

# Campaign Finance Report

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

| <b>Filer Identification Number :</b> 20180132                              |                          | <b>Report Filed By :</b> |                         | <b>CANDIDATE</b>                   |   | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |  | <b>LOBBYIST</b>              |   |                   |                    |   |      |     |  |     |  |
|--|--------------------------|--------------------------|-------------------------|------------------------------------|---|--|--|------------------------------|---|-------------------|--------------------|---|------|-----|--|-----|--|
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> AHMAD, NINA FOR PA |                          |                          |                         |                                    |   |  |  |                              |   |                   |                    |   |      |     |  |     |  |
| <b>Street Address:</b> 405 EAST GOWEN AVENUE                               |                          |                          |                         |                                    |   |  |  |                              |   |                   |                    |   |      |     |  |     |  |
| <b>City:</b> PHILADELPHIA  |                          |                          |                         |                                    | <b>State:</b> PA  |  | <b>Zip Code:</b> 19119                           |                              |   |                   |                    |   |      |     |  |     |  |
| <b>TYPE OF REPORT</b><br><br>(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               | <b>FILING METHOD ( ) CHECK ONE</b> |   |  | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>              |   |                   |                    |   |      |     |  |     |  |
| <b>Name of Office Sought by Candidate:</b>                                 |                          |                          |                         |                                    | <b>DATE OF ELECTION</b>   |  |  | <b>District Number</b>       | <b>Office Code</b>  | <b>Party Code</b> | <b>County Code</b> |   |      |     |  |     |  |
| 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) |   |                   |                    |   |      |     |  |     |  |
| <b>Summary of Receipts and Expenditures from:</b>                          |                          | <b>MO</b>                | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>   | <b>MO</b>  | <b>DAY</b>                                       | <b>YEAR</b>                  | <b>FOR OFFICE USE ONLY</b>                                      |                   |                    |   |      |     |  |     |  |
|  |                          | 6                        | 5                       | 2018                               |   | 12   | 31   | 2018                         |   |                   |                    |   |      |     |  |     |  |
| <b>A. Amount Brought Forward From Last Report</b>                          |                          |                          |                         |                                    | \$  |  | 1,772.64   |                              |   |                   |                    |   |      |     |  |     |  |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>      |                          |                          |                         |                                    | \$  |  | 24,268.92  |                              |   |                   |                    |   |      |     |  |     |  |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                     |                          |                          |                         |                                    | \$  |  | 26,041.56  |                              |   |                   |                    |   |      |     |  |     |  |
| <b>D. Total Expenditures (From Schedule III)</b>                           |                          |                          |                         |                                    | \$  |  | 28,991.01  |                              |   |                   |                    |   |      |     |  |     |  |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                |                          |                          |                         |                                    | \$  |  | (2,949.45)                                       |                              |   |                   |                    |   |      |     |  |     |  |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>       |                          |                          |                         |                                    | \$  |  | 0.00   |                              |   |                   |                    |   |      |     |  |     |  |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                  |                          |                          |                         |                                    | \$  |  | 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**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                     |
| AHMAD, NINA FOR PA                           | From: <u>6/5/2018</u> To: <u>12/31/2018</u> |

|  |         |
|--|---------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |         |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 0.00 |

|  |           |
|--|-----------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |           |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 0.00   |
| <b>All Other Contributions (Part B)</b>  | \$ 400.00 |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 400.00 |

|   |              |
|---|--------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |              |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 0.00      |
| <b>All Other Contributions (Part D)</b>                                 | \$ 23,701.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 23,701.00 |

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

|   |              |
|---|--------------|
| <b>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.)</b> | \$ 24,268.92 |
|---|--------------|

**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: <span style="float: right;">To:</span> |
| <div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </div> |  |

|                                     |       |                   |    |     |      |         |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>AHMAD, NINA FOR PA | <b>Reporting Period</b><br><b>From:</b> <u>6/5/2018</u> <b>To:</b> <u>12/31/2018</u> |
|--|--|

|   |  |          |                         | DATE |    |     | AMOUNT |           |
|---|--|----------|-------------------------|------|----|-----|--------|-----------|
| Full Name of Contributor<br>JONG KAI CHIN |  |          |                         |      | MO | DAY | YEAR   | \$ 200.00 |
| Mailing Address 203 N. 9TH ST. 2ND FLOOR  |  |          |                         |      | 8  | 18  | 2018   |           |
| City PHILADELPHIA                         |  | State PA | Zip Code (Plus 4) 19107 |      |    |     |        |           |

