### **Campaign Finance Report**

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

| Filer Identification                                      | on 2                        | 2024C0        | 0082    |                        |         |          | eport<br>led B |                | CAND               | ANDIDATE COMMITTEE LOBBYIST |             |        |                     |                |              |           |          |              |
|---|-----------------------------|---------------|---------|------------------------|---------|----------|----------------|----------------|--------------------|-----------------------------|-------------|--------|---------------------|----------------|--------------|-----------|----------|--------------|
| Name of Filing C  | ommittee, Ca                | ındidate      | e or Lo | bbyist:                |         | GRI      | IFFIN          | ۱, JAM         | 1ILLAH N           | IADER/                      | λΗ          |        |                     |                |              |           |          |              |
| Street Address:   |                             |               |         |                        |         |          |                |                |                    |                             |             |        |                     |                |              |           |          |              |
| City:   |                             |               |         |                        |         |          |                |                | State:             |                             |             |        | Zip Code            | : 19           | 130          |           |          |              |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY  |               |         | 2ND FRIDAY<br>PRIMARY  | PRE     | -        | 2.             | 30 DA<br>PRIMA |                    | POST-                       | 3. <b>X</b> |        | AMENDME<br>REPORT?  | NT             | Yes          | No        | •        | <b>/</b>     |
|   | 6TH TUESDAY<br>PRE-ELECTION |               |         | 2ND FRIDAY<br>ELECTION | / PRE   | <u>-</u> | 5.             | 30 DA          |                    | POST-                       | 6.          |        | TERMINAT<br>REPORT? | ION            | Yes          | No        |          | $\checkmark$ |
|   | ANNUAL REP                  | <b>ORT</b> 7. |         | <b>Year</b> 2024       |         |          |                |                | NG METH<br>CHECK O |                             |             |        | PAPER               |                | $\checkmark$ | DISKE     | TTE      |              |
| Name of Office S  | ought by Can                | ndidate:      |         |                        |         |          |                |                | DATE (             | OF ELE                      | CTION       |        | District<br>Number  | Office<br>Code | Par          | ty Code   | Coun     |              |
|   | -                           |               |         | =:-=::                 |         |          |                |                | МО                 | DAY                         | YEAR        | 2      | 181                 | STH            | DEN          | 1         | 51       |              |
| REPRESENTATI  | VE IN THE GI                | ENERAL        | _ ASSE  | ∃MBLY                  |         |          |                |                | 11                 | L                           | 5 2         | 024    |                     | (SEE INS       | TRUCTIO      | ONS FOR ( | CODES    | ,            |
| Summary of I  |                             | nd N          | мо      | DAY                    | YEAR    | ŧ        |                |                | МО                 | DAY                         | YEAR        | 2      | FOR                 | OFFIC          | E USE        | ONLY      |          |              |
| Expenditures  | from:                       |               |         | 4 9                    | 2       | 024      | ‡ <b>T</b>     | 0              | Ę                  | 5                           | 13 2        | 024    |                     |                |              |           |          |              |
| A. Amount Brou  | ught Forward                | From L        | .ast Re | eport                  |         |          |                | \$             |                    |                             | 0           | 0.00   |                     |                |              |           |          |              |
| B. Total Moneta   | ary Contributi              | ions And      | d Rece  | eipts (From            | Sche    | dule     | e I)           | \$             |                    |                             | 300         | 0.00   |                     |                |              |           |          |              |
| C. Total Funds Available (Sum Of Lines A and B) \$ 300.00 |                             |               |         |                        |         |          |                |                |                    |                             |             |        |                     |                |              |           |          |              |
| D. Total Expenditures (From Schedule III) \$ 3,000.00     |                             |               |         |                        |         |          |                |                |                    |                             |             |        |                     |                |              |           |          |              |
| E. Ending Cash  | Balance (Sub                | otract Li     | ine D I | From Line C            | :)      |          |                | \$             |                    |                             | (2,700.     | 00)    |                     |                |              |           |          |              |
