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 :	ion 202	2C0434			Repo Filed		CANDI	DATE	✓	со	MMITTE		LOB	BYIST		
	Committee, Candi	date or L	obbyist:			-	NYATTA									
Street Address:	Street Address:															
City:							State:				Zip Code: 19121					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST-	20ST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	ay pre	E- 5. X	30 DA		POST-	POST- 6.		TERMINATION REPORT?		Yes	No	\checkmark	
report type)	ANNUAL REPOR	T 7.	Year 2022	2			NG METHO CHECK O		PAPER		\checkmark	DISKE	TTE			
Name of Office S	- Sought by Candid	ate:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT	IVE IN THE GENE	RAL ASS	FMBLY				мо	DAY	YEAR	2	181	STH	DEN	1		
							11		8 2	022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	2	FOI	ROFFIC	E USE	ONLY		
Expenditures	s from:		9 20) 2	022	ТО	10	2	4 2	022						
A. Amount Bro	ught Forward Fro	om Last R	eport			\$			0	00.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Sum C	Of Lines A	and B)			\$			0	0.00						
D. Total Expen	ditures (From Sc	hedule II	I)			\$			0	.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$			0	.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	Schedu	le II)	\$			0	.00						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I	V)		\$	\$ 0.00									
				AFF	IDAV	IT SE	CTION									
	s a Committee re		-							-						
I swear (or affirm correct and compl) that this report, in ete.	cluding the	e attached so	chedule	s filed o	1 paper	or by elect	ronic me	dium, ar	e to t	he best of	my know	vledge	and beli	ef , true	
Sworn to and subs	scribed before me th day of	is	20						Sign	ature	of Person	Submitt	ing Rep	oort		
	Signat	ure				_					Print	ed Name				
My Commission E	xpires					_					Email					
	МО	D	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	d Comn	nittee,	Candid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amende) that to the best of ed.	my knowl	edge and bel	lief this	s politica	l comm	ittee has n	ot violato	ed any pi	rovisi	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me thi	S	20							Si	ignature of	Candida	ite			
						_					Printed	Name				
My Commission Exp	Signature bires	3				_					Email					
	мо	D	AY	YR	L.			Area C	Code		Da	ytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	g Period			
MALCOLM KENYATTA	From:	<u>9/20/202</u>	<u>2</u> To:	<u>10/24/2022</u>
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	(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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J 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 Pa			\$	0.00
totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	ge, Item B.	.)	ĺ.	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 Committee or Candidate				Reporting Period					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	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				
			Fro	m:		Тс):		
					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	Schedule I, Detail	ed Summary Pag	je, Se	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			Reporting Period						
				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	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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				Reporting Period				
Fro					From:			
				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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
		_	.					PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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		
MALCOLM KENYATTA	From:	<u>9/20/2022</u> то :	<u>10/24/2022</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 PAR	TF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		-		•			
Enter Grand Total of Part F on Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led 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	Name of Filing Committee or Candidate				Period		
						То:	
			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 Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name 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)				tion of Exp	oenditure					
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item [PAGE TOTAL			
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00			

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