|                                  |             |                   |    |     |      |    |        |
|----------------------------------|-------------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor         |             |                   | MO | DAY | YEAR | \$ | 200.00 |
| CHOWDHURY MEDICAL ASSOCIATES LLC |             |                   |    |     |      |    |        |
| Mailing Address                  |             |                   | 6  | 5   | 2018 |    |        |
| 10012 EDWARD AVE                 | BETHESDA MD | 201814            |    |     |      |    |        |
| City                             | State       | Zip Code (Plus 4) |    |     |      |    |        |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>AHMAD, NINA FOR PA | <b>Reporting Period</b><br><br>From: <u>6/5/2018</u> To: <u>12/31/2018</u> |
|--|--|

|  |                 |                                | DATE                        |                          |      | AMOUNT    |
|--|-----------------|--------------------------------|-----------------------------|--------------------------|------|-----------|
| Full Name of Contributor   |                 |                                | MO                          | DAY                      | YEAR |           |
| NINA AHMAD   |                 |                                |                             |                          |      | \$ 601.00 |
| <b>Mailing Address</b> 405 E. GOWEN AVE.                                     |                 |                                |                             |                          |      |           |
| <b>City</b> PHILADELPHIA   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19119 |                             |                          |      |           |
| <b>Employer Name</b> N/A   |                 |                                | <b>Occupation</b> SCIENTIST |                          |      |           |
| <b>Employer Mailing Address/Principal Place of Business</b><br>SAME AS ABOVE |                 | <b>City</b>                    | <b>State</b>                | <b>Zip Code (Plus 4)</b> |      |           |

|  |                 |                                | MO                        | DAY                      | YEAR |             |
|--|-----------------|--------------------------------|---------------------------|--------------------------|------|-------------|
| NANCY BEEUWKES   |                 |                                |                           |                          |      | \$ 1,000.00 |
| <b>Mailing Address</b> 1360 MONUMENT ST.                               |                 |                                |                           |                          |      |             |
| <b>City</b> CONCORD  | <b>State</b> MA | <b>Zip Code (Plus 4)</b> 01742 | 8                         | 28                       | 2018 |             |
| <b>Employer Name</b> RETIRED   |                 |                                | <b>Occupation</b> RETIRED |                          |      |             |
| <b>Employer Mailing Address/Principal Place of Business</b><br>RETIRED |                 | <b>City</b>                    | <b>State</b>              | <b>Zip Code (Plus 4)</b> |      |             |

|   |                 |                                    | MO                       | DAY                                | YEAR |           |
|---|-----------------|------------------------------------|--------------------------|------------------------------------|------|-----------|
| MUJIBUR R. MAJUMDUR   |                 |                                    |                          |                                    |      | \$ 500.00 |
| <b>Mailing Address</b> 1950 POWELL AVE.   |                 |                                    |                          |                                    |      |           |
| <b>City</b> BROOKLYN  | <b>State</b> NY | <b>Zip Code (Plus 4)</b> 104725106 | 6                        | 5                                  | 2018 |           |
| <b>Employer Name</b> LAW OFFICE OF BARRY SILBERZWEIG                                |                 |                                    | <b>Occupation</b> LAWYER |                                    |      |           |
| <b>Employer Mailing Address/Principal Place of Business</b><br>271 MADISON AVE.FL 3 |                 | <b>City</b> NEW YORK               | <b>State</b> NY          | <b>Zip Code (Plus 4)</b> 100161042 |      |           |

|  |                    |                                   |                             |                                   |             |              |
|--|--------------------|-----------------------------------|-----------------------------|-----------------------------------|-------------|--------------|
| <b>Full Name of Contributor</b><br>Nina Ahmad                                    |                    |                                   | <b>MO</b>                   | <b>DAY</b>                        | <b>YEAR</b> | \$ 17,600.00 |
| <b>Mailing Address</b> 405 E. Gowen Ave.   |                    |                                   | 6                           | 27                                | 2018        |              |
| <b>City</b> Philadelphia   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19119 |                             |                                   |             |              |
| <b>Employer Name</b> N/A   |                    |                                   | <b>Occupation</b> Scientist |                                   |             |              |
| <b>Employer Mailing Address/Principal Place of Business</b><br>405 E. Gowen Ave. |                    | <b>City</b><br>Philadelphia       | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>19119 |             |              |

|  |                    |                                   |                             |                                   |             |             |
|--|--------------------|-----------------------------------|-----------------------------|-----------------------------------|-------------|-------------|
| <b>Full Name of Contributor</b><br>Nina Ahmad                                    |                    |                                   | <b>MO</b>                   | <b>DAY</b>                        | <b>YEAR</b> | \$ 4,000.00 |
| <b>Mailing Address</b> 405 E. Gowen Ave.   |                    |                                   | 11                          | 21                                | 2018        |             |
| <b>City</b> Philadelphia   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19119 |                             |                                   |             |             |
| <b>Employer Name</b> N/A   |                    |                                   | <b>Occupation</b> Scientist |                                   |             |             |
| <b>Employer Mailing Address/Principal Place of Business</b><br>405 E. Gowen Ave. |                    | <b>City</b><br>Philadelphia       | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>19119 |             |             |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>AHMAD, NINA FOR PA | <b>Reporting Period</b><br><br>From: <u>6/5/2018</u> To: <u>12/31/2018</u> |
|--|--|

|   |                    |                                   |  | DATE      | AMOUNT     |             |           |
|---|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name</b><br>PAYCHEX               |                    |                                   |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 135.97 |
| <b>Mailing Address</b> 911 PANORAMA TRL S |                    |                                   |  | 8         | 7          | 2018        |           |
| <b>City</b> ROCHESTER                     | <b>State</b><br>NY | <b>Zip Code (Plus 4)</b><br>14625 |  |           |            |             |           |
| <b>Receipt Description</b>                |                    |                                   |  |           |            |             |           |

|   |              |                          |  |           |            |             |          |
|---|--------------|--------------------------|--|-----------|------------|-------------|----------|
| <b>Full Name</b><br>MICHAEL L. RICHARDSON         |              |                          |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 31.95 |
| <b>Mailing Address</b>                            |              |                          |  | 8         | 23         | 2018        |          |
| <b>City</b>                                       | <b>State</b> | <b>Zip Code (Plus 4)</b> |  |           |            |             |          |
| <b>Receipt Description</b> REIMBURSEMENT FOR UBER |              |                          |  |           |            |             |          |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |      |
|--|--|---|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                     |      |
| AHMAD, NINA FOR PA   |  | From: <u>6/5/2018</u> To: <u>12/31/2018</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |      |
| TOTAL for the Reporting Period (1)   |  | \$  | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |      |
| TOTAL for the Reporting Period (2)   |  | \$  | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |      |
| 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

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

|   |       |                  |       |                  |     |                             |         |
|---|-------|------------------|-------|------------------|-----|-----------------------------|---------|
| Name of Filing Committee or Candidate   |       |                  |       | Reporting Period |     |                             |         |
|   |       |                  |       | From:            |     | To:                         |         |
| <div> <div>DATE</div> <div>AMOUNT</div> </div>  |       |                  |       |                  |     |                             |         |
| 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<br>0.00          |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                    |
| AHMAD, NINA FOR PA                           | From <u>6/5/2018</u> To: <u>12/31/2018</u> |

| DATE   |                 |                                |  | AMOUNT      |
|--|-----------------|--------------------------------|--|-------------|
| <b>To Whom Paid</b><br>NGP VAN   | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| <b>Mailing Address</b> 48 GROVE ST. STE 202                              | 6               | 5                              | 2018   | \$ 450.00   |
| <b>City</b> SOMERVILLE   | <b>State</b> MA | <b>Zip Code (Plus 4)</b> 02144 | <b>Description of Expenditure</b><br>CREDIT CARD PROCESSING FEES |             |
| <b>To Whom Paid</b><br>DIANNE T. GREGG                                   | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| <b>Mailing Address</b> 148 ROCK HILL ROAD                                | 6               | 5                              | 2018   | \$ 5,124.79 |
| <b>City</b> CENTRE HALL  | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 16828 | <b>Description of Expenditure</b><br>CONSULTING                  |             |
| <b>To Whom Paid</b><br>VANTIV LLC  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| <b>Mailing Address</b> 8500 GOVERNORS HILL DRIVE                         | 6               | 11                             | 2018   | \$ 3.32     |
| <b>City</b> SYMMES TOWNSHIP  | <b>State</b> OH | <b>Zip Code (Plus 4)</b> 45249 | <b>Description of Expenditure</b><br>SERVICE FEE                 |             |
| <b>To Whom Paid</b><br>30TH WARD DEMOCRATIC COMMITTEE C/O MARCIA WILKHOF | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| <b>Mailing Address</b> 1521 NAUDIN STREET                                | 6               | 12                             | 2018   | \$ 250.00   |
| <b>City</b> PHILADELPHIA   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19146 | <b>Description of Expenditure</b><br>CONTRIBUTION                |             |
| <b>To Whom Paid</b><br>LYFT  | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>  |             |
| <b>Mailing Address</b> 185 BERRY STREET STE. 5000                        | 6               | 14                             | 2018   | \$ 15.02    |
| <b>City</b> SAN FRANCISCO  | <b>State</b> CA | <b>Zip Code (Plus 4)</b> 94107 | <b>Description of Expenditure</b><br>TRAVEL EXPENSE              |             |