| F. Value Of In-I  | Kind Contribu               | itions Re     | eceive  | d (From Sc             | :hedu   | le I     | Ί)             | \$             |                    |                             | 0           | .00    |                     |                |              |           |          |              |
| G. Unpaid Debt  | s And Obligat               | tions (F      | rom S   | chedule IV)            | )       |          |                | \$             |                    |                             | 0           | .00    |                     | '              |              |           |          |              |
|   |                             |               |         |                        | AFF     | ·ID      | AVI            | T SE           | CTION              |                             |             |        |                     |                |              |           |          |              |
| PART I - If this is                                       |                             |               | •       | =                      |         |          |                |                |                    |                             |             |        |                     |                |              |           |          |              |
| I swear (or affirm) correct and comple                    |                             | t, includi    | ing the | attached sch           | edules  | s file   | ed on          | paper (        | or by elec         | tronic m                    | edium, ar   | e to t | he best of r        | ny know        | /ledge       | and beli  | ef , trı | ıe           |
| Sworn to and subse  | cribed before m             | ie this       |         | 20                     |         |          |                |                |                    |                             | Sign        | ature  | of Person           | Submitt        | ing Rep      | ort       |          | _            |
|   |                             | gnature       |         |                        |         |          |                | -<br>-         |                    |                             |             |        | Printe              | d Name         |              |           |          | -            |
| My Commission Ex  | -                           | Jilatui       |         |                        |         |          |                |                |                    |                             |             |        | Email               |                |              |           |          | - [          |
|   | мо                          |               | DA      | ίΥ                     | YR      | _        |                |                |                    | Ar                          | ea Code     |        | Daytime             | Telepho        | one Nu       | mber      |          |              |
| Part II- If this is                                       | a report of a               | candid        | ate's a | authorized             | Comn    | nitte    | ee, C          | andid          | ate shall          | sign h                      | ere.        |        |                     |                |              |           |          |              |
| I swear (or affirm)<br>No 320) as amende                  |                             | st of my k    | knowle  | dge and belie          | ef this | poli     | itical         | commi          | ittee has ı        | not viola                   | ted any p   | rovisi | ions of the a       | act of Ju      | ne 3,1       | 937 (P.L  | . 1333   | 3,           |
| Sworn to and subsc  |                             | e this        |         |                        |         |          |                |                |                    |                             |             | Si     | ignature of         | Candida        | te           |           |          | -            |
|   | day of<br>—— ——             |               |         |                        |         |          |                | _              |                    |                             |             |        | Printed             | Name           |              |           |          | -            |
|   | Signa                       |               |         |                        |         |          |                | -              |                    |                             |             |        |                     |                |              |           |          | _            |
| My Commission Exp   | _                           |               |         |                        |         |          |                |                |                    |                             |             |        | Email               |                |              |           |          |              |
|   |                             | 0             | DA      | AY                     | YR      |          |                | -              |                    | Area                        | Code        |        | Day                 | time Te        | lephon       | e Numb    | er       | - ا          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period       |               |           |
|--|-----------|----------------|---------------|-----------|
| GRIFFIN, JAMILLAH NADERAH  | From:     | <u>4/9/202</u> | <u>24</u> To: | 5/13/2024 |
| 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  | g Period  | (3)            | \$            | 0.00      |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                |               |           |
| TOTAL for the Reporting  | g Period  | (4)            | \$            | 300.00    |
|  |           |                |               |           |
| 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 |           |                | \$            | 300.00    |

