

# 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> Nina for PA												
<b>Street Address:</b> 405 E. Gowen Ave.												
<b>City:</b> Philadelphia						<b>State:</b> PA			<b>Zip Code:</b> 19119			
<b>TYPE OF REPORT</b>  (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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2020	<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>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	3	2020				
									(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>			
		11	24	2020		12	31	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$ 26,721.86						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 1,483.34						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 28,205.20						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 11,575.97						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 16,629.23						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 1,210,547.19						

## 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>
Nina for PA	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 33.34

<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>	\$ 450.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 450.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 500.00
<b>All Other Contributions (Part D)</b>	\$ 500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<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>	\$ 1,483.34
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**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.**

<b>Name of Filing Committee or Candidate</b>  Nina for PA	<b>Reporting Period</b>  <b>From:</b> <u>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>
<b>DATE</b>	
<b>AMOUNT</b>	

<b>Full Name of Contributing Committee</b> Clearfield County Democratic Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 108 R North Second Street			11	30	2020	
<b>City</b> Clearfield	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  16830				

<b>Full Name of Contributing Committee</b> Teamsters Local Union 249			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> Drive Fund 4701 Butler Street			11	30	2020	
<b>City</b> Pittsburgh	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  15201				

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

<b>PAGE TOTAL</b>
\$ 450.00



## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Nina for PA	<b>From:</b> <u>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
Pittsburgh Fire Fighters Local 1 Fire PAC									
Mailing Address					11	30	2020		
120 Flowers Ave									
City	Pittsburgh	State	PA	Zip Code (Plus 4)					
				152071606					

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

<b>PAGE TOTAL</b>
\$ 500.00

**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>  Nina for PA	<b>Reporting Period</b>  <b>From:</b> <u>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
James B Wall							
<b>Mailing Address</b> Information Requested				11	30	2020	\$ 500.00
<b>City</b> Pittsburgh	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  15222					
<b>Employer Name</b> SELF				<b>Occupation</b>  INSURANCE AGENT			
<b>Employer Mailing Address/Principal Place of Business</b>  6 Ppg PISte 600			<b>City</b>  Pittsburgh	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  152225406		

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

<b>PAGE TOTAL</b>
\$ 500.00

## 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>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

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

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Nina for PA		From: <u>11/24/2020</u> To: <u>12/31/2020</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 RECEIVED - 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  From: <span style="float: right;">To:</span>
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			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>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
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 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Nina for PA	From <u>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT		
To Whom Paid ActBlue			MO	DAY	YEAR	\$ 24.89
Mailing Address PO Box 441146			12	3	2020	
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Actblue contribution cost			
To Whom Paid Ahmad-Harper Strategies LLC			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 405 E Gowen Ave			11	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Expenditure Consultant, Soc Media			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 20.00
Mailing Address PO Box 7000			12	1	2020	
City Providence	State RI	Zip Code (Plus 4) 029407000	Description of Expenditure Wire Transfer Fee			
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 20.00
Mailing Address PO Box 7000			12	1	2020	
City Providence	State RI	Zip Code (Plus 4) 029407000	Description of Expenditure Wire Transfer Fee			
To Whom Paid Ameena Elahi			MO	DAY	YEAR	\$ 10.00
Mailing Address 4040 Balwynne Park Rd			12	4	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191311602	Description of Expenditure Contribution refunded			

To Whom Paid Labels & Lists Inc - DBA L2			MO	DAY	YEAR	\$ 2,400.00
Mailing Address 18912 N Creek Pkwy Suite 201 Bothell			12	11	2020	
City Bothell	State WA	Zip Code (Plus 4) 980118016	Description of Expenditure Database			
To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			11	24	2020	
City Southfield	State MI	Zip Code (Plus 4) 480755629	Description of Expenditure Website Branding			
To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			12	22	2020	
City Southfield	State MI	Zip Code (Plus 4) 480755629	Description of Expenditure Website Branding			
To Whom Paid NGP VAN			MO	DAY	YEAR	\$ 1,296.00
Mailing Address 48 Grove St Ste 202			12	8	2020	
City Somerville	State MA	Zip Code (Plus 4) 021442500	Description of Expenditure Database Fee			
To Whom Paid Paragon Payment Solutions			MO	DAY	YEAR	\$ 64.61
Mailing Address 2141 E Broadway Rd Ste 202			12	2	2020	
City Tempe	State AZ	Zip Code (Plus 4) 852821895	Description of Expenditure Merchant Fees			
To Whom Paid Paychex, Inc			MO	DAY	YEAR	\$ 658.51
Mailing Address 911 Panorama Trl S			11	30	2020	
City Rochester	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure Payroll Taxes			

To Whom Paid Paychex, Inc			MO	DAY	YEAR	\$ 288.28
Mailing Address 911 Panorama Trl S			12	10	2020	
City Rochester	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure Payroll Taxes			

