Commonwealth of Pennsylvania Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-3784591		Report Filed By Candida (Mark X)		date Committee Lobby			Lobbylst			
Name of Filing Committee, Candidate or Lobbyist		Friends of Jennifer Dennehy .									
Street Address			PO Box	703		,			sai		
Oty	Erie				State	PA		Zip Code	16512		
Type of Report (I			NEWS COLUMN		esta de partir de mando en el medio de como		element de la companya de la company	Community & March Collection (1998) and the Bally of		No company of the state of the	
1-6 th Tuesday Pre-Primary	2- 2 rd Priday Pre-Primary		4-6th luc Pre-Elec	化量量的每三十二十二	2 rd Friday e-Bectlor	Service Adverse Automotive	Host	7- Annual	Special 2 Pre-Bect	e-16/16/20 17: 325/17:36	Special 30 Day Post-Election
	X										
Date Of Bection (MM/DD/YYYY)		05/21/2019	Year		2019	Amendm Report	ent		Terminat Report	ion	
Summary of Rec Expenditures	eiptsand	From Date	J	o Date	40			For	Office Use	Only	
A Amount Brou	ght Forward F	4/10/19 rom Last Repor	t \$	5/10	/19		JAN JAN W				
B. Total Moneta (From Schedule)		ins and Receipts	\$ \$	625	.00				.e. 22		
C Total Funds Av (Sum of Lines Av	and B)	Pigura Artised (C.) Carrent Carrie (C.)	\$	469	.00						3 5
D. Total Expendi (From Schedule)	III)	The state of the s	\$	156	.00					四日	<u>.</u>
E Ending Cash B (Subtract Line D	from Line ()	Para Spark and	\$ 469.00		(A) Come System and Table 1997						
F. Value of In-Kir (From Schedule I G. Unpaid Debis	I)		\$								
(From Schedule)			\$	0.0	r.,	<u> </u>				gill and	
Part 1- If this is a Ox	ommittee repor	t, treasurer sign h	ere. If this i	sa gandid a	Affidavit Sate report, c	andidate sign	here.				
I swear (or affirm) to Sworn to and subso			ched sched	ule ခ် င်က p a	er, istesthe	best of my kr	nowledg	e and belief t	rue, correct a	ind comple	ete.
1 10 C/N	May	20 19		Commissions, Pennsylv	monwealth of Tonia Ferna						
			Ī .	ission ission	ernan Ert	Sign	nature of	Fierson Subn	nitting report		
1	Ignature	rnand	. حيف	on number 1288	Pennsylva andez, Not rie County			Printed Nam		~~	<u> </u>
My Commission exp	-	- 43 -33	_ 🗸	mber 1288 Association	ylvania - N Notary Pi unty	Area Code	-		DY.5 vtime Telepho		
Part II- If this is a re			Onumelator							ono manto	·
I swear (or affirm) t amended.	hat to the best	of my knowledge	and belief t	his g o itica	Gcommittee	has not violat		orovisions of	the Act of Jur	ne 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subsc	ribed before me	e this		ės					. "		
13th day of	Me	20 19		My or	Comme						
			Ī		Toni	Jamix	Signal	ture of Candi	date		·
Janus	ignature)	mand	آم.	miss miss	ealth	11	P	rinted Name			
My Commission exp		<u>3-83</u>	_U	ion a		8141		4	4 9-8	327	
	MO.	DAY YR	- į	My commission expires Commission number Commission number	Commonwealth of Pennsylva Tonia Fernandez, Not	Area Code		Dayt	ime Telephoi	ne Numbei	r
			X	35	5 8						
			31	pril 3, 202 288912 ilen of Not	- Notan Public						

SCHEDULE! Contributions and Receipts

Detailed Summary Page

Rier identification Number	02 0704504	
	83-3784391	

Uniternized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	150.00
2. Contributions of \$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)	•	\$	175.00
Total for the reporting period	(2)	\$	175.00
3. Contributions Over \$250.00 (From Part Cand Part D)	120 C.500 Sylva (13	- W.	
Contributions Received from Political Committees (Part C)	55500 SEE 11.5	\$	
All Other Contributions (Part D)		\$	300.00
Total for the reporting period	(3)	\$	300.00
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		y Si	
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Peceipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Pe	port	\$	625.00

