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 202 | 0C0045 | | | | Rep File | | | CAI | NDII | DATE | ~ | C | OMMITTE | | LOB | BYIS [.] | Г | |
|---|--|-------------|-----------|----------------|---------|-------------|-------------|----------------|---------|--------|----------|----------|-----------|--------------------|----------------|----------|-------------------|---------------|----------|
| Name of Filing C | ommittee, Candi | date or L | obby | ist: | i | Malc | olm | Keny | /atta | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | _ | | | | | | | | State | e: | | | | Zip Cod | e: 19 | 9121 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | FRIDAY MARY | / PRE- | - 2 | 2. X | 30 DA PRIMA | | Р | OST- | 3. | | AMENDMI REPORT? | ENT | Yes | | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | FRIDAY | / PRE | - 5 | j. | 30 DA | | Р | OST- | 6. | | TERMINAT REPORT? | TION | Yes | | No | / |
| report type) | ANNUAL REPOR | Г 7. | Yea | r 2020 | | | | | IG ME | | | | | PAPER | | / | DIS | KETTE | |
| Name of Office S | ought by Candid | ate: | | | | | | | DAT | E O | F ELE | CTI | ON | District Number | Office Code | Pai | ty Co | de Cou Cod | |
| | | | | | | | | | МО | | DAY | 1 | YEAR | 181 | STH | DEI | М | 51 | |
| REPRESENTATI | VE IN THE GENE | RAL ASS | SEMB | LY | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCTI | ONS FO | R CODE | S) |
| Summary of | | МО | D | AY | YEAR | | | | МО | | DAY | , | YEAR | FOI | ROFFI | CE USE | ONL | Y | |
| Expenditures | from: | | 3 | 10 | 20 | 020 | T | 0 | | 5 | | 18 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | Repor | t | | | | \$ | | | | (| 250.00) |] | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts | (From | Sche | dule | I) | \$ | | | | | 250.00 | | | | | | |
| C. Total Funds | Available (Sum (|)f Lines A | and | B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | Ι) | | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | Fron | n Line (| C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contribution | ıs Receiv | ed (F | rom Sc | hedul | le II) |) | \$ | | | | | 0.00 | _ | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Sche | dule IV |) | | | \$ | | | | | 0.00 | | | • | | | |
| | | | | | AFF | IDA | VI | ΓSE | CTIC | N | | | | | | | | | |
| PART I - If this is | | • | | | | | | | | | | | | = | | | | | |
| I swear (or affirm) correct and comple | that this report, in ete. | cluding the | e atta | ched sch | edules | filed | on | paper | or by e | electr | onic m | ediu | m, are to | the best of | my kno | wledge | and b | elief , t | rue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | | | | Signatur | e of Person | Submit | ting Re | oort | | |
| | Signat | ure | _ | | | | | - | | | | | | Print | ed Name | e | | | _ |
| My Commission Ex | _ | | | | | | | | | • | | | | Email | | | | | _ |
| | мо | D | AY | | YR | | | | | | Ar | ea C | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | ndidate's | auth | orized | Comm | ittee | e, Ca | andid | ate sh | nall s | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowle | edge a | and belie | ef this | politi | ical | comm | ittee h | as no | ot viola | ted | any provi | sions of the | act of J | une 3,1 | 937 (1 | P.L. 133 | 33, |
| Sworn to and subsc | | 5 | | | | | | | | | | | | Signature of | Candid | ate | | | - |
| | day of ———————————————————————————————————— | | _ 20 _ | | | | | - | | | | | | Printed | l Name | | | | - $ $ |
| | Signature | 1 | | | | | | - | | - | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Email | | | | | |
| | мо | D | AY | | YR | | | • | | | Area | Cod | e | Da | ytime T | elephor | ne Nui | nber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|-----------|
| Malcolm Kenyatta | From: | 3/10/202 | <u>0</u> To: | 5/18/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | 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 | 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 | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | Period | (4) | \$ | 250.00 |
| | | | | |
| 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 | | | \$ | 250.00 |

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 | | Re | porting I | Period | | | |
|--------------------------------------|-------|-------------------|-----|-----------|--------|------|----|--------|
| | | | Fro | om: | | 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.

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

| Full Name of Contributor | D | DATE | т | o: | |
|------------------------------|----|------|------|----|--------|
| Full Name of Contributor | | DATE | | | |
| Full Name of Contributor | МО | | | | AMOUNT |
| | "" | DAY | YEAR | | |
| Mailing Address | | | | \$ | 0.00 |
| 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) | | | | | | |
| <u> </u> | I | ı | | | ı | <u> </u> | | | |
| | | _ | | _ | | | | PAGE TOT | AL |
| 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 | 2 | | | Rep | orting Pe | riod | | | |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
| | | | | Fron | n: | | To |) : | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zi | p Code (Plus | (4) | | | | | |
| Employer Name | • | | | | Occupa | tion | - | - | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumr | mary Page, | Section | 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 | Reporting Per | riod | |
|---------------------------------------|---------------|----------------------|-----------|
| Malcolm Kenyatta | From: | 3/10/2020 To: | 5/18/2020 |

| | | | D | ATE | | AMOUNT | |
|-----------------------------------|-------|-------------------|----|-----|------|--------|--------|
| Full Name | | | мо | DAY | VEAD | _ | 252.00 |
| Malcolm Kenyatta | | | МО | DAY | YEAR | \$ | 250.00 |
| Mailing Address | | | 3 | 12 | 2020 | | |
| City Philadelphia | State | Zip Code (Plus 4) | | 1 | 2020 | | |
| | PA | 191214917 | | | | | |
| Receipt Description Reimbursement | • | • | | | | | |

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

PAGE TOTAL \$ 250.00

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 P | eriod | |
|--|--------------|-----------------------|------------------|
| Malcolm Kenyatta | From: | 3/10/2020 To : | <u>5/18/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUT | TOR | |
| 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 Car | ndidate | | Reportin | g Period | | | | |
|---------------------------------|----------------------|------------------------|----------|----------|------|-------------|------------|------|
| | | | From: | | | To | : | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | | | |
| | | | | | - | | | |
| Enter Grand Total of Part F o | n Schedule II, In-Ki | nd Contributions Detai | led Sun | ımary Pa | ge, | | PAGE TOTAL | • |
| Section 2. | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | 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 | у | State | e Zip | Code(Plus 4) | Descri | of Contribution | |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | |
|---------------------------------------|---------------------|--------------------|------------|-------------|----------|-----|------------|
| | | | From | | | То: | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Enter Crand Total of Evnenditures | on Dogo 1 Donout C | Cavar Daga Itam F | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures | ni rage 1, Report C | Lover Paye, Item L | , . | | | \$ | 0.00 |