

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 (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jennifer Dennehy						
Street Address		PO Box 703						
Qty	Erie	State	PA	Zip Code	16512			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/10/19	5/10/19	
A. Amount Brought Forward From Last Report	\$		<div style="transform: rotate(90deg); transform-origin: center;"> 2019 MAY 13 AM 10:19 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	625.00	
C. Total Funds Available (Sum of Lines A and B)	\$	469.00	
D. Total Expenditures (From Schedule III)	\$	156.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	469.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 13th day of May, 2019

Tonia Fernandez
Signature
My Commission expires 4-23-23
MO. DAY YR

Tonia Fernandez, Notary Public
Erie County
My Commission expires April 3, 2023
Commission number 1288912

[Signature]
Signature of Person Submitting report
SLM
Printed Name
814
Area Code
504.5009
Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this report and 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 this 13th day of May, 2019

Tonia Fernandez
Signature
My Commission expires 4-23-23
MO. DAY YR

Tonia Fernandez, Notary Public
Erie County
My Commission expires April 3, 2023
Commission number 1288912

[Signature]
Signature of Candidate
Jennifer Dennehy
Printed Name
814
Area Code
419-8327
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-3784591		
1. Unitemized 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 C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
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)			
Total for the reporting period		(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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.

Filer Identification Number		83-3784591							
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										Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]	\$	
Qty					State		Zip Code		Date [MM/DD/YYYY]	
									\$	

PART B
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
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Full Name of Contributor		Brain Slawin		Date [MM/DD/YYYY]	05/09/2019	\$	100.00
House #	726	Street Address		W. 2 nd Street, Suite #2		Date [MM/DD/YYYY]	\$
Qty	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Phyllis Mashyha & Matt Lebowitz		Date [MM/DD/YYYY]	05/05/2019	\$	75.00
House #	421	Street Address		Lincoln		Date [MM/DD/YYYY]	\$
Qty	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
Qty		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
Qty		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
Qty		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
Qty		State		Zip Code		Date [MM/DD/YYYY]	\$

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 over \$250.00 in the reporting period.

Filer Identification Number:	83-3784591
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$

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)

Filer Identification Number:	83-3784591
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Jennifer Dennehy						04/10/19		\$	300.00
House #	336	Street Address				Date [MM/DD/YYYY]		\$	
		West 9th Street, Apt 1						\$	
Qty	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]		\$	
								\$	
Employer Name		Kinetic Creativity				Occupation		Self-employed educator & performing a	
Employer Mailing Address/ Principal Place of Business		336 West 9th Street, Apt 1, Erie, PA 16502							
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
								\$	
Qty		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Employer Name						Occupation			
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
								\$	
Qty		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Employer Name						Occupation			
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
								\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
								\$	
Qty		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Employer Name						Occupation			
Employer Mailing Address/ Principal Place of Business									

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.

Filer Identification Number:	83-3784591
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Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description									

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**

Filer Identification Number:	
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1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
Qty			State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
Qty			State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
Qty			State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
Qty			State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address/ Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address/ Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address/ Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address/ Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3784591
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To Whom Paid		CAM		Date [MM/DD/YYYY]		\$	50.00
				04/17/19			
House #	142	Street Address	West 12th Street		Description of Expenditure		
Qty	Erie	State	PA	Zip Code	16501	For the Meet the Candidates Video	
To Whom Paid		Presque Isle Printing		Date [MM/DD/YYYY]		\$	106.00
				05/02/2019			
House #	4318	Street Address	W. Ridge Rd		Description of Expenditure		
Qty	Erie	State	PA	Zip Code	16506	The creation of buttons for the campaign	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
Qty		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number:	83-3784591
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							