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	2022	C0264				port		CAND	DATE	✓	cc	MMITTEE		LOBBYIST	
Name of Filing C	committe	e, Candida	ate or L	obbyist:		SAJ	JDA I	BLACK	WELL							
Street Address:																
City:									State:				Zip Code	e: 19	139	
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes 🗸 No	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes / No	
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH CHECK O				PAPER		DISKE	TTE
Name of Office S	ought by	, Candidat	e:	•					DATE C	F ELE	CTION		District Number	Office Code	Party Code	County Code
REPRESENTATI	\/E TN TL	JE CENED	AI ACC	EMDIV					МО	DAY	YEA	R	10	STH	DEM	
REPRESENTATI	VL III II	IL GLINER	AL ASS	LIMDLI					11		8	2022		(SEE INS	STRUCTIONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	ł			МО	DAY	YEA	R	FOR	OFFIC	E USE ONLY	
Expenditures	from:			5 3	2	022	T	0	ε	5	6	2022				
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00				
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00				
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00				
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00				
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(0.00				
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(0.00				
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00		,		
					AFF	ID	AVI	T SE	CTION							
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate r	eport, d	candida	te sig	ın here.			
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper o	or by elect	tronic m	edium, a	re to 1	he best of	my knov	vledge and belie	ef , true
Sworn to and subs	cribed bef	ore me this		20							Sig	nature	of Person	Submitt	ing Report	
	_	Signatur	·e					<u>-</u>					Printe	ed Name		
My Commission Ex	cpires												Email			
		мо	D	AY	YR					Are	ea Code		Daytime	Teleph	one Number	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.					
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,1937 (P.L	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	ite	
	day of —							_					Printed	Name		
	;	Signature						-								
My Commission Exp	ires												Email			
	_	МО	D	AY	YR	1		-		Area	Code		Day	time Te	elephone Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SAJDA BLACKWELL	From:	5/3/202	<u>2</u> To:	6/6/2022
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	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
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

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 Cand	idate	R	Reporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL \$0.00

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

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.

From: To: DATE Full Name of Contributor MO DAY YEAR Mailing Address City State Zip Code (Plus 4)	DATE AMOUNT MO DAY YEAR \$ 0.00	Name of Filing Commit	tee or Candidate		Report	ng F	Period			
Full Name of Contributor MO DAY YEAR Mailing Address \$	MO DAY YEAR \$ 0.00 State Zip Code (Plus 4)				From:			To	o:	
Mailing Address \$	\$ 0.00 State Zip Code (Plus 4)						DATE			AMOUNT
	State Zip Code (Plus 4)	Full Name of Contributor			м	0	DAY	YEAR		
City State Zip Code (Plus 4)		Mailing Address							\$	0.00
	PAGE TOTAL	City	State	Zip Code (Plus 4)						

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	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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		Reporting Period							
			Fror	n:		To	То:		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'				•			
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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>5/3/2022</u> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Can	Name of Filing Committee or Candidate Rep							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	ting Period				
				Fro	m:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-		\$				0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY			
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00