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 | 20220 | C1275 | | | | port ed B | | CAN | DII | DATE | √ | СО | MMITTEE | | LOBE | BYIST | | |
|--|----------------------|---------------|-----------|-----------------------|---------|--------|--------------|----------------|-----------|-------|-----------|----------|-------------|---------------------|----------------|--------------|----------|---------|----------|
| Name of Filing C | ommitte | e, Candida | ate or L | obbyist: | | JES | SIC | A BEN | HAM | | | | | | | | | | _ |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | | Zip Code | e: 15 | 203 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | No |) | \ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | ≣- | 5. X | 30 DA | | Р | OST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No |) | √ |
| report type) | ANNUAL | REPORT | 7. | Year 2022 | | | | | IG MET | | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office S | L Sought by | · Candidat | :e: | | | | | | DATE | 0 | F ELE | CTI | ON | District Number | Office Code | Par | ty Code | Cour | |
| | | | | | | | | | МО | | DAY | Υ | 'EAR | 36 | STH | DEN | 1 | TCOUC | |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTIO | ONS FOR | CODES |) |
| Summary of | | and | МО | DAY | YEAF | ł | | | МО | | DAY | Y | /EAR | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 9 20 | 2 | 022 | Т | 0 | | 10 | 2 | 24 | 2022 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions A | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (F | From Sche | dule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | | 0.00 | | | | | | |
| | | | | | AFF | ID | AVI | ΓSE | CTIO | Ν | | | | | | | | | |
| PART I - If this is | | - | | _ | | | | | | | | | _ | | - | | | - | |
| I swear (or affirm) correct and comple | | report, incli | uding the | e attached sci | hedule | s file | d on | paper | or by ele | ectr | ronic me | ediur | n, are to t | he best of | my know | /ledge | and beli | ef , tr | иe |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | | | Signature | of Person | Submitt | ing Rep | ort | | _ |
| | _ | Signatur | ·e | | | | | - | | | | | | Printe | ed Name | | | | - |
| My Commission Ex | pires | | | | | | | _ | | • | | | | Email | | | | | _ |
| | | МО | D | AY | YR | | | | | | Are | ea Co | de | Daytime | Telepho | one Nu | mber | | <u>_</u> |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate sha | all s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee ha | s no | ot violat | ted a | ny provisi | ions of the | act of Ju | ne 3,19 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | ribed befo day of | re me this | | 20 | | | | | | | | | Si | ignature of | Candida | te | | | _ |
| | | - | | - | | | | _ | | | | | | Printed | Name | | | | - |
| My Commission Exp | | Signature | | | | | | - | | | | | | Email | | | | | - |
| my commission exp | 63 | | | | | | | _ | | | | | | | | | | | _ |
| | | МО | D | AY | YR | 2 | | | | | Area | Code | • | Day | time Te | lephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Detailed Summary 1 age | | | | |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | Period | | |
| JESSICA BENHAM | From: | 9/20/202 | <u>2</u> To: | 10/24/2022 |
| 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) | \$ | 0.00 |
| 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 Page 1 | | | \$ | 0.00 |

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 Committe | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------|---------------------------------------|----------------|----|-----|------------------|------|----|--------|--|--|--|
| | | | Fr | 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.

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.

| (Exc | lude contributions fro | m political comm | | | | in Part | A) | |
|-------------------------|-------------------------------|---------------------|-------|-----------|--------|---------|------------|------------|
| Name of Filing Comm | ittee or Candidate | | Rep | oorting F | Period | | | |
| | | | Fro | m: | | To |) : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributo | r | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Tota | l of Part A on Schedule I, De | etailed Summary Pag | je, S | ection : | 2. | | \$ | 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 | me of Filing Committee or Candidate | | | Reporting Period | | | | | | | |
|---------------------------------------|-------------------------------------|----------|-------------|------------------|-----|------|----------|------------|------|--|--|
| | | | From: | | | То: | | | | | |
| | | | | DA | TE | | P | AMOUNT | | | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | 0 | 0.00 | | |
| Mailing Address | | | | | | | + | U | .00 | | |
| City | State | Zip Code | e (Plus 4) | | | | | | | | |
| | | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.0 | 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.)

| ne of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|-------------------------------------|-------------------------|----------------------------|---|--|--|---|--|--|--|
| | | | | | | | | | |
| | | | | D | ATE | | | AMOUNT | |
| | | | | мо | DAY | YEAR | \$ | 0.00 | |
| | | | | | | | | | |
| State | Zi | p Code (Plus | s 4) | | | | | | |
| | | | | Occupa | tion | | | | |
| ce of Business | | City | | | State | | Zip | Code (Plus 4) | |
| dule I, Detailed | Sumn | mary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 | |
| | State ce of Business | State Zi ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: MO State Zip Code (Plus 4) Occupa | From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State | State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3. | From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip | |

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 of | or Candidate | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|--------|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | \neg | |
| City | State | Zip Code (I | Plus 4) | | | | | |
| Receipt Description | • | • | | | 1 | • | • | |
| Futor Coand Total of Bank | Cabadula I Detailed | Commence De | Caatle | | | | | PAGE TOTAL |
| Enter Grand Total of Part I | 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 Perio | d | |
|--|-----------------|-----------------------------|------------|
| JESSICA BENHAM | From: | <u>9/20/2022</u> To: | 10/24/2022 |
| 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Cand | lame of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|----------------------------------|---------------------------------------|------------------------|---------|----------|------------------|-------------|------------|--|--|--|
| | | | | | | То: | | | | |
| | | | | 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 on | Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag | 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 | ame of Filing Committee or Candidate | | | | orting | Period | | | | | |
|---|--------------------------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|--|
| | | | | | | From: | | | 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 | ′ | State | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on | |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | ΓAL | |
| Summary Page, Section 3. | | | | | | | | | | 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | | | Reporting 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 Evnanditures | on Dogg 1 Donowh (| Cover Dage Item F | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expenditures | on Page 1, Report C | Lover Faye, Item L | , . | | | \$ | 0.00 | | | | |