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 2018 | 30132 | | | | port ed B | | CANDI | DATE | | СОМ | 4ITTEE | ✓ | LOBI | BYIST | | |
|--|---------------------------------|-------------|------------------------|---------|------------|--------------|----------------|-------------|----------|--------|------------|--------------------|----------------|---------------|-----------|----------------|----|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | Nina | a for | PA | | | | | | | | | | _ |
| Street Address: | 405 E. Gowe | n Ave. | | | | | | | | | | | | | | | |
| City: | Philadelphia | | | | | | | State: | PA | | | Zip Cod | le: 19 | 9119 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | / PRE | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | ~ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | / PRE |] - | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT? | | Yes | No | Y | |
| report type) | ANNUAL REPORT | 7. X | Year 2020 | | | | | IG METHO | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | - | | | | | DATE 0 | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | County Code | , |
| | | | | | | | | МО | DAY | ΥI | EAR | | 10000 | | | | _ |
| | | | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCTI | ONS FOR C | ODES) | _ |
| • | Receipts and | МО | DAY | YEAR | l . | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s from: | | 11 24 | 2 | 020 | T | 0 | 12 | | 31 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 26, | 721.86 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | e I) | \$ | | | 1,4 | 483.34 | 34 | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 28, | 205.20 | 20 | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 11,5 | 575.97 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C | C) | | | \$ | | | 16,6 | 29.23 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From So | hedu | le II | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From | Schedule IV |) | | | \$ | | 1,2 | 210,5 | 547.19 | | | • | | | |
| | | | | AFF | IDA | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | nere. | If th | nis is | a Can | ididate re | eport, o | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sch | edules | s file | d on | paper (| or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | f , true | ŧ. |
| Sworn to and subs | cribed before me the | s | 20 | | | | | | | 5 | Signature | of Perso | n Submit | ting Rep | oort | | |
| | Signate | ıre | | | | | - | | | | | Prin | ted Name | e | | | • |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | Are | ea Cod | ie | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nitte | ee, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belie | ef this | polit | itical | commi | ittee has n | ot viola | ted ar | y provis | ions of the | e act of J | une 3,1 | 937 (P.L. | 1333, | l |
| Sworn to and subsc | ribed before me this day of | | 30 | | | | | | | | s | ignature o | of Candid | ate | | | |
| | | | | | | | - | | | | | Printe | d Name | | | | |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | • |
| , commission Exp | | | | | | | | | | | | | | | | | |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephon | e Numb | er | 1 |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|---------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| Nina for PA | From: | 11/24/202 | <u>:0</u> To: | 12/31/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 33.34 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 450.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (2) | \$ | 450.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 500.00 |
| All Other Contributions (Part D) | | | \$ | 500.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 1,000.00 |
| 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 | | | \$ | 1,483.34 |

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 Com | mittee or Candidate | | | Re | porting F | Period | | | |
|---|---------------------|-------------|------------------|-----|-----------|----------|----------------|----|------------|
| Nina for PA | | | | Fro | om: | 11/24/20 | <u>120</u> To: | : | 12/31/2020 |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contribution | _ | | | | МО | DAY | YEAR | | |
| Mailing Address | 108 R North Second | Street | | | | | | \$ | 200.00 |
| City Clearfield | St | PA | Zip Code (Plus 4 | 4) | 11 | 30 | 2020 | | |
| Full Name of Contribution Teamsters Local Union | _ | | | | МО | DAY | YEAR | | |
| Mailing Address | Drive Fund 4701 But | tler Street | | | | | | \$ | 250.00 |
| City Pittsburgh | St | rate PA | Zip Code (Plus | 4) | 11 | 30 | 2020 | | |

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

PAGE TOTAL \$ 450.00

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 Filling Committee of Candidate | | | Reporting Period From: To: | | | | | |
|--|-------|-------------------|----------------------------|----|------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | 1 | | | | | |

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 Candidate | Reporting P | Period | | |
|---------------------------------------|-------------|------------|-----|------------|
| Nina for PA | From: | 11/24/2020 | То: | 12/31/2020 |

