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

	iis report must be clea	r and legible, it sho	oula be typed		<u> </u>
Filer Identification 83-3784591	Report Filed By Cai ( Mark X)	ndidate X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Jennifer D	ennehy		4	1. 24. responsibility in the 4000 (1927) 104 (1927) 123
Street Address	20 Box 70	3			
city Erie	Sta	te PA	Zip Code	16512	
Type of Report (Place x under report type)					
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 <sup>th</sup> Tuesday   5-2 <sup>nd</sup> Fri Pre-Election   Pre-Elec	CONTRACTOR OF THE STATE OF THE	7- Annual	Special 2 <sup>nd</sup> Frida -Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year	Amendment ®		Termination Report	
Summary of Receipts and From Date Expenditures  1/10/19	To Date 5 10/19		For C	office Use Only	
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts	\$ \$			Proc.	3
(From Schedule I) C: Total Funds Available	\$				
(Sum of Lines A and B)  D. Total Expenditures (From Schedule III)	\$ 200,00				
E. Ending Cash Balance (Subtract Line D from Line C)	\$				
F. Value of In-Kind Contributions Received (From Schedule II)	\$				5 7
G. Unpaid Debts and Obligations (From Schedule IV)	\$				
Part 1- If this is a Committee report, treasurer sign her	Affidav e. If this is a Candidate reno	it Section	<del> </del>	<del></del>	
I swear (or affirm) that this report, including the attach Sworn to and subscribed before me this	iviles on paper is to Tonia Full Committee Com	The best of my knowled	lge and belief true  Lanely  of Berson Submit		lete.
Signature Signature	h of Pen ernande Erie C ssion en ission na	Jehnifer	Printed Name	A seport	
My Commission expires 4-3-19 MO. DAY YR.	nsylvania . z, Notary county cpires Apr Imber 128 Associatio	Area Code	( <u>8/4</u> Day <del>ti</del> i	me Telephone Num	27 ber
Part II- If this is a report of a Candidate's Authorized Co	ommittee & andidate Frall sig	gn here.	r e y		
I swear (or affirm) that to the best of my knowledge an amended.	d believing Bilition in mit	tee has not violated an	provisions of the	Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	*[		· ·		
day of20	1	Sign	ature of Candida		<del></del>
Simpaturo				· · · · · · · · · · · · · · · · · · ·	<u> </u>
Signature	. 1		Printed Name		
My Commission expires MO. DAY YR.	·	Area Code	Davtim	e Telephone Numb	 er
	•		- ~, *****	p	<del>-</del>

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number at		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250,00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	व्यवस्थातिकी	\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts: Refunds, Interest: Earned, Returned Checks, ETC * (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$
70.1		

#### 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.				
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]\$	
House # Street Address			Date [MM/DD/YYYY] & S	
City City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing			Date [MM/DD/YYYY] S	
Committee				
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		(5) (5) (5) (5) (5)	Date [MM/DD/YYYY] 5	
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] # \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	1 outsettermoned	A Second State of the Control of the	Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$5.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	учественный выпосом	The contract of the particular	Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
City	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.)

Placidentification/Numbers

Full/Name of Contributor			Date (MM/DD/MM)
House## Street Address	Treeton's secretary and the last	East to Committee (Consequence)	(Date [MM//DD/AAAA) S
Gity	State	Zip/Gode	Date [MM/DD/WWY] \$
Full Name of Contributor	,		Date [MM/DD/YYYY]
House ## Street/Address	Constitution of the Consti	NAA. JULIAN SEE PARAGO KEI	Date [MM/DD/XYXX] \$5
Gry	State	Zip code	Date(MM/DD/MM) \$
EUlf Name of Contributor			Date [MM/DD/YYYY]
House # Street Address	DAVE SAMPLES		Date (MM/DD/YYYY)
(City)	State 1	Zip Gode	Date [MM/DD/AYAM] S
Full*Name of contributor- House#* Street-Address			Date:[MM/DD/WWW] S
Git/	State	125-47-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Date [MM/DD/XXXXI] S
	States	Zip Gode	Date(MM/OD/AWY))
Full Name of Contributor  I a a a a a a a a a a a a a a a a a a			Date (MM/DD/M/M)
	1 months are great		Date MM/DD/AYAYA S
(City)=	State	Zip/Gode*	Date [MM/DD//YYY/] S
Full Name of Contributors			Date [MM/DD/YYYY] \$
House# Street-Address (Cliv)	- Fry - Sub-Wasai	Dog-Pi Bassing Sangarangy	Date [MM/DD/YYYY] S
Tell V/	State	Zip:Gode	Date [MIM/IDD/AXYAI] \$5

#### 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.

Hier dentification Number.				
Full Name of Contributing Committee			Date [MM/DD/YYYY/] 5	
House#, Street Ad	dress		Date [MM/DD/YYXY] 5	
City	State	. Zip Code	Pate [MM/DD/YYYY] \$	
Full Vame of Contributing Committee			Dates[MM/DD/MM] \$	
House## Street-Add	dress		Date [MM/DD/YWY)] S	
Giv.	State	Zip (coder	Date [MM/DD/MYY) 5	
Full Vame of Contributing Committee			Date [MM/DD/AVAYA] S.	
House# Street Add	dress	×.	Date [MM/DD/AYAY]	
Gity	State	Zip Code	Date (MM/DD/YY/YY) \$5	
Full Name of Contributing Committee			Date (MM/DD/WW)	
House# Street Add			Date (MM/DD/XYYY) 55	
Gity  Full-Name;of	State	Zip Code	Date (MIM/DD/YYYY) 55	
Contributing Committee	- Tables of the same of the sa		Date [MM//DD//WYY] S	
House # Street Add			Date (MM/)DD/AYYY) \$ \$	
(City)    Fall Name of  33	State	/Zip Gode	(Date [MM/DD/MYYY)]	·
Contributing Committee	with contract of		Date (MM/DD/YYYY) ( S.S.	
House# Street Add			Date/[MIM//DD/XYYYV] SS	
Gity.	State	Zip Gode	*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)

Fleddentification Number	83-3754591	
. We have the reservoir and the last reconstruction and the reservoir		
Full Name of Contributes.	Jennifer Dennehy	04/10/19 300.00  Date IMM/DD/YYYYI \$ 53
33.6 City	W. 9th Apt.	
Eril EmployerName	Kinetic Creativity	eccupation Self-employed educator+
Employer/Mailing/Addiass/, Paindipal/Plage-off-usiness/	336 W. 9th Street, Apt.	1 LAIC, TH 16502
Rull Name of Contributor		Date (MM/DD/XXXX)
House # Stree	et Address  State  Zip Code	Date [MM/DD/YY/YJ] \$
	Otales (Appendic	Date [MM/DD/XXXXI]
Imployer/Name Employer/Mailing/Address/		9ecupation :
Principal Place of Business		
Full Name of Contributor	Additional property and the second a	Date (MIN/DD/XYYY) S
House # Street	t Address State Zip Gode	Date [MIVI/DD/YYYY] \$
	State Zip Code	Date IMM/DD//YYYYI \$
Employer Mailing Address /		Occupation .
Brindigal Black of Business		
Full Name of Contributor		Date [MM//DD/YYYY) \$
	t <sup>2</sup> Address	Date [MM/DD/AYYYY] SS
(City) Emgloyer:Name	State Zip,Code	*Date(MM/DD/MYY)] \$5.
Employer Mailing Address / Employer Mailing Address / Principal Place of Business		Decupation

#### **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.

Files/dentificationsNumbers			,	experience that there retained to the me.
Füll/Name				
	eet Address	1		
Gity.		State	Zip Gode	Date [MM/DD/YYYY]
Receipt Description	177. A 17			
RUNDING				
	eet Address	<del></del>		· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	-Date [MM//DD//YYYY] \$.
Reselpt Description:	And Andrews			
Full Vaine				7
	eevAddress		1997 VS STANSFEED	CONTRACTOR OF THE PROPERTY AND THE PROPE
(livy	4	State	Zip Gode	Date (MM/DD/YWY) 2 \$
Receipt Description				· · · · · · · · · · · · · · · · · · ·
(Fdl/Name				
	et Address			
City		State	Zip Code	Date (MM/DD/YYYX) \$
Receipt Description				
Füll Vaime				
	el Address			
City		State	Zip Code	Date(MM/DD/YYYY) \$
Receipt Pescription				
EMINATURE .	2			
	et Address			
Gity		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description		District	[注意的证据》中的一个	NS8291

#### SCHEDULE II

# **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

Filer dentification (Numbers)				
incendentalization in the second		·		
1. UNITENIZED IN KINDGONTI	(BUHONS RECEIVED)	VALUE OF \$50200 ORDES	SPERICONURIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RE	GEIVED VALUE OF \$50	ONO DE TODAS ZASONO O (ERO MED	A(RIVE)	
TOTAL for the reporting period	(2)	\$		
3. INEKIND CONTRIBUTION REC	EIVED-VALUE OVER \$2	25000 (EROM PARIFG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 - 1		

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Fleridentification Number:			
Full Name of Contributors			Date [MM/DD/XYYY] \$
House # Street Address	Vision model from cross 1		Date [MM/DD/YYYY] S
City Description of Contribution	State	Zip Code	Date:[WIM/DD/YYYY] 355
Full Name of Contributor			Date (MM/DD/YYYY)
House# StreetAddress			Date(MM/DD/YYYY)
(City)	State	Zip Code	Date (MM/DD/YYYY)
Description of Contribution			
Full Name of Contributor			Date MM/DD/XYYY() S
House#: Street Address	Direct Wood and a final		(Date [MM/DD/XYXX)] (S)
City.  Description of Contribution	State	Zip:Gode.	Date [MM//DD/YYYY] \$
	151111111111111111111111111111111111111		
Full Name of Contributor			Pate[MM/DD/XXXX]
House # Street Address	154		Date [MM/DD/XYY4] \$
Gity  Description of Contribution	State	Zip Code.	Date[MM/DD/\\\\] S
(Full Name of Contributor			Date:[MIM/DD/XYYY]
(House#) Street Address	lien-sone-ga-vi		Date (MM/DD/YYYY)
(Giv) Description of Contribution	State	Zip Code	Date (MM/DD/AYYV) 55

## SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Eleridentification Number			
Full Name of Contributor			Date  MM/DD/YYYY
House # Street Address			Date [MM/DD/AYYY]
City	State	Zjp.Gode.	©Date [MM/DD/XYYY] 33
Employer/Name Employer/Malling/Address//Principal			Occupation Description
Place of Business			of Contribution Date[MM/DD/AYYY]
And the second s			Date[[MM/DD/YYYY] \$
House# Street Address [dity ::	State	[660-1680-1680-1680-1680-1680-1680-1680-1	
Employer Name	21ate	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal	元		Occupation
Race of Business			Descriptions  of  Contribution
Full Namesof Contributor			Date (MM/DD/XXXX) S
House# Street Address			Date[MM/DD/YYYY] \$
(Gltý	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name	The second secon		Occupation
Employer (Mailing Address: //Riincipal Place of Business	A CONTRACTOR CONTRACTO		Description  of  Contribution
Full Name of Contributor			Date [MM/DD/XYXX]
(House)#). Street/Address			Date (MM/Db/Ayyy)
(enty	State	Zip Gode	Date [MM/DD/XXXX] \$5
Employer Name a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Occupation:
Employer Mailing Address / Principal Place of Business			Desdiption of Gontribution

#### SCHEDULE III

# **Statement of Expenditures**

Filer Identification Number:	83 -	- 3784591	

To:Whom Paid	F - 2.1 -	J 25	. 2'	7	1	Date [MM/DD/YYYY	200 0 0
House #	Street Address	2 5 2 70	nniter	<u>- Denne</u>	hy	04/10/19 Description of Exper	nditure
City 6	Friends Streetaddress	State C	Y 702				
Fris			PA	Zip Code	16512	Starting funds	for the campaign
ToWhom Paid						Date (MM/DD/YYYY)	
House#	Street Address					Description of Expen	iditüre
Ghy.		State		Zip Gode			The state of the s
To Whom Paid		-				Date [MIM//DD/MAA/	1強 \$3
House #	Street Address					Description of Expen	diure
(City)		State		Zip Gode			
To Whom Paid						Date (MIV/DD/YYW)	
House#	Street Address					/Description of Expeni	diture:
eliy		State		Zip Code			
To Whom Paid						Date MM/DD/YYYY	
House #	Street Address	Eurosama migrificação		Farmania daggas Majorda		Description of Expend	diture
(City)		State		Zip Code	·		· · · · · · · · · · · · · · · · · · ·
Fo.WhomiPaid.			- 11 - 10			Date [MM/DD/AYYY]	
House#	Street Address	Total Control of the		F. GOOD CONTINUES OF THE STATE		Description of Expend	diture
etty.		State		Zip Göde			
To Whom Paid						Date MM/DD/MMM	
House#	Street Address	Larger manufactory				Description of Expend	liture
(City)	·	State		Zip. Gode			
Fo Whom Paid	,					Date [MM/DD/XXXXX)	\$ \$
House#	Street Address			······································		Description of Expend	liture
(Gity)		State		Zip ( Codě			

#### 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.

File identification Number?				
(Name of creditor House #) Sire	et Address	- A	TEIDEBTIINGURRED	Outstanding Balance of Debt
EGITY:			[MIM/DD/AYYYY]	
Description of Debte		State	Zip Côde	
Name of Greditor House# Stree	et Address	- Landaj	IEIDEBT INGURRED	Outstanding Balance of Debt
Gity	TAGUESS		MM/ed/xxxx/	
Description of Pabe	. September 1	State	Code	
Namelof Creditor Housess Stree				Outstanding Balance of Debt.
	et Address		E DEBT/INGURRED MM/DD//Y/Y/Y)	
City Description of Debt		State	Zip Code	
Name of Gradito;	≘€/Address	, Wasana	E/DEBT/NGURRED	Outstanding Balance of Debt
City			VIM/DD/(YYYY)	
Description of Debt			Gode 3	
Nameoj(creditor House#: Stree	et-Address	DAT	E DEBT INGURRED	Outstanding Balance of Debt
G(ty)		į.	VIM/PD/XXYY)	
Description of Debt		State	Gode	
Name of Graditor House # Street	: \$\text{Addiess} :		DEBT INGURRED	Outstanding Balance of Debt
City		jev 	YIM/dd/Yyyy]	
Description of Debts			Code	