|  |             |                            |  |     |      |          |
|--|-------------|----------------------------|--|-----|------|----------|
| To Whom Paid<br>LYFT                       |             |                            | MO   | DAY | YEAR | \$ 16.93 |
| Mailing Address 185 BERRY STREET STE. 5000 |             |                            | 6  | 15  | 2018 |          |
| City SAN FRANCISCO                         | State<br>CA | Zip Code (Plus 4)<br>94107 | Description of Expenditure<br>TRAVEL EXPENSE |     |      |          |

|                                  |             |                            |                                    |     |      |           |
|----------------------------------|-------------|----------------------------|------------------------------------|-----|------|-----------|
| To Whom Paid<br>OCTO DESIGN      |             |                            | MO                                 | DAY | YEAR | \$ 628.39 |
| Mailing Address 836 SOUTH STREET |             |                            | 6                                  | 15  | 2018 |           |
| City PHILADELPHIA                | State<br>PA | Zip Code (Plus 4)<br>19107 | Description of Expenditure<br>RENT |     |      |           |

|                                  |             |                            |   |     |      |          |
|----------------------------------|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid<br>CITIZENS BANK NA |             |                            | MO  | DAY | YEAR | \$ 18.00 |
| Mailing Address PO BOX 7000      |             |                            | 6   | 27  | 2018 |          |
| City PROVIDENCE                  | State<br>RI | Zip Code (Plus 4)<br>02940 | Description of Expenditure<br>WIRE TRANSFER FEE |     |      |          |

|   |             |                            |  |     |      |              |
|---|-------------|----------------------------|--|-----|------|--------------|
| To Whom Paid<br>Kleinbard LLC               |             |                            | MO   | DAY | YEAR | \$ 17,567.56 |
| Mailing Address 1717 Arch Street, 5th Floor |             |                            | 6  | 29  | 2018 |              |
| City Philadelphia                           | State<br>PA | Zip Code (Plus 4)<br>19103 | Description of Expenditure<br>Final Legal Bill |     |      |              |

|                                   |             |                            |                                       |     |      |           |
|-----------------------------------|-------------|----------------------------|---------------------------------------|-----|------|-----------|
| To Whom Paid<br>Paychex Inc       |             |                            | MO                                    | DAY | YEAR | \$ 269.50 |
| Mailing Address 911 Panoram Tri S |             |                            | 7                                     | 10  | 2018 |           |
| City Rochester                    | State<br>NY | Zip Code (Plus 4)<br>14625 | Description of Expenditure<br>Payroll |     |      |           |

|   |             |                            |   |     |      |         |
|---|-------------|----------------------------|---|-----|------|---------|
| To Whom Paid<br>Vantiv LLC                |             |                            | MO  | DAY | YEAR | \$ 0.50 |
| Mailing Address 8500 Governors Hill Drive |             |                            | 7   | 10  | 2018 |         |
| City Symmes Township                      | State<br>OH | Zip Code (Plus 4)<br>45249 | Description of Expenditure<br>Service Fee |     |      |         |