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.

rie identificatio	83-37845	591			
A STATE OF THE PARTY OF THE PAR	a to proceed and the second				Amount
Full Name of Oc Committee	gnituding			Date [MM/DD/YYYY]	\$
Committee.					
House#	Street Address			Date [MM/DD/YYYY]	\$
City		Sate	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing		A CONTROL OF THE CONT	Date [MM/DD/YYYY]	\$
Committee				**************************************	
House#	Street Address			Date [MM/DD/YYYY]	\$
				3.40	
City	1/22/22/22/22/22/22/22/22/22/22/22/22/22	State	Z p Code	Date [MM/DD/YYYY]	\$
	1			38	
Full Name of Co Committee	entributing.			Date [MM/DD/YYYY]	\$
					œ.
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	93-4770 ASS187-A MARKET COLUMN			,	*
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
				। । ।	
aly		State	Zip Code	Date [MM/DD/YYYY]	\$
	economic per point a consistence and the			(C) PPME (A) A PM (A	(***)
Full Name of Co Committee	auriouting			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
aty		State	Zip Code	Date [MM/DD/YYYY]	\$
n n		Late		Period International	
Full Name of Co Committee	ntributing	polynymynyn AMAT	ary tree room to the topped	Date [MM/DD/YYYY]	\$
House#	Street Address	 		Date [MM/DD/YYYY]	\$
City	To the CP 10,000 High College (10,000)	Sate	Zip Gode	Date [MM/DD/YYYY]	\$
				Tall the second	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Filer identification Number:	83-3784591

Full Name of Contributor		Date [MM/DD/YYYY] S	
Brain Slawin		05/09/2019	100.00
House# 726 Street Address	W. 2nd Street, Suite #2 PA Zproce 16507	Date [MM/DD/YYYY] \$	
aty Erie	.ane PA	Date [MM/DD/YYYY] \$	
Rull Name of Contributor. Phyllis Mash	yha & Matt Lebowitz	Date [MM/DD/YYYY] \$ 05/05/2019	75.00
House # 421 Street Address	incoln	Date [MM/DD/YYYY] \$	
City Erie	State PA Zip Code 16505	Date [MM/DD/AYYY] \$	
Full Name of Contributor	Collegentation	Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Acktress		Date (MM/DD/YYYY) \$	
Oty	State Zp Oxde	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	Sate Zp.Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Dete [MM/DD/YYYY] \$	
House # Street Address	,	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	

PARTC

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Hier Identification Number:	3784591			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	V. A			
House # Street A	ddrese		Date [MM/DD/YYY] \$	
City	Sale	Zip Code	-Date [M M/DD/YYYY] \$	
Full Name of Contributing Committee			Cate [MM/DD/YYYY] \$	
			100	<u></u>
House # Street A	ddress		Date [MM/DD/YYYY] \$	
G.				
-Oty	Sale	Zp:Gode	Date [MM/DE/YYYY] \$	
Full Name of			pate (MM/DD/YYYY) \$	
Contributing Committee				
House# Street A			Date [MM/DD/YYYY] \$	
City:	Sate	Zip Code	Date[MM/DD/YYYY] \$	
		i i		
Full Name of	[57855-1(G-0)m550]]	110 mode and a state of state and	Date [MM/DD/Y/Y/] \$	
Contributing Committee				
House # Sneet A	darese	<u> </u>	Date [MM/DD/YYYY] \$	
NO IV	Sate	Zp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Sireet A	ddress		Date [MM/DD/YYYY] \$	
	True St.			
City	Sate	Zip Code	Date [MM/DD/YYYY] \$	
Rull Name of		The State of the S	Pate [MM/DD/YYYY] \$	
Contributing Committee				

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

House #

City

Street Address

State

Zip Code

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

B Diak Mastification Ni makari				
- 刻引色刻(cent) (cat(o) fy (thicking				
Filer Identification Number:	00.0704504			
	83-3784591			
MANAGEMENT OF THE PROPERTY OF				