To Whom Paid Paychex, Inc			MO	DAY	YEAR	\$ 857.86
Mailing Address 911 Panorama Trl S			12	15	2020	
City Rochester	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure Payroll Taxes			

To Whom Paid Bilal Rice			MO	DAY	YEAR	\$ 440.00
Mailing Address 622 N 48th St			11	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191392804	Description of Expenditure Health Insurance Payment			

To Whom Paid Bilal Rice			MO	DAY	YEAR	\$ 1,548.32
Mailing Address 622 N 48th St			11	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191392804	Description of Expenditure Payroll			

To Whom Paid Bilal Rice			MO	DAY	YEAR	\$ 1,833.39
Mailing Address 622 N 48th St			12	15	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191392804	Description of Expenditure Payroll			

To Whom Paid Vantiv, LLC			MO	DAY	YEAR	\$ 59.92
Mailing Address 8500 Governors Hill Dr			12	8	2020	
City Symmes Twp	State OH	Zip Code (Plus 4) 452491384	Description of Expenditure Credit card processing fees			

<b>To Whom Paid</b> Zoom.US			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 55 Almaden Blvd Fl 6			12	7	2020	
<b>City</b> San Jose	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> Conference Call Subscription			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 11,575.97

## 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> Nina for PA				<b>Reporting Period</b> From: <u>11/24/2020</u> To: <u>12/31/2020</u>			
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<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> 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> PA		<b>Zip Code (Plus 4)</b> 191191025		<b>Description of Debt</b> Loan Received			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> 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> PA		<b>Zip Code (Plus 4)</b> 191191025		<b>Description of Debt</b> Loan Received			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> Nina Ahmad					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 450,000.00
<b>Mailing Address</b> 405 E Gowen Ave					3	26	2018	
<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191191025		<b>Description of Debt</b> Loan Received			

  

<b>DATE</b>						<b>Outstanding Balance of Debt</b>		
<b>Name of Creditor</b> Nina Ahmad					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 61,750.00
<b>Mailing Address</b> 405 E Gowen Ave					5	4	2018	
<b>City</b> Philadelphia	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191191025		<b>Description of Debt</b> Loan Received			

DATE					Outstanding Balance of Debt	
Name of Creditor 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) 191191025	Description of Debt Loan Received			
DATE					Outstanding Balance of Debt	
Name of Creditor 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) 191191025	Description of Debt Loan Received			
DATE					Outstanding Balance of Debt	
Name of Creditor 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) 191191025	Description of Debt Loan Received			
DATE					Outstanding Balance of Debt	
Name of Creditor 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) 191191025	Description of Debt Loan Received			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 17,600.00
Mailing Address 405 E Gowen Ave			6	27	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan Received			



				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 4,000.00
Mailing Address 405 E Gowen Ave				11	21	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan Received				
				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 405 E Gowen Ave				9	10	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan				
				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 15,000.00
Mailing Address 405 E Gowen Ave				2	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Vendor Payment				
				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 9,000.00
Mailing Address 405 E Gowen Ave				2	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan to campaign				
				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 27,000.00
Mailing Address 405 E Gowen Ave				4	17	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan to account				

DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 89,716.67
Mailing Address 405 E Gowen Ave			5	7	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 19,716.67
Mailing Address 405 E Gowen Ave			5	11	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 70,000.00
Mailing Address 405 E Gowen Ave			5	12	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 15,000.00
Mailing Address 405 E Gowen Ave			5	15	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 15,000.00
Mailing Address 405 E Gowen Ave			5	15	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan to campaign			

DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 43,503.33
Mailing Address 405 E Gowen Ave			5	19	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 41,000.00
Mailing Address 405 E Gowen Ave			5	19	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 13,580.00
Mailing Address 405 E Gowen Ave			5	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 405 E Gowen Ave			5	21	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 405 E Gowen Ave			5	21	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor			

DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 30,490.00
Mailing Address 405 E Gowen Ave			5	22	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 35,901.67
Mailing Address 405 E Gowen Ave			5	26	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 45,000.00
Mailing Address 405 E Gowen Ave			5	28	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 26,803.33
Mailing Address 405 E Gowen Ave			6	2	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor			
DATE					Outstanding Balance of Debt	
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 405 E Gowen Ave			6	5	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Pay Vendor			

				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 4,000.00	
Mailing Address 405 E Gowen Ave			6	12	2020		
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Loan to campaign				
							Outstanding Balance of Debt
				DATE			
Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 14,000.00	
Mailing Address 405 E Gowen Ave			6	12	2020		
City Philadelphia	State PA	Zip Code (Plus 4) 191191025	Description of Debt Paid Vendor				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 1,210,547.19	