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	0132			Rep File			CAND	DATE		соми	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		AHM	AD,	NINA	FOR PA	\				·				
Street Address:	405 EAST GO	WEN AV	/ENUE														
City:	PHILADELPHIA	Δ.						State:	PA			Zip Cod	ie: 19	9119			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y 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	Y PRE	- 5	·.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2022					IG METH				PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	ΥI	AR		1000	<u> </u>		-	
								11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		1 1	20	022	T	<u> </u>	12	2	31	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			4,6	556.11						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule :	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			4,0	556.11						
D. Total Expen	ditures (From Sch	edule II	I)				\$			3,5	591.91						
E. Ending Cash	Balance (Subtract	t Line D	From Line C	C)			\$			1,0	64.20						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$		1,	210,5	547.19			•			
				AFF	IDA'	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If this	s is	a Can	ididate r	eport, d	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sch	nedules	filed	on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	.	20							5	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	**					- -					Prin	ted Name	e			-
My Commission Ex	_											Ema	il				-
	мо	D	AY	YR			-		Are	ea Coo	le	Daytim	e Telepi	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	cal	commi	ittee has r	not viola	ted ar	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-
	day of						_					Drinto	d Name				_
	Signature						-					Printe	u Hame				
My Commission Exp	_											Ema	il				-
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AHMAD, NINA FOR PA	From:	1/1/202	<u>2</u> To:	12/31/2022
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
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

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

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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	I	
AHMAD, NINA FOR PA	From:	<u>1/1/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		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					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Peri	od		
AHMAD, NINA FOR PA	From	1/1/2022	То:	12/31/2022

	DATE			
				AMOUNT
мо	DAY	YEAR		
1	24	2022	\$	19.00
		enditure		
мо	DAY	YEAR		
2	22	2022	\$	19.00
		enditure		
мо	DAY	YEAR		
3	23	2022	\$	19.00
		enditure		
мо	DAY	YEAR		
4	25	2022	\$	19.00
		enditure		
мо	DAY	YEAR		
5	23	2022	\$	19.00
Descrip	tion of Exp	enditure		
	1 escrip ebsite o 3 escrip ebsite o 4 escrip ebsite o 5	1 24 escription of Expressive fee O DAY 2 22 escription of Expressive fee O DAY 3 23 escription of Expressive fee O DAY 4 25 escription of Expressive fee O DAY 5 23	a 24 2022 escription of Expenditure rebsite fee DAY YEAR 2 22 2022 escription of Expenditure rebsite fee DAY YEAR 3 23 2022 escription of Expenditure rebsite fee DAY YEAR 4 25 2022 escription of Expenditure rebsite fee DAY YEAR 4 25 2022 escription of Expenditure rebsite fee DAY YEAR 4 25 2022 escription of Expenditure rebsite fee DAY YEAR 4 25 2022	1 24 2022 \$ escription of Expenditure lebsite fee O DAY YEAR 2 22 2022 \$ escription of Expenditure lebsite fee O DAY YEAR 3 23 2022 \$ escription of Expenditure lebsite fee O DAY YEAR 4 25 2022 \$ escription of Expenditure lebsite fee O DAY YEAR 4 25 2022 \$ escription of Expenditure lebsite fee O DAY YEAR 4 25 2022 \$ escription of Expenditure lebsite fee

