Commonwealth of Pennsylvania

Campaign Finance Statement



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.

incurred each did no	ot exceed	\$250.00 durii	ig the reporting	period.			
FILER IDENTIFICATION NUMBER: 20	024C0008	REPORT FILED	ON BEHALF OF:	Candidate			
NAME OF FILING COMMITTEE, CANDIDATE OR LC	BBYIST	KENYATTA, MALCO	OLM				
STREET ADDRESS							
CITY	STATE		ZIP CODE 19121				
TYPE OF REPORT Annual							
NAME OF OFFICE SOUGHT BY CANDIDATE	AUDITOR (GENERAL					
DISTRICT CODE Statewide		PARTY C	CODE DEM				
DATE OF ELECTION 11/5/2024							
DATES OF REPORTING PERIOD	11/26/2024	то	12/31/2024	For Office Use Only			
AMENDMENT REPORT? NO	TER	MINATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORTIOPERIOD:	NG	0.00					
TOTAL AMOUNT OF FILER'S OUTSTANDIN DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	IG	0.00					
AFFIDAVIT SECTION							
PART I - If statement is filed on behalf of a Political Committ If statement is filed on behalf of a Candidate, the C	andidate must s	ign here.	asurer 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 PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	
					THEN CODE	BATTITIE TEEET HONE HONBER	

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 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	ND BELIEF THIS	POLITICAL COMM	1ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
day of			20				
					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	