

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 : 20210254		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF SAJDA PURPLE BLACKWELL										
Street Address:										
City: PHILADELPHIA				State: PA		Zip Code: 19141				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	Year 2024	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	
				MO	DAY	YEAR				
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		3	5	2024	4					
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,613.56				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,613.56				
D. Total Expenditures (From Schedule III)				\$		3,836.52				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		(2,222.96)				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF SAJDA PURPLE BLACKWELL	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 250.00

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)	\$ 950.00
TOTAL for the Reporting Period (2)	\$ 950.00

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)	\$ 750.00
TOTAL for the Reporting Period (3)	\$ 750.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 63.57

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.)	\$ 2,013.57
---	-------------

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
	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.

PAGE TOTAL
\$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 Candidate	Reporting Period
FRIENDS OF SAJDA PURPLE BLACKWELL	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

				DATE		AMOUNT	
Full Name of Contributor AJEENAH AMIR				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City	PHILADELPHIA	State	Zip Code (Plus 4)	4	18	2024	
		PA	19111				
Full Name of Contributor SCHIRTYN KAMARA				MO	DAY	YEAR	\$ 200.00
Mailing Address							
City	LANCASTER	State	Zip Code (Plus 4)	4	15	2024	
		PA	17602				
Full Name of Contributor SUZANN CHRISTINE				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City	PHILADELPHIA	State	Zip Code (Plus 4)	4	10	2024	
		PA	19120				
Full Name of Contributor TALYE ISASERTO				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City	PHILADELPHIA	State	Zip Code (Plus 4)	3	13	2024	
		PA	19151				
Full Name of Contributor ARMENTA WASHINGTON				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City		State	Zip Code (Plus 4)	3	21	2024	
Full Name of Contributor AMANDA DAVIDSON				MO	DAY	YEAR	\$ 150.00
Mailing Address							
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19102				
Full Name of Contributor JONATHAN KING				MO	DAY	YEAR	\$ 100.00
Mailing Address							
City	CHESTER	State	Zip Code (Plus 4)	3	28	2024	
		PA	19013				

Full Name of Contributor			MO	DAY	YEAR	\$100.00
MICHAEL NEWMULS						
Mailing Address			3	30	2024	
City	PHILADELPHIA	State				
		PA				
		Zip Code (Plus 4)				
		19103				

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

PAGE TOTAL
\$950.00

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				
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 FRIENDS OF SAJDA PURPLE BLACKWELL	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
---	--

				DATE			AMOUNT			
Full Name of Contributor JAMES DELSON				MO	DAY	YEAR	\$ 250.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City PHILADELPHIA</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 19150</td> </tr> </table>				City PHILADELPHIA	State PA	Zip Code (Plus 4) 19150	3	20	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19150								
Employer Name SELF EMPLOYED				Occupation LAWYER						
Employer Mailing Address/Principal Place of Business				City PHILADELPHIA		State PA	Zip Code (Plus 4) 19150			

Full Name of Contributor WADUCT AHMAD				MO	DAY	YEAR	\$ 500.00			
Mailing Address <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City PHILADELPHIA</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 19144</td> </tr> </table>				City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144	3	21	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144								
Employer Name AHMAD ZAFFARESE LLA				Occupation LAWYER						
Employer Mailing Address/Principal Place of Business				City PHILADELPHIA		State PA	Zip Code (Plus 4) 19107			

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 750.00

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 FRIENDS OF SAJDA PURPLE BLACKWELL	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
---	--

				DATE	AMOUNT		
Full Name GODADDY				MO	DAY	YEAR	\$ 63.57
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description REFUND OF SERVICES							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 63.57

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	
FRIENDS OF SAJDA PURPLE BLACKWELL		From: <u>3/5/2024</u> To: <u>4/8/2024</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:
---------------------------------------	--

			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
FRIENDS OF SAJDA PURPLE BLACKWELL	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CLEAR CHANNEL MEDIA				
Mailing Address	3	5	2024	\$ 554.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			PRINT MEDIA	
To Whom Paid	MO	DAY	YEAR	
CASH FROM ATM				
Mailing Address	3	15	2024	\$ 200.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			PAID CANVASSERS	
To Whom Paid	MO	DAY	YEAR	
CLEAR CHANNEL MEDIA				
Mailing Address	3	18	2024	\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			BROADCAST MEDIA	
To Whom Paid	MO	DAY	YEAR	
CASH FROM ATM				
Mailing Address				\$ 200.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			PAID CANVASSERS	
To Whom Paid	MO	DAY	YEAR	
GODADDY				
Mailing Address				\$ 35.16
City TEMPE	State AZ	Zip Code (Plus 4)	Description of Expenditure	
			WEB SERVICES	
To Whom Paid	MO	DAY	YEAR	
CAMPAIGN VERIFICATION				
Mailing Address	3	21	2024	\$ 95.00
City	State	Zip Code (Plus 4)	Description of Expenditure	

To Whom Paid CASH FROM ATM			MO	DAY	YEAR	\$ 150.00
Mailing Address			3	25	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSERS			

To Whom Paid CASH FROM ATM			MO	DAY	YEAR	\$ 150.00
Mailing Address			3	25	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSERS			

To Whom Paid CASH			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	27	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSERS			

To Whom Paid GODADDY.COM			MO	DAY	YEAR	\$ 63.57
Mailing Address			3	25	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure WEB HOSTING			

To Whom Paid DOLLAR DISCOUNT			MO	DAY	YEAR	\$ 58.79
Mailing Address			4	1	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure OFFICE SUPPLIES			

To Whom Paid CASH			MO	DAY	YEAR	\$ 300.00
Mailing Address			4	1	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSERS			

To Whom Paid CASH			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	1	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSERS			

To Whom Paid MINUTEMAN PRESS			MO	DAY	YEAR	\$ 312.70
Mailing Address			4	5	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PRINTED LITERATURE			

To Whom Paid SUNOCO			MO	DAY	YEAR	\$ 21.12
Mailing Address			4	8	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure GAS FOR TRANSPORTATION			

To Whom Paid CASH			MO	DAY	YEAR	\$ 500.00
Mailing Address			4	6	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure PAID CANVASSER			

To Whom Paid DOLLAR DISCOUNT			MO	DAY	YEAR	\$ 58.21
Mailing Address			4	6	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure OFFICE SUPPLIES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,048.55