Full Name of Contributor:	Jennifer Dennehy		/ Date [MM/ DD/ YYYY] \$ 04/10/19	300.00
House # 336	et Address West 9th Street, Apt 1		Date [MM/:DD/YYYY]	
City	State PA	Zip Code 16502	Date [MM/DD/YYYY] \$	
Employer Name	Kinetic Creativity		Occupation Self-employed e	educator & performing a
Employer Mailing Address/ Principal Place of Business	336 West 9th Street, A	opt 1, Erie, PA 16502		
Full Name of Contributor			*Date [MM/DD/YYYY] \$	
House# Sires	at Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/(DD/YYYY)] \$	
Employer Name			Occupation .	
Employer Mailing Address/ Principal Place of Business				
Full Name of Contributor			Date [MM/DE/YYYY] \$	
House # Street	at Address		Date [MM/DD/YYYY] \$	
City	Sate	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Coupetion	
Employer Mailing Address/ Principal Place of Business				
Rull Name of Contributor			Date (MM/ DD/ YYYY) \$	Control of the contro
	t Address		Date (MM/DD/YYYY) \$	
Oty	Sate	7/p Coole	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address/ Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	83-3784591				
Full Name		<u> </u>			
House#	Street Address			·	
City		Sate.	Zip Code	Date [MM//DD/YYYYY] \$	
Receipt Description		Page susagement	I Self-reference to the construction of the co	1	
Full Name				· · · · · · · · · · · · · · · · · · ·	
House#	Street Acidrese				
City		Sate	Zip Code	Date [MM/DD/YYYY] \$	
Receipt: Description			potential and the second secon		
Full Name					
House #	Street Address			- · · · · · · · · · · · · · · · · · · ·	
Gly		Sale	Zip Code	Date [MM/DO/YYYY] \$	
Receipt Description		Secretary of the secretary of the	\$400,000 Personal Section of the Sec		
Full Name					
House#	Street Address				
City		Safe	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		Ipostpages -	\$1000000000000000000000000000000000000		
Full Name	2				
House #	Street Address				
City		Sate	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				•	
Full Name	X43				
	Street Address				
G ly		Sate	Zip Code	Dete [MM/DD/YYYY] \$	
Receipt Description					

SCHEDULEII

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Flier Identification Number				
1. UNITEMIZED IN-KIND CONT	HBUTIONSHEDEVEL-VA	IDE OF \$50.00 OF LESS FEF	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS R	:0= V:04V/4U =0=350(0	mioi\$250100/iepombrabis	-)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RE	DEVED-VALUE OVER\$250	0.00 (FFOM: PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTE PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	sfrom boxes 1, 2, and 3; a			

SCHEDULE II PART F

In-Kind Contributions Received

VALUEOF\$50.01 TO \$250

Filer Identification Nur	niber:				
					000 P (07)
Full Name of Contrib	etor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip.Code	Date [MM/DD/M/M]	\$
Description of Contr	lbution				
Full Name of Contrib	Elfor:	39		Date (MM/ADD/AAAA)	\$
House#	Street Address			Date [WW/DE/VAVV]	\$
Gtý:	1.525/2019/00/2012/10/2015/2015/2015/2015/2015/201	Sate	Zip Code	Date [MM/ADD/AYYAY]	\$
Description of Contr	bution				
Full Name of Contrib	kutor.			Date [MM/DE/YYYY]	`\$
House #	Street Address			Date [MM/d00/yyyy]	S
City		Sate	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr					
Rull Name of Contrib	utor	·		Date [MM/DD/YYYY]	\$
House #	Sireet Address			Date [MM/DC/YYYY]	.\$
Gly		Sate	Zip Code	Date [MM/JDE/AYAYA]	\$
Description of Contr					
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	,\$
Gty	(A) Entra	Sate	Zip Code	Pate MIMADDAYYYY	\$
Description of Contri	bution				

90HEDULE II Part G

Flier Identification Number:

