

# 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>  (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 2022		<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	8	2022				
									(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>			
		1	1	2022		12	31	2022				
<b>A. Amount Brought Forward From Last Report</b>						\$ 4,656.11						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 0.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 4,656.11						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,591.91						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 1,064.20						
<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>
AHMAD, NINA FOR PA	From: <u>1/1/2022</u> To: <u>12/31/2022</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>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<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>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<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>	\$ 0.00
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>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				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 A on Schedule I, Detailed Summary Page, Section 2.**

<b>PAGE TOTAL</b>	
\$	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 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.)

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="margin-left: 100px;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	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 E OTHER RECEIPTS

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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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>	
AHMAD, NINA FOR PA		From: <u>1/1/2022</u> To: <u>12/31/2022</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  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>
AHMAD, NINA FOR PA	From <u>1/1/2022</u> To: <u>12/31/2022</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	1	24	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			Website fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	2	22	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			Website fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	3	23	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			Website fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	4	25	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			Website fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	5	23	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			Website fee	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Nexcess.Net, LLC				
<b>Mailing Address</b> 21700 Melrose Ave	6	23	2022	\$ 19.00
<b>City</b> Southfield	<b>State</b> MI	<b>Zip Code (Plus 4)</b> 48075	<b>Description of Expenditure</b>	
			website fee	

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			9	23	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure website fee			

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			10	24	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure Website fee			

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			11	22	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure Website fee			

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			12	22	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure Website fee			

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			8	3	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure Website fee			

To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			8	23	2022	
City Southfield	State MI	Zip Code (Plus 4) 48075	Description of Expenditure Website fee			

To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 20.00
Mailing Address PO Box 7000			1	3	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid Citizens Bank			MO	DAY	YEAR	\$ 20.00
Mailing Address PO Box 7000			1	3	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			2	2	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			2	2	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			3	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			3	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			4	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			4	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			5	2	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$20.00
Citizens Bank						
Mailing Address PO Box 7000			5	2	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$ 20.00
Citizens Bank						
Mailing Address PO Box 7000			6	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$ 20.00
Citizens Bank						
Mailing Address PO Box 7000			6	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$ 20.00
Citizens Bank						
Mailing Address PO Box 7000			7	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss invoicing			

To Whom Paid			MO	DAY	YEAR	\$ 20.00
Citizens Bank						
Mailing Address PO Box 7000			7	1	2022	
City Providence	State RI	Zip Code (Plus 4) 48075	Description of Expenditure Monthly bank fee for businss payments			

To Whom Paid			MO	DAY	YEAR	\$ 750.00
Shoshana Milovsky						
Mailing Address 1741 Frank Walker Rd			2	11	2022	
City Waterford	State NJ	Zip Code (Plus 4) 08089	Description of Expenditure Compliance consulting			

To Whom Paid			MO	DAY	YEAR	\$ 19.99
Google						
Mailing Address 1600 Amphitheatre Parkway			2	28	2022	
City Mountain View	State CA	Zip Code (Plus 4) 94043	Description of Expenditure Cloud storage			

To Whom Paid			MO	DAY	YEAR	\$ 1,100.00
SP Media Group						
Mailing Address 328 S. Jefferson Street, Suite 540			6	27	2022	
City Chicago	State IL	Zip Code (Plus 4) 60661	Description of Expenditure Media consultant			

To Whom Paid			MO	DAY	YEAR	\$ 1,213.92
SP Media Group						
Mailing Address 328 S. Jefferson Street, Suite 540			6	7	2022	
City Chicago	State IL	Zip Code (Plus 4) 60661	Description of Expenditure Media Consultant			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL**

\$ 3,591.91

## 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>	<b>Reporting Period</b>
AHMAD, NINA FOR PA	<b>From:</b> <u>1/1/2022</u> <b>To:</b> <u>12/31/2022</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 9,000.00
Mailing Address 405 E Gowen Ave				3	13	2018	
City Philadelphia		State PA	Zip Code (Plus 4) 19119	Description of Debt Loan received			
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 50,000.00
Mailing Address 405 E Gowen Ave				3	26	2018	
City Philadelphia		State PA	Zip Code (Plus 4) 19119	Description of Debt Loan received			
Name of Creditor 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 Loan received			
Name of Creditor 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 Loan received			
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) 19119	Description of Debt Loan received			
Name of Creditor Nina Ahmad				MO	DAY	YEAR	\$ 12,000.00
Mailing Address 405 E Gowen Ave				5	8	2018	
City Philadelphia		State PA	Zip Code (Plus 4) 19119	Description of Debt Loan received			



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) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Loan received			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 17,600.00
Mailing Address 405 E Gowen Ave			6	27	2018	
City 405 E Gowen Ave	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Loan received			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt Loan to campaign			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt Pay vendor			

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) 19119	Description of Debt pay vendor			

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) 19119	Description of Debt paid vendor			

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) 19119	Description of Debt Paid vendor			

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) 19119	Description of Debt Paid vendor			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 35,901.67
Mailing Address 405 E Gowen Ave			5	22	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Paid vendor			

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) 19119	Description of Debt Paid Vendor			

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) 19119	Description of Debt Paid Vendor			

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) 19119	Description of Debt Pay Vendor			

Name of Creditor Nina Ahmad			MO	DAY	YEAR	\$ 4,000.00
Mailing Address 405 E Gowen Ave			6	4	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan to campaign			

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) 19119	Description of Debt Paid Vendor			

<b>Name of Creditor</b> Nina Ahmad			<b>MO</b> 2	<b>DAY</b> 20	<b>YEAR</b> 2020	<b>\$</b> 9,000.00
<b>Mailing Address</b> 405 E Gowen Ave						
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19119	<b>Description of Debt</b> Loan received			
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>						<b>PAGE TOTAL</b>  <b>\$</b> 1,210,547.19