413569

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: 2024		REPORT FILED ON BEHALF OF:			Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST KENYATTA, MALCOLM						
STREET ADDRESS						
CITY		STATE			ZIP CODE 191	121
TYPE OF REPORT 30-Day Post-El	ection					
NAME OF OFFICE SOUGHT BY CANDIDATE AUDITOR GENERAL						
DISTRICT CODE Statewide			PA	ктү со	DDE DEM	
DATE OF ELECTION 11	/5/2024					
DATES OF REPORTING PERIOD	10/2	22/2024	то		11/25/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERM	INATION RE	PORT?	NO	
CASH BALANCE AT THE END OF R PERIOD: TOTAL AMOUNT OF FILER'S OUTS DEBTS OR LIABILITIES AT THE EI REPORTING PERIOD:	TANDING		0.00			
REPORTING PERIOD:						
			VIT SECTIO			
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. 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 PI	ERSON SUBMITTING REPORT
SIGNATUR	E				PR	INTED NAME
MY COMMISION EXPIRES MO.	DAY	YR.		A	REA 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 BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.						
SWORN TO AND SUBSCRIBED BEFORE ME T	HIS					
day of		20				
					SIGNATURE OF P	ERSON SUBMITTING REPORT
SIGNATUR	E				PF	RINTED NAME

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

YR.

AREA CODE

DAY

MO.

MY COMMISION EXPIRES

9/5/2025 9:30:36 AM

DAYTIME TELEPHONE NUMBER