							PAGE	
To Whom Paid Nexcess.Net, LLC				МО	DAY	YEAR		
Mailing Address	21700 Melrose Ave			6	23	2022	\$	19.00
City Southfield		State MI	Zip Code (Plus 4) 48075	Descrip website	otion of Exp	enditure		
To Whom Paid Nexcess.Net, LLC				МО	DAY	YEAR		
Mailing Address	21700 Melrose Ave			9	23	2022	\$	19.00
City Southfield		State MI	Zip Code (Plus 4) 48075	Descrip website	otion of Exp	enditure		
To Whom Paid Nexcess.Net, LLC				МО	DAY	YEAR		
Mailing Address	21700 Melrose Ave			10	24	2022	\$	19.00
City Southfield		State MI	Zip Code (Plus 4) 48075	Descrip Website	otion of Exp	enditure		
To Whom Paid Nexcess.Net, LLC				МО	DAY	YEAR		
	21700 Melrose Ave	ı		MO	DAY 22	YEAR 2022	\$	19.00
Nexcess.Net, LLC		State MI	Zip Code (Plus 4) 48075	11	22 Otion of Exp	2022		19.00
Nexcess.Net, LLC Mailing Address				11 Descrip	22 Otion of Exp	2022		19.00
Nexcess.Net, LLC Mailing Address City Southfield To Whom Paid				11 Descrip Website	22 Otion of Exp e fee	2022 penditure		19.00
Nexcess.Net, LLC Mailing Address City Southfield To Whom Paid Nexcess.Net, LLC	21700 Melrose Ave			Descrip Website MO	22 ption of Expense fee DAY 22 ption of Expense fee	2022 penditure YEAR 2022	\$	
Nexcess.Net, LLC Mailing Address City Southfield To Whom Paid Nexcess.Net, LLC Mailing Address	21700 Melrose Ave	MI	48075 Zip Code (Plus 4)	Descrip Website MO 12 Descrip	22 ption of Expense fee DAY 22 ption of Expense fee	2022 penditure YEAR 2022	\$	
Nexcess.Net, LLC Mailing Address City Southfield To Whom Paid Nexcess.Net, LLC Mailing Address City Southfield To Whom Paid	21700 Melrose Ave	MI	48075 Zip Code (Plus 4)	Descrip Website MO 12 Descrip Website	22 ption of Expense fee DAY 22 ption of Expense fee	2022 Penditure YEAR 2022 Penditure	\$	

To Whom Paid Nexcess.Net, LLC			МО	DAY	YEAR		
Mailing Address 21700 Melrose A	Ave		8	23	2022	\$	19.00
City Southfield	State MI	Zip Code (Plus 4) 48075	Descrip Website	otion of Exp	enditure		
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			1	3	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075		otion of Exp y bank fee		ss invoicing	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			1	3	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075		otion of Exp		ss payments	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			2	2	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4)	Descrir				
		48075	1	-	enditure for busin	ss payments	
To Whom Paid Citizens Bank		48075	1	-			
		48075	Monthl	y bank fee	for busin		20.00
Citizens Bank	State RI	Zip Code (Plus 4) 48075	MO 2 Descrip	DAY 2 Ottion of Exp	YEAR 2022	ss payments	
Citizens Bank Mailing Address PO Box 7000	State	Zip Code (Plus 4)	MO 2 Descrip	DAY 2 Ottion of Exp	YEAR 2022	ss payments	
Citizens Bank Mailing Address PO Box 7000 City Providence To Whom Paid	State	Zip Code (Plus 4)	MO 2 Descrip Monthly	DAY 2 ption of Exp y bank fee	YEAR 2022 penditure for busin	ss payments	

						PAGE	14
To Whom Paid Citizens Bank			мо	DAY	YEAR		
Mailing Address PO Box 7000			3	1	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075		otion of Exp		ss payments	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			4	1	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075	1	otion of Exp bank fee		ss payments	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			4	1	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075		otion of Exp		ss invoicing	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			5	2	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075	1	otion of Exp		ss invoicing	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address PO Box 7000			5	2	2022	\$	20.00
City Providence	State RI	Zip Code (Plus 4) 48075		otion of Exp		ss payments	
To Whom Paid Citizens Bank			МО	DAY	YEAR		
			MO 6	DAY 1	YEAR 2022	\$	20.00