DATE AMOUNT

| Full Name of Contributing Committee Pittsburgh Fire Fighters Local 1 Fire PAC | Full Name of Contributing Committee Pittsburgh Fire Fighters Local 1 Fire PAC | | | | | |
|--|--|--|--|----|------|------------------|
| Mailing Address 120 Flowers Ave | | | | | | \$ 500.00 |
| City Pittsburgh | City Pittsburgh State Zip Code (Plus 4) PA 152071606 | | | 30 | 2020 | |

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

PAGE TOTAL 500.00

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 | | |
|---|---------------------|------------------------|----------|-----------|------------|---------------|--------------------------|
| Nina for PA | | | Fror | n: | 11/24/2 | <u>020</u> To | : 12/31/2020 |
| | | | | D/ | ATE | | AMOUNT |
| Full Name of Contributor James B Wall | | | | МО | DAY | YEAR | |
| Mailing Information Requeste Address | ed | | | | | 2020 | \$ 500.00 |
| City Pittsburgh | State PA | Zip Code (Plu 15222 | s 4) | 11 | 30 | 2020 | |
| Employer Name SELF | | | | Occupat | ion | NSURAN | NCE AGENT |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code (Plus 4) |
| 6 Ppg PISte 600 | | Pittsburg | jh | | PA | | 152225406 |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary Page | , Sectio | on 3. | | | PAGE TOTAL 500.00 |
| | | | | | | Ĺ | . 300.00 |

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 | | Report | ting Perio | bd | | | |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AM | OUNT |
| 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. Detaile | d Summary Page | Section | 4 | | | PAG | GE TOTAL |
| | m deficación 1, detailes | z Sammary r age, | occion | •• | | | \$ | 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 Per | iod | |
|--|----------------|------------------------------|-------------------|
| Nina for PA | From: | <u>11/24/2020</u> To: | <u>12/31/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| 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 | | Reporting | g 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 Candidate | е | | | | Re | porting | Period | | | |
|---|--------------|---------|------------|---------|--------|-----------|-----------|--------|-------|------------------------|
| | | | | | Fro | om: | | То: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | 1 | | • | | | Occupa | ation | | | |
| 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 | etaile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | |
|--|---------------------------|---------------------------------------|---------|--|---------------|-----|------------|--|
| Nina for PA | | | From | 11/24 | <u>4/2020</u> | То: | 12/31/2020 | |
| | | • | | DATE | | | AMOUNT | |
| To Whom Paid ActBlue | | | МО | DAY | YEAR | | | |
| Mailing Address PO Box 441146 | | | 12 | 3 | 2020 | \$ | 24.89 | |
| City West Somerville | | | | Description of Expenditure Actblue contribution cost | | | | |
| To Whom Paid Ahmad-Harper Strategies LLC | r Strategies LLC | | | | YEAR | | | |
| Mailing Address 405 E Gowen Ave | g Address 405 E Gowen Ave | | | 30 | 2020 | \$ | 2,000.00 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | 1 | otion of Exp | | | | |
| To Whom Paid Citizens Bank | | | мо | DAY | YEAR | | | |
| Mailing Address PO Box 7000 | | | 12 | 1 | 2020 | \$ | 20.00 | |
| City Providence | State RI | Zip Code (Plus 4) 029407000 | 1 | otion of Exp ransfer Fee | | | | |
| To Whom Paid Citizens Bank | | | МО | DAY | YEAR | | | |
| Mailing Address PO Box 7000 | | | 12 | 1 | 2020 | \$ | 20.00 | |
| City Providence State Zip Code (Plus 4) RI 029407000 | | | 1 | otion of Exp ransfer Fee | | | | |
| o Whom Paid meena Elahi | | | МО | DAY | YEAR | | | |

Mailing Address

Philadelphia

City

4040 Balwynne Park Rd

State

PΑ

10.00

2020

12

Description of Expenditure

Contribution refunded

Zip Code (Plus 4)

