

Campaign Finance Report

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

Filer Identification Number : 20180132		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: AHMAD, NINA FOR PA											
Street Address: 405 EAST GOWEN AVENUE											
City: PHILADELPHIA				State: PA		Zip Code: 19119					
TYPE OF REPORT (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	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2022		12	31	2022			
A. Amount Brought Forward From Last Report					\$		4,656.11				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		4,656.11				
D. Total Expenditures (From Schedule III)					\$		3,591.91				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		1,064.20				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		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

Signature

Printed Name

My Commission Expires

Email

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

Name of Filing Committee or Candidate	Reporting Period
AHMAD, NINA FOR PA	From: <u>1/1/2022</u> To: <u>12/31/2022</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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)

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)					

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 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.

PAGE TOTAL
\$ 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:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.

PAGE TOTAL
\$ 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: To:

			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.

PAGE TOTAL
\$ 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 Period	
AHMAD, NINA FOR PA		From: <u>1/1/2022</u> To: <u>12/31/2022</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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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.						PAGE TOTAL \$ 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

Name of Filing Committee or Candidate	Reporting Period
AHMAD, NINA FOR PA	From <u>1/1/2022</u> To: <u>12/31/2022</u>

DATE				AMOUNT		
To Whom Paid Nexcess.Net, LLC			MO	DAY	YEAR	\$ 19.00
Mailing Address 21700 Melrose Ave			1	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			2	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			3	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			4	25	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			5	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			6	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			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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Citizens Bank			MO	DAY	YEAR	\$ 20.00
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 Shoshana Milovsky			MO	DAY	YEAR	\$ 750.00
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 Google			MO	DAY	YEAR	\$ 19.99
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 SP Media Group			MO	DAY	YEAR	\$ 1,100.00
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 SP Media Group			MO	DAY	YEAR	
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

Name of Filing Committee or Candidate AHMAD, NINA FOR PA				Reporting Period From: <u>1/1/2022</u> To: <u>12/31/2022</u>			
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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			

DATE						Outstanding Balance of Debt		
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			

DATE						Outstanding Balance of Debt		
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			

DATE						Outstanding Balance of Debt		
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			

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) 19119	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	8	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	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) 19119	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) 19119	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 405 E Gowen Ave	State PA	Zip Code (Plus 4) 19119	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) 19119	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) 19119	Description of Debt Loan received			
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) 19119	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			4	17	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan received			
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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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) 19119	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	22	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Paid 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) 19119	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) 19119	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) 19119	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	4	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Debt Loan to campaign			

				DATE			Outstanding Balance of Debt
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				
							Outstanding Balance of Debt
				DATE			
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) 19119	Description of Debt Loan received				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 1,210,547.19	