Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER:	20240065	REPORT FILED	ON BEHALF OF:	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR	CITIZENS FOR NADERAH GRIFFIN						
STREET ADDRESS							
CITY PHILADELPHIA	STATE	PA	ZIP CODE 1913	8			
TYPE OF REPORT 2nd Friday Pre-Primary							
NAME OF OFFICE SOUGHT BY CANDIDATE							
DISTRICT CODE		PARTY C	ODE DEM				
DATE OF ELECTION 11/4/202	25						
DATES OF REPORTING PERIOD	4/1/2025	то	5/5/2025	For Office Use Only			
AMENDMENT REPORT? NO	TER	MINATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORT PERIOD:	TING	50.00					
TOTAL AMOUNT OF FILER'S OUTSTAND DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AMI		NOWLEDGE A	ND BELIEF THIS	S POLITICAL COM	MITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEFORE ME THIS						
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE					PRINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER