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	C0434				port		CAN	IDI	DATE	√	CO	MMITTEE		LOBI	BYIST			
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		MAI	LCOI	_M KE	NYAT	TΑ									_	
Street Address:																				
City:									State:					Zip Code	Zip Code: 19121					
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No)	\	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		Р	OST-	6. >	(TERMINATION Yes No REPORT?					√	
report type)	ANNUAL	. REPORT	7.	Year 2022					NG ME									TTE		
Name of Office S	L Sought by	, Candidat	e:						DATI	ΕO	F ELE	СТІ	ON	District Office Party Code Co						
									МО		DAY	١	/EAR	181	STH	DEN	1	TCOUC		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО		DAY	1	YEAR	FOF	R OFFIC	E USE	ONLY			
Expenditures	from:		:	10 25	2	022	Т	0		11	2	28	2022							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	•	0.00	1						
B. Total Moneta	ary Contr	ibutions <i>A</i>	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 (I	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	Receiv	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	T SE	CTIC	N										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	and	lidate sig	gn here.						
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	nedule	s file	ed on	paper	or by e	lecti	onic me	ediui	m, are to t	the best of	my know	/ledge	and beli	ef , tr	ue	
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	ode	Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	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	as no	ot violat	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,	
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			-	
								_						Printed	Name				-	
	;	Signature						_											_	
My Commission Exp	ires													Email						
	_	мо	D	AY	YR	l		_			Area	Code	e	Day	time Te	lephon	e Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MALCOLM KENYATTA	From:	10/25/202	<u>2</u> To:	11/28/2022
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 Pa			\$	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				Period				
		ı	From:		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.

Name of Filing Committee or Candidate Reporting Period								
		Fr	rom:		To):		
				DATE			AMOUNT	
Full Name of Contribut	or		МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
				•	•		PAGE TOTAL	

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		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule 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				Rep	orting Pe	riod					
F					n:		To) :			
DAT						ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address								7			
City	State	Zi	p Code (Plus	s 4)							
Employer Name	•				Occupation						
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S					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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	Section	⊶.			\$ 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 Per	iod	
MALCOLM KENYATTA	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidate Re				Reporting Period				
	From:							
				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					porting	Period				
Fro							To:	То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00