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

Filer identification 83-3784591	Report Flied By (Mark X)	Endda (e)	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Jennifer	Dennehy		
Street Address	PO Box 703		· · · · · · · · · · · · · · · · · · ·	***
©ty Erie		State PA	∠p.©de 16512	
Type of Report (Place x under report type)				
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary		nd Friday 6-30 Day Pos - Bection Bection	7-Annual Special 2 th Fride Pre-Bection	y Special 30 Day Post-Bection
	<u> </u>			
Date Of Hection (MM/DD/YYYY) 05/21/2019	Year	2019 Amendment Report	Termination: Report	
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only	
5/10/19 A Amount Brought Forward From Last Report	6/20/1	19		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0.00	<u> </u>	Comme	<u></u>
C. Total Funds Available (Sum of Lines A and B)	\$ 469.0	00		78.10 .01.17
D. Total Expenditures (From Schedule III)	\$ 500 0.00	r®		2
E Ending Cash Balance (Subtract Line D from Line C)	\$ 414, 469.0	10 (10)	8.4 (3) Class Till 1	**************************************
F. Value of In-Kind Contributions Received (From Schedule II)	\$			**
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00	,	<u></u>	ຜ້າ
Part 1- If this is a Committee report, treasurer sign he	So If this is a Cardiolate	Affidavit Section		
I swear (or affirm) that this report, including the attac	ad somedules in pape	r, is to the best of my knowle	dge and belief true, correct and com	plete.
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this day of 20 19	wealth nia Fe ommi ommi		Mot	 -
	of Permard	Signature SOS AL	of Person Submitting report	
January Hamaral	pennsylvan dez, Not ie County n expires n number	s.u	Printed Name	7
My Commission expires WO. DAY YR	Apri 128	Area Code	Daytime Telephone Nun	nber .
Part II- If this is a report of a Candidate's Authorized (Consintites carificates	shall sign here.		
I swear (or affirm) that to the best of my knowledge a amended.	nd seller bis political o	ommittee has not violated an	y provisions of the Act of June 3, 193	7 (P.L 1333, NO.320) as
Sworn to and subscribed before me this	mmonw Toni My col Co		1 / 6/	
day of UNC 20 19	wealth iia Fer ommis	Sg	hature of Candidate	
Long Sgnature fernande	of Pennande Erie Sione Sylvani	-/-/JA	Printed Name	
My Commission expires U - 3 - 23	A Pennsylvar A Pennsylvar Erie County Sion expires Sion number Sion number	(-814)	449-8327	
MO. DAY YR.	April April ciation	Area Code	Daytime Telephone Numb	oer
	FN 20			·
	Seal Seal Seal Starter			

SCHEDULEI Contributions and Receipts Detailed Summary Page

Filer Identification Number	83-3784591			
333-141 - 1335 - Paterina and Australia				

1.Unitemized Contributions and Receipts \$50.00 or Less per Contributor		Histor	
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A)			
Contributions Received from Political Committees (Part A)	*************	\$	0.00
All Other Contributions (Part B)		\$	0.00
Total for the reporting period	(2)	\$	0.00
3. Contributions Over \$250.00 (From Part Cand Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)	_	\$	0.00
Total for the reporting period	(3)	\$	0.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep. Cover Page, Item B)	oort	\$	0.00
		_	

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.

	83-3784591			
				Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	-
Committee				
House # Street #	4ddress		Date [MM/DD/YYYY] \$	
	NAME OF THE PROPERTY OF THE PR			
© ly.	Sate	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	A commence to the desired of	[CLSCCSSCSSAmenanews is a week on the Classical Conference of Conference of the Classical Conference of Conference	Date [MM/DD/YYYY] \$	
Committee				
House # Street A	Vidress		Date [MIM/DD/YYYY] \$	<u> </u>
ety	Sate	i∠jo €ode	Date [MM/DD/YYYY] \$	6.00 (1.00 (
Full Name of Contributing			H BY FRI VII VAN JAVVVV BESSEN	
Committee			Date [MM/DD/YYYY] \$	200
House # Street A	ddes		Date [MM/DD/YYYY] \$	# 5 5 6
			everence Alonesia (America in India de III)	
City	Sale	Zip Gode	Date [MM/DD/YYY] \$	**************************************
			1	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	\$2000 Avviet 1970
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Giy	State	Zip.Code	Date [MM/DD/YYYY] \$	
New Annual Control of the Control of				
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
	XXXIII XXXIIIXXII XXXIII XXXII			
House # Street A	d'dress		Date [MM/DD/YYYY] \$	
		The state of the s		
©IV	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Endocatatranian	1 + 0 + (2-yr) - 0 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2	Date [MM/DD/YYYY] \$	<u> </u>
Committee			A 100 - A 100	
House # Sireet Ac	dress		Date (MM/DD/XYXY) \$	
			200 mm (0.4 kg 0.90 (pm m)	
Gty	Sate	Zp.code	Date [MM/DD/AYYY] \$	

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.)

