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 :	on 2	2020C0)549				ported B		CAN	DIE	DATE	√	co	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidate	e or Lo	bbyist:		AHM	1AD,	, NILC	FER N	IINA	Α								
Street Address:																			
City:									State:					Zip Code	e: 19	119			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRID PRIMARY	AY PRE	-	2.	30 DA PRIMA		P	OST-	3. X	(AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION			2ND FRID ELECTION		E	5.	30 DA		P	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	\
report type)	ANNUAL REP	ORT 7.		Year 202	0				NG MET					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Can	didate:	:						DATE	OI	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
AUDITOR GENE	- ΡΔΙ								МО		DAY	Y	EAR	-1	AUD	DEN	1	51	
ADDITOR GENE										11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		d ľ	мо	DAY	YEAF	₹			МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY	,	
Expenditures	from:			5 1	9 2	020	Т	0		6	2	22	2020						
A. Amount Bro	ught Forward	From L	Last Re	eport				\$	-				0.00						
B. Total Moneta	ary Contribution	ons An	d Rece	eipts (Fro	m Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sui	m Of Li	nes A	and B)				\$					0.00						
D. Total Expend	ditures (From	Sched	ule III	:)				\$			2	284,	278.33						
E. Ending Cash	Balance (Sub	tract L	ine D I	From Line	: C)			\$			(28	84,2	78.33)						
F. Value Of In-	Kind Contribut	tions R	eceive	ed (From	Schedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligat	ions (F	rom S	chedule 1	V)			\$					0.00		,				
					AFF	·ID/	\VI	T SE	CTIO	N									
PART I - If this is		=	•	_									_						
I swear (or affirm) correct and complete		t, includi	ing the	attached s	chedule	s file	d on	paper	or by el	ectr	onic me	ediun	n, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m	e this		20						-			Signature	of Person	Submitt	ing Re _l	ort		_
	Sig	gnature						-		-				Printe	ed Name				_
My Commission Ex	xpires							_		-				Email					
	МО		DA	·Υ	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a	candid	late's a	authorize	d Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge and be	elief this	s polit	tical	comm	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me day of	this		20									Si	ignature of	Candida	ite			_
								-						Printed	Name				-
	Signat	ture						-		_									_
My Commission Exp	ires													Email					
	мо)	DA	Υ	YF	2		-			Area	Code	1	Day	time Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
AHMAD, NILOFER NINA	From:	<u>5/19/20</u>	<u>20</u> To:	6/22/2020
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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 0.00

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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL \$0.00

PART 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	0.00

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 Perio	d	
AHMAD, NILOFER NINA	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	e 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)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					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	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Pandidate		Poportio	Pariod			
Name of Finning Committee of C	Januiuate		кероги	ng Period			
AHMAD, NILOFER NINA			From	<u>5/19</u>	9/2020	То:	6/22/2020
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Nina for PA							
Mailing Address 405 E. Gov	ven Ave.		5	19	2020	\$	43,503.33
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure)	
	PA	19119		Campaigr			
To Whom Paid Nina for PA	·	•	МО	DAY	YEAR		
Mailing Address 405 E. Gov	ven Ave.		5	19	2020	\$	41,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure)	
,	PA	19119		Campaigr			
To Whom Paid Nina for PA			мо	DAY	YEAR		
Mailing Address 405 E. Gov	ven Ave.		5	21	2020	\$	10,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	l enditure	<u> </u>	
rinidacipina	PA	19119	1	Campaigr			
To Whom Paid Nina for PA	·	·	МО	DAY	YEAR		
Mailing Address 405 E. Gov	ven Ave.		5	21	2020	\$	10,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	:	
	PA	19119		Campaigr			
To Whom Paid	•	·	МО	DAY	YEAR		
Nina for PA			140		ILAK		
Mailing Address 405 E. Gov	ven Ave.		5	22	2020	\$	30,490.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
i illiaacipilla		1,0440					

19119

Loan to Campaign

PΑ

To Whom Paid Nina for PA			мо	DAY	YEAR		
Mailing Address 405 E. Gowen A	ve.		5	26	2020	\$	35,901.67
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19119		Campaigr			
To Whom Paid Nina for PA			МО	DAY	YEAR		
Mailing Address 405 E. Gowen A	ve.		5	28	2020	\$	45,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
,	PA	19119		Campaigr			
To Whom Paid Nina for PA			МО	DAY	YEAR		
Mailing Address 405 E. Gowen A	ve.		6	2	2020	\$	26,803.33
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
,	PA	19119	Loan to	Campaigr	ı		
To Whom Paid Nina for PA			мо	DAY	YEAR		
						\$	
Mailing Address 405 E. Gowen A	ve.		6	5	2020	7	10,000.00
403 L. Gowell A	ve. State	Zip Code (Plus 4)		5 otion of Exp		.	10,000.00
403 E. Gowell A		Zip Code (Plus 4) 19119	Descrip		enditure	•	10,000.00
403 L. Gowell A	State		Descrip	otion of Exp	enditure	•	10,000.00
City Philadelphia To Whom Paid	State PA		Descrip Loan to	otion of Exp Campaign	penditure	\$	10,000.00
City Philadelphia To Whom Paid Nina for PA Mailing Address 405 E. Gowen A	State PA		Descrip Loan to	DAY	YEAR 2020		
City Philadelphia To Whom Paid Nina for PA Mailing Address 405 E. Gowen A	State PA ve.	19119	Description to the body of the	DAY	YEAR 2020 penditure		
City Philadelphia To Whom Paid Nina for PA Mailing Address 405 E. Gowen A	State PA ve. State	19119 Zip Code (Plus 4)	Description to the body of the	DAY 12 Dition of Exp	YEAR 2020 penditure		
To Whom Paid Nina for PA Mailing Address 405 E. Gowen A City Philadelphia	Ve. State PA PA	19119 Zip Code (Plus 4)	MO 6 Description to the control of	DAY 12 Dition of Exp Campaign	yEAR 2020		
City Philadelphia To Whom Paid Nina for PA Mailing Address 405 E. Gowen A City Philadelphia To Whom Paid Nina for PA	Ve. State PA PA	19119 Zip Code (Plus 4)	MO 6 Description to the control of	DAY 12 otion of Exp Campaign Lack Campaign DAY	YEAR 2020 Penditure YEAR 2020	\$	14,000.00

To Whom Paid Nina for PA Mailing Address 405 E. Gowen Ave.			мо	DAY	YEAR		
			5	20	2020	\$	13,580.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Expenditure Loan to Campaign				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 284,278.33
					'		