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 :	i on 2024	C0082			Repo	-	CAI	NDI	DATE	✓	CC	OMMITTE	E	LOBI	BYIST		
	Committee, Candid	ate or L	obbvist:		GRIFF	-		H N/	ADERA	H							
						, 5,				··-							
Street Address:																	
City:							State	9:				Zip Cod	l e: 19	130			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY	Ρ	POST- 3.			AMENDMENT REPORT?		Yes	N	C	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY CTION	Ρ	POST-	6.		TERMINA REPORT?	Yes	N	C	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2024				ING ME) CHEC					PAPER		\checkmark	DISK	TTE	
Name of Office	Sought by Candidat	te:					DAT	ΕO	F ELEC			District Number	Office Code	Par	ty Code	Cour	
							мо		DAY	YEA	R	181	STH	DEN	1	51	
REPRESENTAT	IVE IN THE GENER	RAL ASS	EMBLY					11		5	2024	l	(SEE INS	TRUCTI	ONS FOR	CODES	;)
Summary of	Receipts and	мо	DAY	YEAR	2		мо		DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		9 17	2	024	то		10	2	21	2024						
A. Amount Bro	ought Forward Fron	n Last R	eport	•	ľ		\$				0.00						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)		\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Exper	nditures (From Scho	edule II	I)				\$			1,60	0.00						
E. Ending Cast	n Balance (Subtract	t Line D	From Line	C)			\$			(1,600	0.00)						
F. Value Of In-	-Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	ECTIC	ΟN									
PART I - If this i	is a Committee repo	ort, trea	surer sign	here.	If this i	is a C	andidat	te re	eport, c	andida	ate sig	gn here.					
I swear (or affirm correct and comp	i) that this report, incl lete.	uding the	e attached sc	hedule	s filed o	n pape	er or by e	electi	ronic me	edium, a	are to	the best of	f my know	ledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me this day of	5	20							Sig	Inatur	e of Persor	n Submitt	ing Rep	ort		-
						_						Print	ed Name				_
My Commission E	Signatu	re						•									_
	мо	D	AY	YR					Are	a Code		Emai Daytim	e Telepho	one Nu	mber		—
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee,	Candi	idate sh	nalls	sign he	ere.		-					
) that to the best of m								-		provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subs	cribed before me this										s	ignature o	f Candida	te			-
	day of 													_			
. <u> </u>	Signature											Printe	d Name				
My Commission Ex	-											Emai	I				-
	мо	D	AY	YR	2				Area	Code		Da	iytime Te	lephon	e Numl	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GRIFFIN, JAMILLAH NADERAH From: <u>9/17/2024</u> **To:** 10/21/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			м	10	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		

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					
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on	\$	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			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 Re				eporting Period					
			Froi	n:		Т):		
				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 Schedule I, Detailed Summary Page, Section							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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
inter Grand Total of Part E on Schedule I, Detailed Summary 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		
GRIFFIN, JAMILLAH NADERAH	From:	<u>9/17/2024</u> то:	<u>10/21/2024</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 PART	ſ F)		
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, I		\$	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						
						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					
				From:					
					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 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	Name of Filing Committee or Candidate				Reporting Period							
GRIFFIN, JAMILLAH NADERAH				<u>9/1</u>	7/2024	То:	<u>10/21/2024</u>					
				DATE AMOUNT								
To Whom Paid			мо	DAY	YEAR							
NaDerah Griffin												
Mailing Address				21	2024	\$	100.00					
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure							
	PA	19130	Gas									
To Whom Paid			мо	DAY	YEAR							
NaDerah Griffin			110									
Mailing Address			10	21	2024	\$	1,500.00					
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•						
	PA	19130	Literatu	re								
							PAGE TOTAL					
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	1,600.00					