Campaign Finance Report

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

Filer Identificat Number :	ion	2022C0	264			Repo Filed		CANDI	DATE	\checkmark	co	OMMITTEI		LOBE	BYIST		
Name of Filing (Committee, Ca	ndidate	e or Lo	bbyist:		SAJDA	BLAC	KWELL									
Street Address:																	
City:								State:				Zip Code: 19139					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes	No	 	
(place X to the right of	6TH TUESDAY PRE-ELECTION			2ND FRIDA ELECTION	y pre	E- 5.	30 DA		POST-	- 6.		TERMINA REPORT?	ERMINATION REPORT?		No	>	
report type)	ANNUAL REP	ORT 7.	,	Year 2022				NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office	⊥ Sought by Can	didate:						DATE C)F ELE	CTION	ł	District Number	Office Code	Par	ty Code	County Code	
MO DAY YEAR 10 STH										DEN	1						
REPRESENTATIVE IN THE GENERAL ASSEMBLY								11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	
Summary of		d N	40	DAY	YEAR	Ł		мо	DAY	YE/	٩R	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			3 29	2	022	Ю	5		2	2022	- -					
A. Amount Bro	ought Forward	From L	.ast Re	port			\$				0.00						
B. Total Monet	ary Contributi	ons And	d Rece	ipts (From	Sche	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Su	m Of Li	nes A a	and B)			\$				0.00						
D. Total Expen	ditures (From	Schedu	ule III)			\$				0.00]					
E. Ending Cash	n Balance (Sub	otract Li	ine D F	rom Line (C)		\$			10	0.00						
F. Value Of In-	Kind Contribu	tions R	eceive	d (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligat	tions (F	rom So	chedule IV)		\$				0.00						
					AFF	IDAV	IT SE	CTION									
PART I - If this i		-	-	_								-					
I swear (or affirm correct and compl		t, includi	ing the	attached scl	nedule	s filed or	i paper	or by elect	ronic m	edium,	are to	the best of	my know	vledge	and beli	ef , true	
Sworn to and subs	scribed before m day of	e this		20						Sig	gnatur	e of Person	Submitt	ing Rep	oort		
		gnature					_					Print	ed Name				
My Commission E	xpires											Email					
	мо		DA	Y	YR				Ar	ea Code		Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	ate's a	uthorized	Comn	nittee,	Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amend		t of my l	knowled	dge and beli	ef this	; politica	comm	ittee has r	iot viola	ted any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,	
Sworn to and subse	cribed before me day of	e this		20							s	ignature o	f Candida	ite			
				20			_					Printeo	d Name				
My Commission Eve	Signa	ture					_					Emai					
My Commission Exp	unes						_										
	м		DA	Y	YR	1	-		Area	Code		Da	ytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period						
SAJDA BLACKWELL	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			•			
TOTAL for the Reporting	g 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	(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	g Period	(3)	\$	0.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)						
TOTAL for the Reporting	g Period	(4)	\$	0.00		
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

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 Committee or Candidate				Reporting Period					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City	City State Zip Code (Plus 4)								
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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						
				То:					
				DA	TE		ŀ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Pa				n 3.			\$	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					
Fro				From:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
		_	.					PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	Section	4.			\$	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		
SAJDA BLACKWELL	From:	<u>3/29/2022</u> To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00		