							PAGE	15
To Whom Paid Citizens Bank				мо	DAY	YEAR		
Mailing Address) Box 7000			6	1	2022	\$	20.00
City Providence		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Trovidence		RI	48075				ss invoicing	
To Whom Paid Citizens Bank				мо	DAY	YEAR		
Mailing Address PC) Box 7000			7	1	2022	\$	20.00
City Providence		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Trovidence		RI	48075				ss invoicing	
To Whom Paid Citizens Bank				МО	DAY	YEAR		
Mailing Address PC) Box 7000			7	1	2022	\$	20.00
City Providence		State RI	Zip Code (Plus 4) 48075		otion of Exp		ss payments	;
To Whom Paid Shoshana Milovsky				МО	DAY	YEAR		
Mailing Address 17	41 Frank Walker F	Rd		2	11	2022	\$	750.00
City Waterford		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
.,		NJ	08089	I -	ance consu			
To Whom Paid Google				МО	DAY	YEAR		
Mailing Address 16	000 Amphitheatre I	Parkway		2	28	2022	\$	19.99
City Mountain View	ı	State CA	Zip Code (Plus 4) 94043	Descrip Cloud s	otion of Exp storage	penditure		
To Whom Paid SP Media Group				МО	DAY	YEAR		
Mailing Address 32	8 S. Jefferson Stre	eet, Suite 540		6	27	2022	\$	1,100.00
City Chicago		State IL	Zip Code (Plus 4) 60661		otion of Exp consultant	penditure		
ı			I	ı				

To Whom Paid SP Media Group			мо	DAY	YEAR	
Mailing Address 328 S. J	lefferson Street, Suite 540		6	7	2022	\$ 1,213.92
City Chicago	State IL	Zip Code (Plus 4) 60661	1	otion of Exp Consultant		
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D				\$ PAGE TOTAL 3,591.91

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 Comm	ne of Filing Committee or Candidate Repor				ng Period				
AHMAD, NINA FOR I	PA			From:		1/1/2022	То:	<u>1</u>	12/31/2022
						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		State PA	Zip Code (Pl 19119	ıs 4)	Descrip Loan re	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	\$	50,000.00
City Philadelphia		State PA	Zip Code (Plu 19119	ıs 4)	Descrip Loan re	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		State PA	Zip Code (Plu 19119	ıs 4)	Descrip Loan re	otion of Del eceived	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		State PA	Zip Code (Plu 19119	ıs 4)	Descrip Loan re	otion of Del	ot		

							PAGL 18
				DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E G	Gowen Ave		5	8	2018	\$	13,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Loan re	otion of Del eceived	bt		
				DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E G	Gowen Ave		5	8	2018	\$	12,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Loan re	otion of Del	bt	•	
	·			DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E G	Sowen Ave		5	11	2018	\$	27,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Loan re	otion of Del eceived	bt		
	'	-	•	DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			мо	DAY	YEAR		
Mailing Address 405 E G	Sowen Ave		5	14	2018	\$	11,485.52
City Philadelphia	State PA	Zip Code (Plus 4) 19119		otion of Del eceived	bt		
	•			DATE		Ou Ba	tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E G	Gowen Ave		6	27	2018	\$	17,600.00
City 405 E Gowen Ave	State PA	Zip Code (Plus 4) 19119	Descrip Loan re	otion of Del eceived	bt	•	
	l l		1				

							tstanding
				DATE		ьа	iance of Debt
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) 19119	Descrip Loan re	otion of Del	ot		
				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 PA	Zip Code (Plus 4) 19119	Descri Loan re	otion of Del	ot		
	•		•	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) 19119	Descri Loan re	otion of Del eceived	ot		
	•	•	•	DATE		Ou Ba	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) 19119	Descrip Loan re	otion of Del eceived	ot	l	
	•			DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E Gow	ven Ave		5	7	2020	\$	89,716.67
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descri Pay ve	otion of Del ndor	ot		

							PAGL ZU
				DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E 0	Gowen Ave		5	11	2020	\$	19,716.67
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descri Pay ve	otion of Del	bt	I	
				DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E 0	Gowen Ave		5	12	2020	\$	70,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descri Pay ve	otion of Del	bt	•	
				DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E 0	Gowen Ave		5	15	2020	\$	15,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descri Pay ve	otion of Del ndor	bt		
	•	•	•	DATE			tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR		
Mailing Address 405 E 0	Gowen Ave		5	15	2020	\$	15,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119		otion of Del		<u> </u>	
			•	DATE		Ou Ba	tstanding 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) 19119	Descri Pay ve	otion of Del ndor	bt	•	

