Mailing Address	ia IA PO BOX 7000	State PA State	19103 Zip Code (Plus 4)	12 Descrip Complia MO 7 Descrip	21 etion of Exp ance DAY 27 etion of Exp	2018 penditure YEAR 2018	\$
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid CITIZENS BANK N Mailing Address City PROVIDEN To Whom Paid	ia IA PO BOX 7000	State PA State	19103 Zip Code (Plus 4)	12 Descrip Complia MO 7 Descrip Encodir	21 ance DAY 27 ption of Exp ag Error	2018 penditure YEAR 2018 penditure	\$
Kleinbard LLC Mailing Address City Philadelphi To Whom Paid CITIZENS BANK N Mailing Address City PROVIDEN To Whom Paid DC37	ia IA PO BOX 7000 ICE	State PA State	19103 Zip Code (Plus 4)	12 Descrip Complia MO 7 Descrip Encodir MO	21 ption of Exp ance DAY 27 ption of Exp ag Error DAY	2018 penditure YEAR 2018 penditure YEAR 2018	\$ 100.00

To Whom Paid Alliance of South Asian-American Labot			мо	DAY	YEAR		
Mailing Address 165-23 Hillside Ave			12	18	2018	\$	2,000.00
City Jamaica State Zip Code (Plus 4) Description of Expenditure NY 14625 Refund							
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							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				ng Period					
AHMAD, NINA FOR PA From:			From:		<u>6/5/2018</u>	То:	<u>.</u>	12/31/2018	
					DATE			Outstanding Balance of Debt	
Name of Creditor NINA AHMAD				мо	DAY	YEAR			
Mailing Address 405 E. GOWEN AV	E.			6	27	2018	\$	17,600.00	
City PHILADELPHIA	State PA	Zip Code (Pl 19119	us 4)		otion of Del	ot			
					DATE			Outstanding Balance of Debt	
Name of Creditor NINA AHMAD				мо	DAY	YEAR			
Mailing Address 405 E. GOWEN AV	E.			11	21	2018	\$	4,000.00	
City PHILADELPHIA	State PA	Zip Code (Pl 19119	us 4)	Description of Debt LOAN RECEIVED					
				•	DATE			Outstanding Balance of Debt	
Name of Creditor Nina Ahmad				мо	DAY	YEAR			
Mailing Address 405 E. Gowen Ave.				3	13	2018	\$	9,000.00	
CityPhiladelphiaStateZip Code (Plus 4)PA19119				Description of Debt Loan Received					
				DATE				Outstanding Balance of Debt	
Name of Creditor Nina Ahmad				мо	DAY	YEAR			
Mailing Address 405 E. Gowen Ave.				3	26	2018	\$	50,000.00	
City Philadelphia State Zip Code (Plus 4) PA 19119			Description of Debt Loan Received						

				DATE	Outstanding Balance of Debt				
Name of Creditor Nina Ahmad			мо	DAY	YEAR				
Mailing Address 405 E.	. Gowen Ave.		3	26	2018	\$	450,000.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of De	bt				
	PA	19119	Loan R	eceived					
				DATE			Outstanding Balance of Debt		
Name of Creditor									
Nina Ahmad			мо	DAY	YEAR				
Mailing Address 405 E.	. Gowen Ave.		5	4	2018	\$	61,750.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Debt						
·	-	Loan Received							
		DATE			Outstanding Balance of Debt				
Name of Creditor Nina Ahmad			мо	DAY	YEAR				
Mailing Address 405 E.	. Gowen Ave.		5	8	2018	\$	13,000.00		
City Philadelphia	State	Zip Code (Plus 4)	Description of Debt						
	PA	19119	Loan Received						
				DATE			Outstanding Balance of Debt		
Name of Creditor			мо	DAY	YEAR				
Nina Ahmad									
Mailing Address 405 E	. Gowen Ave.		5	9	2018	\$	12,000.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of De	bt	1			
	PA	19119	Loan R	eceived					
				DATE		C	Outstanding Balance of Debt		
Name of Creditor Nina Ahmad			мо	DAY	YEAR				
Mailing Address 405 E.	. Gowen Ave.		5	11	2018	\$	27,000.00		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of De	bt	1			
PA 19119				Loan Received					

				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad			мо	DAY	YEAR		
Mailing Address 405 E. Gowen Ave.			5	14	2018	\$	11,485.52
City Philadelphia	State PA	Zip Code (Plus 4) 19119		otion of Del eceived			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item						\$	PAGE TOTAL 655,835.52
					L		