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributo	or a			Date [MM/DD/YYYY]	\$
House#	Treet Address			Date [MM/DD/YYYY]	8
Oiy 🤘		ate	Zip Code	Date [MM/DD/YYYY]	\$
		aale	Zpoce	Sate Introduction	· •
Employer Name				Occupation	
Employer Malling Addre	ess/Principal			Description	
Place of Business				of Contribution	
Full Name of Contributo				Date [MM/DD/YYYY]	S
run rane or commone				Date (MIM/DD/11/11)	
House # Si	reef Address			Date (MM/DD/YYYY)	\$
Otty	NS.	itate	ZIp Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation ***	
Employer Mailing Addre	see / Deignaline)			Description	
Place of Business	as) miliopa			of	
				Contribution	
Full Name of Contribute	ÿ.			Date [MM/DD/YYYY]	\$
House# 9	reet Address			Date [MM/DD/Y/YY]	\$
	icel vulcas				7
			A. 7637 494 P.S. SPH		
CHy :		late	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation -	
Employer Mailing Addre	es/Principal			Description	
Place of Business				of	
3000 124 1 5 27 1 1 1 1 1				Contribution	
Full Name of Contributo)			Date (MM/DD/YYYY)	\$
House# g	reet Address			Date [MM/DD/YYYY]	S
City	I 9	tate	Zp Code	Date MW/DD/YYYY	\$
Employer Name				Occupation	
Employer Mailing Addre Place of Business	es/ Hrincipal			Pesalption	
				Contribution	
	and the second s			1. 10 1 10 10 10 10 10 10 10 10 10 10 10 1	

SCHEDULEIII Statement of Expenditures

Filer Identification Number:	83-3784591			

To Whom Paid	CAM					Date [MM/DL 04/17/1		50.00
House # 142	Street Address V	est 12th Stree	et		· · · · ·	Description o	V3.53	
City Erie		Sate P.	A	Zip Code	16501	For the Meet the	e Candidates '	video
To Whom Pald	Presque Isle Printir	ıg				Date [MM/ DD 05/02/20	100.00	106.00
House # 4318	Street Address	/. Ridge Rd				Description of	Expenditure	
City Erie		State P	A	Zip Code	16506	The creation of	buttons for the	e campaign
To Whom Paid						Pare MM/ Po	X/YYYY] 5	A. A. B. C.
House #	Street Address					Description of	Expenditure	
Oty		.State		Zip Code				
To Whom Paid							yyyyyj s	
House#	Sireet Address					Description of	Expenditure	
Gty		State		Zip Code				
To Whom Pald						Wegick (NINNA De	V YYYY]	
House #	Street Address					Description of	Expenditure	
Giy		Sate		Zip Code				
To Whom Pald						Pate [WM/DD	<u> </u>	
House #	Street Address					Description of	Expenditure	
Gtý		State		Zip Cocle				
To Whem Paid						Date (VIM/DE)	/ <i>YYYYY</i>] \$	
House#	Street Address			•		Description of	Expenditure	agrand on a department of
Gty		State		Zip Code				
To Whom Paid						Date MM/IDD	/ <u>//////</u> \$	
Flouse#	Street Address					Description of	Expenditure	
(ejiy		Sate		Zp Code				

SCHEDULEIV

Statement of Unpaid Debts
Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	-	_		-
Clar Danidadian kranav				
HIER IDENTIFICATION NUMBER:				
93-3794501				
63-37 64391				
				· ·
THE PARTY OF THE P				

Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEST INCUFFED [MM/DD/YYYY]	\$
City	Sate	Zip Code	
Description of Debt			L'Essayan I
Name of Creditor		· · · · · · · · · · · · · · · · · · ·	Cutstanding Balance of Debt
	Sireet Address	DATE DEST INCUFFRED [MM/DD/YYYY]	S
City	Sate	Zip Code	
Description of Debt			
Name of Oreditor			Cut standing Balance of Debt
House#	Street Address	DATE DESTINCULATED [MM/DD/YYYY]	65
City	Sate	Zip - Code	
Description of Deal ::		The state of the s	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEST INCUPPED [MM/DD/YYYY]	\$
City *	Sate	⊠p Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEST INCUFFED [MM/DD/YYYY]	\$
City	Sate	Zip Code	
Description of Debt		Cook of the Association of	VC) 70.004
Name of Creditor			Outstanding Balance of Debt
House #	Greet Address	DATE DEBTINGUARED	\$
City	Sate.	Zp. Code	
Description of Debt			