|   |          |                         |   |     |      |             |
|---|----------|-------------------------|---|-----|------|-------------|
| To Whom Paid<br>Savannah Fritz              |          |                         | MO  | DAY | YEAR | \$ 18.00    |
| Mailing Address 925 S. 8th Street Apt 1     |          |                         | 7   | 24  | 2018 |             |
| City Philadelphia                           | State PA | Zip Code (Plus 4) 19147 | Description of Expenditure<br>Expense Reimbursement |     |      |             |
| To Whom Paid<br>Paychex Inc                 |          |                         | MO  | DAY | YEAR | \$ 11.00    |
| Mailing Address 911 Panorama Tri S          |          |                         | 8   | 10  | 2018 |             |
| City Rochester                              | State NY | Zip Code (Plus 4) 14625 | Description of Expenditure<br>Payroll Fee           |     |      |             |
| To Whom Paid<br>CITIZENS BANK NA            |          |                         | 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<br>Wire Transfer Fee     |     |      |             |
| To Whom Paid<br>Kleinbard LLC               |          |                         | MO  | DAY | YEAR | \$ 500.00   |
| Mailing Address 1717 Arch Street, 5th Floor |          |                         | 12  | 21  | 2018 |             |
| City Philadelphia                           | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure<br>Compliance            |     |      |             |
| To Whom Paid<br>CITIZENS BANK NA            |          |                         | MO  | DAY | YEAR | \$ 100.00   |
| Mailing Address PO BOX 7000                 |          |                         | 7   | 27  | 2018 |             |
| City PROVIDENCE                             | State RI | Zip Code (Plus 4) 02940 | Description of Expenditure<br>Encoding Error        |     |      |             |
| To Whom Paid<br>DC37                        |          |                         | MO  | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 125 Barclay St              |          |                         | 12  | 10  | 2018 |             |
| City New York                               | State NY | Zip Code (Plus 4) 10007 | Description of Expenditure<br>Refund                |     |      |             |

|  |                    |                                   |   |            |             |                                   |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------------------------------|
| <b>To Whom Paid</b><br>Alliance of South Asian-American Labot                  |                    |                                   | <b>MO</b>                                   | <b>DAY</b> | <b>YEAR</b> |                                   |
| <b>Mailing Address</b> 165-23 Hillside Ave                                     |                    |                                   | 12  | 18         | 2018        |                                   |
| <b>City</b> Jamaica  | <b>State</b><br>NY | <b>Zip Code (Plus 4)</b><br>14625 | <b>Description of Expenditure</b><br>Refund |            |             |                                   |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                    |                                   |   |            |             | <b>PAGE TOTAL</b><br>\$ 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

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| <b>Name of Filing Committee or Candidate</b><br>AHMAD, NINA FOR PA |  |  |  | <b>Reporting Period</b><br>From: <u>6/5/2018</u> To: <u>12/31/2018</u> |  |  |  |
|--|--|--|--|--|--|--|--|

  

|  |                    |  |                                   |  |   |  |             |              |
|--|--------------------|--|-----------------------------------|--|---|--|-------------|--------------|
| <b>DATE</b>                              |                    |  |                                   |  |   | <b>Outstanding<br/>Balance of Debt</b> |             |              |
| <b>Name of Creditor</b><br>NINA AHMAD    |                    |  |                                   |  | <b>MO</b>                                   | <b>DAY</b>                             | <b>YEAR</b> | \$ 17,600.00 |
| <b>Mailing Address</b> 405 E. GOWEN AVE. |                    |  |                                   |  | 6   | 27                                     | 2018        |              |
| <b>City</b> PHILADELPHIA                 | <b>State</b><br>PA |  | <b>Zip Code (Plus 4)</b><br>19119 |  | <b>Description of Debt</b><br>LOAN RECEIVED |  |             |              |

  

|  |                    |  |                                   |  |   |  |             |             |
|--|--------------------|--|-----------------------------------|--|---|--|-------------|-------------|
| <b>DATE</b>                              |                    |  |                                   |  |   | <b>Outstanding<br/>Balance of Debt</b> |             |             |
| <b>Name of Creditor</b><br>NINA AHMAD    |                    |  |                                   |  | <b>MO</b>                                   | <b>DAY</b>                             | <b>YEAR</b> | \$ 4,000.00 |
| <b>Mailing Address</b> 405 E. GOWEN AVE. |                    |  |                                   |  | 11  | 21                                     | 2018        |             |
| <b>City</b> PHILADELPHIA                 | <b>State</b><br>PA |  | <b>Zip Code (Plus 4)</b><br>19119 |  | <b>Description of Debt</b><br>LOAN RECEIVED |  |             |             |

  

|  |                    |  |                                   |  |   |  |             |             |
|--|--------------------|--|-----------------------------------|--|---|--|-------------|-------------|
| <b>DATE</b>                              |                    |  |                                   |  |   | <b>Outstanding<br/>Balance of Debt</b> |             |             |
| <b>Name of Creditor</b><br>Nina Ahmad    |                    |  |                                   |  | <b>MO</b>                                   | <b>DAY</b>                             | <b>YEAR</b> | \$ 9,000.00 |
| <b>Mailing Address</b> 405 E. Gowen Ave. |                    |  |                                   |  | 3   | 13                                     | 2018        |             |
| <b>City</b> Philadelphia                 | <b>State</b><br>PA |  | <b>Zip Code (Plus 4)</b><br>19119 |  | <b>Description of Debt</b><br>Loan Received |  |             |             |