#### **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 Candidat | e     | R                 | eporting | Period |      |    |        |
|--------------------------------------|-------|-------------------|----------|--------|------|----|--------|
|                                      |       | F                 | rom:     |        | То   | :  |        |
|                                      |       |                   |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee  |       |                   | 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.

# 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.

| Name of Filing Commit    | tee or Candidate |                   | Reporting | Period |      |    |        |
|--------------------------|------------------|-------------------|-----------|--------|------|----|--------|
|                          |                  |                   | From:     |        | To   | o: |        |
|                          |                  | I                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributor |                  |                   | мо        | DAY    | YEAR |    |        |
| Mailing Address          |                  |                   |           |        |      | \$ | 0.00   |
| City                     | State            | Zip Code (Plus 4) |           |        | İ    | ĺ  |        |

#### **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  |      | P             | AMOUNT     |  |
| Full Name of Contributing Committee   |                      |           |             | мо   | DAY | YEAR |               | 0.0        |  |
| Mailing Address                       |                      |           |             |      |     |      | <b>-</b>   \$ | 0.0        |  |
| City                                  | State                | Zip Cod   | e (Plus 4)  |      |     |      |               |            |  |
|                                       |                      |           |             |      |     |      |               | PAGE TOTAL |  |
| Enter Grand Total of Part C on Scheo  | dule 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  |      |        |                    |
|--|--------------------|---------------|----------|-----------|-------|------|--------|--------------------|
|  |                    |               | Fror     | n:        |       | To   | ):     |                    |
|  |                    |               |          | D         | ATE   |      |        | AMOUNT             |
| Full Name of Contributor               |                    |               |          | мо        | DAY   | YEAR | \$     | 0.00               |
| Mailing Address                        |                    |               |          |           |       |      | 7      |                    |
| City                                   | State              | Zip Code (Plu | s 4)     |           |       |      |        |                    |
| Employer Name                          |                    | •             |          | Occupa    | tion  |      |        |                    |
| Employer Mailing Address/Principal Pla | ce of Business     | City          |          | •         | State |      | Zip Co | ode (Plus 4)       |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S | Summary Page, | , Sectio | on 3.     |       | :    | \$     | PAGE TOTAL<br>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 | Reporting Perio | d                          |           |
|---------------------------------------|-----------------|----------------------------|-----------|
| GRIFFIN, JAMILLAH NADERAH             | From:           | <u>4/9/2024</u> <b>To:</b> | 5/13/2024 |

|                                     |       |                   | D  | ATE |      | AMOUN | IT     |
|-------------------------------------|-------|-------------------|----|-----|------|-------|--------|
| Full Name                           |       |                   | МО | DAY | VEAD |       | 200.00 |
| NaDerah Griffin                     |       |                   | МО | DAY | YEAR | \$    | 300.00 |
| Mailing Address 1731 Francis Street |       |                   | 4  | 23  | 2024 |       |        |
| City Philadelphia                   | State | Zip Code (Plus 4) | '  | 25  | 2021 |       |        |
|                                     | PA    | 19130             |    |     |      |       |        |
| Receipt Description Gas             | ·     | !                 |    |     | ı    |       |        |

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

**PAGE TOTAL \$** 300.00

#### **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 |                            |                  |
|--|------------------|----------------------------|------------------|
| GRIFFIN, JAMILLAH NADERAH  | From:            | <u>4/9/2024</u> <b>To:</b> | <u>5/13/2024</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, 1 |                  | \$                         | 0.00             |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate          | lame of Filing Committee or Candidate |                     |          |          |      |          |            |      |
|--|---------------------------------------|---------------------|----------|----------|------|----------|------------|------|
|  |                                       |                     | From:    |          |      | To:      |            |      |
|  |                                       |                     |          | DATE     |      |          | AMOUNT     |      |
| Full Name of Contributor                       |                                       |                     | мо       | DAY      | YEAR |          |            |      |
| Mailing Address                                |                                       | _                   |          |          |      | <b> </b> |            | 0.00 |
| City   | State                                 | Zip Code (Plus 4)   |          |          |      |          |            |      |
| Description of Contribution:                   |                                       | •                   | •        |          |      | •        |            |      |
|  |                                       |                     |          |          |      |          |            |      |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind (                    | Contributions Detai | iled Sum | mary 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 | Period         |       |      |                 |      |  |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|--|
|  |                |     |                  | Fro    | m:      |                | To:   |      |                 |      |  |
|  |                |     |                  |        |         | DATE           |       |      | AMOUN           | т    |  |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |      |                 |      |  |
| Mailing Address                        |                |     |                  |        |         |                |       | 1    | \$              | 0.00 |  |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |      |                 |      |  |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |      |                 |      |  |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi    | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |  |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed      |                |       |      | PAGE T          | OTAL |  |
| Summary Page, Section 3.               |                |     |                  |        |         |                |       |      |                 | 0.00 |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod     |     |           |
|---------------------------------------|---------------|----------|-----|-----------|
| GRIFFIN, JAMILLAH NADERAH             | From          | 4/9/2024 | То: | 5/13/2024 |

|   |              |       |                   |                              | DATE |      |    | AMOUNT     |
|---|--------------|-------|-------------------|------------------------------|------|------|----|------------|
| To Whom Paid  |              |       |                   | МО                           | DAY  | YEAR |    |            |
| NaDerah Griffin   |              |       |                   | 140                          |      | ILAK |    |            |
| Mailing Address 1731 Francis Street                                     |              |       |                   | 4                            | 23   | 2024 | \$ | 3,000.00   |
| City  | Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure   |      |      |    |            |
|   |              | PA    | 19130             | Posters and Street Operation |      |      | on |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |              |       |                   |                              |      |      |    | PAGE TOTAL |
|   |              |       |                   |                              |      |      | \$ | 3,000.00   |