191311602

| To Whom Paid | | | | | |
|--|---|---|--|----|----------|
| Labels & DBA L2 | МО | DAY | YEAR | | |
| Mailing Address 18912 N Creek Pkwy Suite 201 Bothell | 12 | 11 | 2020 | \$ | 2,400.00 |
| City Bothell State Zip Code (Plus 4) WA 980118016 | Descrip Databa | otion of Exp | penditure | | |
| To Whom Paid Nexcess.Net, LLC | мо | DAY | YEAR | | |
| Mailing Address 21700 Melrose Ave | 11 | 24 | 2020 | \$ | 19.00 |
| City Southfield State Zip Code (Plus 4) MI 480755629 | Descrip | otion of Exp e Branding | | | |
| To Whom Paid Nexcess.Net, LLC | МО | DAY | YEAR | | |
| Mailing Address 21700 Melrose Ave | 12 | 22 | 2020 | \$ | 19.00 |
| 1 | | • | | | |
| City Southfield State Zip Code (Plus 4) MI 480755629 | Descrip | otion of Exp e Branding | | | |
| Soutifield | Descrip | | | | |
| MI 480755629 To Whom Paid | Website | e Branding | | \$ | 1,296.00 |
| To Whom Paid NGP VAN | Website MO 12 | DAY 8 | YEAR 2020 | \$ | 1,296.00 |
| To Whom Paid NGP VAN Mailing Address 48 Grove St Ste 202 City Somerville State Zip Code (Plus 4) | Website MO 12 Descrip | DAY 8 | YEAR 2020 | \$ | 1,296.00 |
| To Whom Paid NGP VAN Mailing Address 48 Grove St Ste 202 City Somerville State MA 2ip Code (Plus 4) 021442500 | MO 12 Descrip | DAY 8 ption of Expanse Fee | YEAR 2020 Denditure | \$ | 1,296.00 |
| To Whom Paid NGP VAN Mailing Address 48 Grove St Ste 202 City Somerville State MA 021442500 To Whom Paid Paragon Payment Solutions | MO 12 Description Databa MO 12 Description Databa | DAY 8 Dition of Expanse Fee DAY | YEAR 2020 Penditure YEAR 2020 | \$ | |
| To Whom Paid NGP VAN Mailing Address 48 Grove St Ste 202 City Somerville State MA 021442500 To Whom Paid Paragon Payment Solutions Mailing Address 2141 E Broadway Rd Ste 202 City Tempe State Zip Code (Plus 4) | MO 12 Description Databa MO 12 Description Databa | DAY 8 Dion of Expanse Fee DAY 2 Dion of Expansion of Expanse Fee | YEAR 2020 Penditure YEAR 2020 | \$ | |
| To Whom Paid NGP VAN Mailing Address 48 Grove St Ste 202 City Somerville State MA 021442500 To Whom Paid Paragon Payment Solutions Mailing Address 2141 E Broadway Rd Ste 202 City Tempe State AZ 852821895 To Whom Paid | MO 12 Description Databa MO 12 Description Mo 12 Description Merchal | DAY 8 Dion of Expanse Fee DAY 2 Dion of Expanse Fees | YEAR 2020 Denditure YEAR 2020 Denditure | \$ | |