  

|  |                    |  |                                   |  |   |  |             |              |
|--|--------------------|--|-----------------------------------|--|---|--|-------------|--------------|
| <b>DATE</b>                              |                    |  |                                   |  |   | <b>Outstanding<br/>Balance of Debt</b> |             |              |
| <b>Name of Creditor</b><br>Nina Ahmad    |                    |  |                                   |  | <b>MO</b>                                   | <b>DAY</b>                             | <b>YEAR</b> | \$ 50,000.00 |
| <b>Mailing Address</b> 405 E. Gowen Ave. |                    |  |                                   |  | 3   | 26                                     | 2018        |              |
| <b>City</b> Philadelphia                 | <b>State</b><br>PA |  | <b>Zip Code (Plus 4)</b><br>19119 |  | <b>Description of Debt</b><br>Loan Received |  |             |              |



| DATE                              |          |                         |                                      |     | Outstanding<br>Balance of Debt |               |
|-----------------------------------|----------|-------------------------|--------------------------------------|-----|--------------------------------|---------------|
| Name of Creditor<br>Nina Ahmad    |          |                         | MO                                   | DAY | YEAR                           | \$ 450,000.00 |
| Mailing Address 405 E. Gowen Ave. |          |                         | 3                                    | 26  | 2018                           |               |
| City Philadelphia                 | State PA | Zip Code (Plus 4) 19119 | Description of Debt<br>Loan Received |     |                                |               |
| DATE                              |          |                         |                                      |     | Outstanding<br>Balance of Debt |               |
| Name of Creditor<br>Nina Ahmad    |          |                         | MO                                   | DAY | YEAR                           | \$ 61,750.00  |
| Mailing Address 405 E. Gowen Ave. |          |                         | 5                                    | 4   | 2018                           |               |
| City Philadelphia                 | State PA | Zip Code (Plus 4) 19119 | Description of Debt<br>Loan Received |     |                                |               |
| DATE                              |          |                         |                                      |     | Outstanding<br>Balance of Debt |               |
| Name of Creditor<br>Nina Ahmad    |          |                         | MO                                   | DAY | YEAR                           | \$ 13,000.00  |
| Mailing Address 405 E. Gowen Ave. |          |                         | 5                                    | 8   | 2018                           |               |
| City Philadelphia                 | State PA | Zip Code (Plus 4) 19119 | Description of Debt<br>Loan Received |     |                                |               |
| DATE                              |          |                         |                                      |     | Outstanding<br>Balance of Debt |               |
| Name of Creditor<br>Nina Ahmad    |          |                         | MO                                   | DAY | YEAR                           | \$ 12,000.00  |
| Mailing Address 405 E. Gowen Ave. |          |                         | 5                                    | 9   | 2018                           |               |
| City Philadelphia                 | State PA | Zip Code (Plus 4) 19119 | Description of Debt<br>Loan Received |     |                                |               |
| DATE                              |          |                         |                                      |     | Outstanding<br>Balance of Debt |               |
| Name of Creditor<br>Nina Ahmad    |          |                         | MO                                   | DAY | YEAR                           | \$ 27,000.00  |
| Mailing Address 405 E. Gowen Ave. |          |                         | 5                                    | 11  | 2018                           |               |
| City Philadelphia                 | State PA | Zip Code (Plus 4) 19119 | Description of Debt<br>Loan Received |     |                                |               |

|   |  |          |                         | DATE |                                      |      | Outstanding<br>Balance of Debt |  |
|---|--|----------|-------------------------|------|--------------------------------------|------|--------------------------------|--|
| Name of Creditor<br>Nina Ahmad  |  |          |                         | MO   | DAY                                  | YEAR | \$ 11,485.52                   |  |
| Mailing Address 405 E. Gowen Ave.                                       |  |          |                         | 5    | 14                                   | 2018 |                                |  |
| City Philadelphia   |  | State PA | Zip Code (Plus 4) 19119 |      | Description of Debt<br>Loan Received |      |                                |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |  |          |                         |      |                                      |      | PAGE TOTAL<br>\$ 655,835.52    |  |