City Philadelphia State PA 19119 DATE DATE State PA 19119 DATE City Philadelphia State PA 25 E Gowen Ave DATE City Philadel	
City Philadelphia State PA 19119 Philadelphia PA 19119 PA	ng f Debt
Philadelphia PA 19119 Pay vendor Pay vendor Pay vendor	f Debt
Name of Creditor Nina Ahmad Mailing Address 405 E Gowen Ave	f Debt
Mailing Address 405 E Gowen Ave	3,580.00
City Philadelphia State PA Sta	3,580.00
PA 19119 DATE DATE Name of Creditor Nina Ahmad Mailing Address 405 E Gowen Ave City Philadelphia State PA 19119 PA 2ip Code (Plus 4) Description of Debt paid vendor DATE DATE Outstanding Address 405 E Gowen Ave Description of Debt paid vendor Outstanding Address PA 19119 DATE Outstanding Address PA VEAR	
Name of Creditor Nina Ahmad Mo DAY YEAR Mailing Address 405 E Gowen Ave City Philadelphia State PA 19119 DATE DATE Balance of Mo DAY YEAR 100 State PA 19119 DATE Outstanding Balance of Balance of Mo DAY YEAR Outstanding Balance of Balance of Balance of Mo DAY YEAR Name of Creditor	
Mailing Address 405 E Gowen Ave 5 21 2020 \$ 10 City Philadelphia PA 19119 Description of Debt paid vendor Name of Creditor DAY VEAR	
City Philadelphia State PA 19119 Description of Debt paid vendor Outstanding Balance of Mo. DAY YEAR	
PA 19119 paid vendor DATE Outstanding Balance of PAY YEAR	0,000.00
Name of Creditor DATE Balance of Creditor MO DAY VEAP	
MO DAY I VEAD	
Nina Ahmad	
Mailing Address 405 E Gowen Ave 5 21 2020 \$ 10	0,000.00
City Philadelphia State Zip Code (Plus 4) Description of Debt PA 19119 Paid vendor	
Outstandi DATE Balance of	
Name of Creditor Nina Ahmad MO DAY YEAR	
Mailing Address 405 E Gowen Ave 5 22 2020 \$ 30	
City Philadelphia State Zip Code (Plus 4) Description of Debt PA 19119 Paid vendor	0,490.00

						PAGL 22
				DATE		tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR	
Mailing Address 405 E 0	Gowen Ave		5	22	2020	\$ 35,901.67
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Paid ve	otion of Del endor	bt	
				DATE		tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR	
Mailing Address 405 E 0	Gowen Ave		5	28	2020	\$ 45,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Paid Ve	otion of Del	bt	
	•			DATE		tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR	
Mailing Address 405 E 0	Gowen Ave		6	2	2020	\$ 26,803.33
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Paid Ve	otion of Del endor	bt	
	•	-	•	DATE		tstanding lance of Debt
Name of Creditor Nina Ahmad			мо	DAY	YEAR	
Mailing Address 405 E 0	Gowen Ave		6	5	2020	\$ 10,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Pay Ve	ntion of Del	bt	
				DATE		tstanding lance of Debt
Name of Creditor Nina Ahmad			МО	DAY	YEAR	
Mailing Address 405 E 0	Gowen Ave		6	4	2020	\$ 4,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119		otion of Del		
	<u> </u>					

				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	•	
,ddc,pd	PA	19119	Paid Ve	endor			
				DATE			Outstanding Balance of Debt
Name of Creditor Nina Ahmad			мо	DAY	YEAR		
Mailing Address 405 E Gowen Ave			2	20	2020) \$	9,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Del	ot		
аас.ра	PA	19119	Loan re				
	ı	1					PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Rep	ort Cover Page, Item	ı G.			\$	1,210,547.19