| To Whom Paid Paychex, Inc Mailing Address 911 Panorama Trl S City Rochester State NY State NY To Whom Paid Paychex, Inc MO DAY YEAR 12 10 2020 \$ Description of Expenditure Payroll Taxes To Whom Paid Paychex, Inc Mo DAY YEAR 12 15 2020 \$ City Rochester State State Zip Code (Plus 4) 146252311 Description of Expenditure \$ | 288.28 857.86 |
|--|------------------|
| Mailing Address 911 Panorama Trl S City Rochester State NY 146252311 To Whom Paid Paychex, Inc Mailing Address 911 Panorama Trl S 12 10 2020 \$ Description of Expenditure Payroll Taxes MO DAY YEAR Mailing Address 911 Panorama Trl S 12 15 2020 \$ | |
| City Rochester State NY 146252311 To Whom Paid Paychex, Inc Mailing Address 911 Panorama Trl S State NY State NY 146252311 Description of Expenditure Payroll Taxes Fig. 2020 \$ 12 15 2020 \$ | |
| To Whom Paid Paychex, Inc Mailing Address 911 Panorama Trl S NY 146252311 Panorama Trl S Payroll Taxes MO DAY YEAR 12 15 2020 \$ | 857.86 |
| To Whom Paid Paychex, Inc Mailing Address 911 Panorama Trl S DAY YEAR 12 15 2020 \$ | 857.86 |
| Paychex, Inc Mo DAY YEAR Mailing Address 911 Panorama Trl S 12 15 2020 \$ | 857.86 |
| Mailing Address 911 Panorama Trl S 12 15 2020 \$ | 857.86 |
| SII railoiania iii S | 857.86 |
| City Pochester State Zip Code (Plus 4) Description of Expenditure | |
| | |
| NY 146252311 Payroll Taxes | |
| To Whom Paid Bilal Rice MO DAY YEAR | |
| Mailing Address 622 N 48th St 11 30 2020 \$ | 440.00 |
| City Philadelphia State Zip Code (Plus 4) Description of Expenditure | |
| PA 191392804 Health Insurance Payment | |
| To Whom Paid Bilal Rice MO DAY YEAR | |
| | |
| Mailing Address 622 N 48th St 11 30 2020 \$ 1 | 1,548.32 |
| State Tin Code (Plus 4) | 1,548.32 ——— |
| 022 IN 40th 3t | 1,548.32 |
| City Philadelphia State Zip Code (Plus 4) Description of Expenditure | |
| City Philadelphia State PA PA PA Description of Expenditure Payroll To Whom Paid Bilal Rice MO DAY YEAR Mailing Address | 1,548.32 |
| City Philadelphia State PA State Payroll To Whom Paid Bilal Rice Mailing Address 622 N 48th St PA Payroll Pay | |
| City Philadelphia State PA 2ip Code (Plus 4) 191392804 Description of Expenditure Payroll To Whom Paid Bilal Rice Mailing Address 622 N 48th St 12 15 2020 \$ 1 | |
| City Philadelphia State PA Description of Expenditure Payroll To Whom Paid Bilal Rice Mailing Address 622 N 48th St State Philadelphia State Zip Code (Plus 4) Description of Expenditure Payroll 191392804 12 15 2020 \$ 1 | |
| City Philadelphia State PA PA State PA State PA State PA State PA PA PA Description of Expenditure Payroll To Whom Paid Bilal Rice MO DAY YEAR City Philadelphia State PA PA State PA State PA State PA State PA State PA PA Description of Expenditure Payroll To Whom Paid Description of Expenditure Payroll To Whom Paid | |
| City Philadelphia State PA | 1,833.39 |

| To Whom Paid Zoom.US | | | | DAY | YEAR | |
|--------------------------|-------------------------|------------------------------------|------|-------------|------|-------------------------------|
| Mailing Address 55 Alma | 12 | 7 | 2020 | \$ 16.19 | | |
| City San Jose | State CA | Zip Code (Plus 4) 951131608 | 1 | ence Call S | | |
| Enter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D | • | | | \$ PAGE TOTAL 11,575.97 |
| | | | | | ' | |
| | | | | | | |

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 Comi | mittee or Candidate | | | Reportir | ng Period | | | | |
|--------------------------------|---------------------|--------------------|-----------------------------------|--------------|---------------------------|-------------------------|--------------------------------|--------------------------------|--|
| Nina for PA | | | | From: | <u>11</u> | /24/2020 | То: | 12/31/2020 | |
| | | | | | | 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 | |
| City Philadelphia | | | | Prinadelphia | | | | | |
| | | | | | 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 | ì | State PA | Zip Code (Plu 191191025 | | Descrip Loan Ro | otion of Del | ot | | |
| | | | | | | 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 | ì | State PA | Zip Code (Plu 191191025 | | Descrip Loan R | otion of Del | ot | | |
| | | | | | | 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 | 1 | State PA | Zip Code (Plu 191191025 | - | Descrip Loan R | otion of Del eceived | ot | | |

| | | | | | | | PAGE 16 | |
|---|-----------|-------------------|--------------------------------|--------------|---------|----------|----------------------------|--|
| | | | | DATE | | | tstanding lance 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) | Descri | tion of Del | l ht | l | | |
| · Filliaueipilia | PA | 191191025 | 1 | eceived | | | | |
| | | | | DATE | | | tstanding lance of Debt | |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | | |
| Mailing Address 405 E | Gowen Ave | | 5 | 9 | 2018 | \$ | 12,000.00 | |
| City Philadelphia State Zip Code (Plus 4) | | | | otion of Del | bt | | | |
| PA 191191025 | | | | eceived | | | | |
| | | DATE | 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) | Descri | tion of Del | bt | | | |
| | PA | 191191025 | Loan R | eceived | | | | |
| | | | | DATE | | | tstanding lance 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 | Zip Code (Plus 4) | Descri | tion of Del | bt | | | |
| rimadeipina | PA | 191191025 | | eceived | | | | |
| | | | | DATE | | Ou Ba | tstanding lance of Debt | |
| Name of Creditor | | | | | | | | |
| Nina Ahmad | | | МО | DAY | YEAR | | | |
| Mailing Address 405 E | Gowen Ave | | 6 | 27 | 2018 | \$ | 17,600.00 | |
| City Philadelphia | State | Zip Code (Plus 4) | Descri | tion of Del | bt | | | |
| | PA | 191191025 | | eceived | | | | |
| | | | | | _ | | | |

| | | | DATE | | tstanding | |
|--|--------------------|---------------------------------------|------|-------------------------|-----------|----------------------------|
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | |
| Mailing Address 405 E Gow | ven Ave | | 11 | 21 | 2018 | \$ 4,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | | otion of Del eceived | bt | |
| | | | | DATE | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | |
| Mailing Address 405 E Gow | ven Ave | | 9 | 10 | 2019 | \$ 10,000.00 |
| City Philadelphia State Zip Code (Plus 4) PA 191191025 | | | | otion of De | bt | |
| | • | | | DATE | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | |
| Mailing Address 405 E Gow | ven Ave | | 2 | 20 | 2020 | \$ 15,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | | otion of Del | bt | |
| | | | • | DATE | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | |
| Mailing Address 405 E Gow | ven Ave | | 2 | 20 | 2020 | \$ 9,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | | otion of Del | | |
| | • | | • | DATE | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | |
| Mailing Address 405 E Gow | ven Ave | | 4 | 17 | 2020 | \$ 27,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | | otion of Del | bt | |
| | | | | | | |

| | | | | | | | PAGE 18 |
|--------------------------------|-------------|---------------------------------------|--------------------------|--------------|-----------|----------|----------------------------|
| | | | | DATE | | | tstanding ance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E Go | wen Ave | | 5 | 7 | 2020 | \$ | 89,716.67 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descri Pay Ve | otion of Del | bt | | |
| | · | <u> </u> | | DATE | | Ou Ba | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E Go | 5 | 11 | 2020 | \$ | 19,716.67 | | |
| | | | | otion of Del | bt | • | |
| | • | | • | DATE | | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | |
| Mailing Address 405 E Go | wen Ave | | 5 | 12 | 2020 | \$ | 70,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descri Pay Ve | otion of Del | bt | | |
| | • | | • | DATE | | Ou Ba | tstanding ance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | |
| Mailing Address 405 E Go | wen Ave | | 5 | 15 | 2020 | \$ | 15,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descrip Pay Ve | otion of Del | bt | | |
| | | | | DATE | | | tstanding ance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E Go | wen Ave | | 5 | 15 | 2020 | \$ | 15,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | | otion of Del | | • | |

| | | | | | | | tstanding |
|---|--------------------|---------------------------------------|-------------------------|-----------------------|------|-----------|----------------------------|
| | | | | DATE | | | lance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E 0 | Gowen Ave | | 5 | 19 | 2020 | \$ | 43,503.33 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descrip Pay Ve | ntion of Del | ot | l | |
| | | • | | DATE | | Ou Bal | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | |
| Mailing Address 405 E Gowen Ave 5 | | | | | 2020 | \$ | 41,000.00 |
| City Philadelphia State Zip Code (Plus 4) | | | | otion of Del | ot | ı | |
| | PA | 191191025 | Pay Ve | ndor | | | |
| | | | | DATE | | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | |
| Mailing Address 405 E 0 | Gowen Ave | | 5 | 20 | 2020 | \$ | 13,580.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descri Pay Ve | otion of Del | ot | l | |
| | | | | DATE | | Ou Bal | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E 0 | Gowen Ave | | 5 | 21 | 2020 | \$ | 10,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descrip Paid Ve | otion of Del endor | ot | l | |
| | | | • | DATE | | | tstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | МО | DAY | YEAR | | |
| Mailing Address 405 E 0 | Gowen Ave | | 5 | 21 | 2020 | \$ | 10,000.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191191025 | Descrip Paid Ve | otion of Del endor | ot | | |

| | | | | | | | | PAGE 20 |
|---|--------------------|---|---------------------------------------|---------------------------|-----------------------|-----------|----------|------------------------------|
| | | | | | DATE | | | itstanding llance of Debt |
| Name of Creditor Nina Ahmad | | | | мо | DAY | YEAR | | |
| Mailing Address 405 | E Gowen Ave | | | 5 | 22 | 2020 | \$ | 30,490.00 |
| City Philadelphia | State PA | 2 | Zip Code (Plus 4) 191191025 | Descrip Paid Ve | otion of Del endor | ot | | |
| | • | | | | DATE | | Oı Ba | itstanding llance of Debt |
| Name of Creditor Nina Ahmad | | | | МО | DAY | YEAR | | |
| Aailing Address405 E Gowen Ave5262020 | | | | | \$ | 35,901.67 | | |
| City Philadelphia State Zip Code (Plus 4) Description of Debt PA 191191025 Pay Vendor | | | | | ot | | | |
| | | | | 1 | DATE | | | itstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | | мо | DAY | YEAR | | |
| Mailing Address 405 | E Gowen Ave | | | 5 | 28 | 2020 | \$ | 45,000.00 |
| City Philadelphia | State PA | | Zip Code (Plus 4) 191191025 | Descrip Paid Ve | otion of Del endor | ot | | |
| | • | | | • | DATE | | | itstanding llance of Debt |
| Name of Creditor Nina Ahmad | | | | мо | DAY | YEAR | | |
| Mailing Address 405 | E Gowen Ave | | | 6 | 2 | 2020 | \$ | 26,803.33 |
| City Philadelphia | State PA | 2 | Zip Code (Plus 4) 191191025 | Descrip Paid Ve | otion of Del | ot | | |
| | | | | | DATE | | | itstanding lance of Debt |
| Name of Creditor Nina Ahmad | | | | МО | DAY | YEAR | | |
| Mailing Address 405 | E Gowen Ave | | | 6 | 5 | 2020 | \$ | 10,000.00 |
| City Philadelphia | State PA | | Zip Code (Plus 4) 191191025 | Descrip Pay Ve | otion of Del | ot | | |

| | | | | DATE | | | Outstanding Balance of Debt |
|----------------------------------|------------------|-----------------------|---------------------|-------------|------|------|--------------------------------|
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E Gowen Ave | | | 6 | 12 | 2020 |) \$ | 4,000.00 |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Debt | | | | |
| ,das.pd | PA | 191191025 | Loan to campaign | | | | |
| | | | | DATE | | | Outstanding Balance of Debt |
| Name of Creditor Nina Ahmad | | | мо | DAY | YEAR | | |
| Mailing Address 405 E Gowen Ave | | | 6 | 12 | 2020 |) \$ | 14,000.00 |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Del | ot . | • | |
| аас.ра | PA | 191191025 | Paid Ve | endor | | | |
| | | 1 | ı | | | | PAGE TOTAL |
| Enter Grand Total of Unpaid Debt | s on Page 1, Rep | oort Cover Page, Item | ı G. | | | \$ | 1,210,547.19 |