Elov (doubline) on Number 1	 		
83-3784591			
			1
	 _		

Full Name of Contributor				
	et Address			\$
(Oly)	State	Zp Code		
Full Name of Contributor			- I I I I I I I I I I I I I I I I I I I	
	et Address		Date [MM/DD/YYYY]	
Oty	Saic	Zp Code	Date [MM//DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	
	et Address		Date [MM/DD/YYYY]	
©ity	Sate	Zip code	Date (MM/DD/YYYY) = 5	
Full Name of Contributor			Sale (WW.DDA.AAA)	
	et Address		Date [MM/DD/YYYY] \$	
oty	State	Ap Code	Date [MM/DD/YYYY] \$	2020 2021 2021 2021 2021 2021 2021 2021
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MIM/DD/YYYY] \$	
City	Sale	ZP Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY) S	
	et Acciness		Date [MM/DD/YYYY] \$	
City	Sate	Zip code	Date [MM/DD/YYYY] S	

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			
Full Name of Contributing Committee			Date[MM/OD/YYYY] \$	
House# Sin	reet Address		Date [MM/DD/YYYY] \$	
Ofty	State	ZIp Coce	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Control (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Date MM/DD/YYYY	
House# Sm	cel Address		Date (MM// DD/4YYY) \$	
dty	State	ZIP Code	Date [MM//DD/Y/Y/] \$	
Full Name of Contributing Committee	Principal Strumbuses	Control Manager of Control Manager Street, Control Man	Date (MM/A)DAYYYYI S	
House # Sire	CON A STREET		Date [MM/DD/YYYY] \$	
oiy .	State	≠Zipi¢ode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Parce (MM/PPAYAY)	
House# Stre	eet Address	-	Date [MM//DD/YYYY] \$	
CIV.	Siste	Z/D 9368	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
	set Address		Date [MM/DD/YYYY] \$	
Civ	SIGNATURE OF THE PROPERTY OF T	Zp Code	Date [MM/DD/YYYY] S.	
Rull Name of Contributing Committee			Date (MM/DD/YYYY) S	
	eet Addrese		Date [MM/DD/YYYY] \$	
Oty	State	Zip Code	Date [MM/ DD/ YYYY] \$	

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)

		 <u>•</u>	 		
Filer Identification Number: 83-3		 		 	
ing igoniunguun numugi,					
83-3	784591				
	-		 		

	·		
Rull Name of Contributor			Date [MM/DP/YYYY] = \$
House# Street Address			Date (MM/DD/YYYY) \$
Chy	Sale	Zip.Code	Date (MM/DE/YYY) S
Employer Name		-	Coupellon
Employer Mailing Address/ Principal Place of Business			Property and the second
Full Name of Contributor			Date (MIM/DE) YYYY) \$
House # Street Address			Date [MM/DD/YYYY] \$
Gty Power Name	Sate	Zp(Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address/			Gazupation
Principal Place of Business			
Full Name of Contributor		,	Pate [MM/D9/YYYY] \$
Flouse # Street Address		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY) \$
(Alty)	Sate	Zp 9xxe	Date (MM/DD/AY/4)
Employer Name			Gocupation
Employer Mailing Address/			
Full Name of Contributor			Pate (MM/PPAYYY)
House # Street Akkiress			Date MM/DD/YYYY
eiy	State	Zip &de	Date [MM/DD/YYYY] S
Employer Name	88,000,000	INTER STREET DAY (27 TAL A Drawn and CONTROL OF STREET	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.

Filer Identification Number: 83-3784501

Full Name				
House#	Street Address			
City		State		
		Jake	Zip Code	Date [MM/DE/YYYY] \$
Receipt Description				
Full Name			"	-
House #	Street Address			
City		State	~ [•	Detro (MM/DD/YYYY) S
Receipt Description			Code	The state of the s
Full Name		· · · · · · · · · · · · · · · · · · ·		
House#				
	Street Address		· 1000 · 1000 (2.200 (1 September 1990 personal and an arrange of the contract of th
Oty		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				121 LG
Full Name				
House#	Street Address			
Otty		State	4 0	Date [MM/DD/YYYY] \$
			Code	Add and proving the contract of the contract o
Receipt Description				
Full Name				
	Street Address			
City		Sate	Zip Code	Date MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
Ofty		State	74[9]	Pate MM/D2/YYYY
			Code	
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

Fier Identification Number;				
THE SAME AND SECTION OF THE SAME OF THE SA	(BUJI(@NS\;;E##\/;E#\/;	ahueoessoloolorhesseer	CONTRIBUTOR	
TOTAL for the reporting period	(1)			
2 IN-KIND CONTRIBUTIONS HEC	EVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	WEELVALUE (WERI\$25	50.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				

SCHEDULEII PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Figeration Number:				
No. 11 To Comment of the Comment of				
Full Name of Contributor			Date [MM/J DD/JYYYY)	
House # Street Address			Date [MM/DD/YYYY]	S
City	Sate	Zp Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Fill Name of Contributor			Daile [MM/DD/YYYY]	S
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	⊿p.eŏce	Date (MM/De/YYYY)	\$
Description of Contribution				
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY)	\$
House # Street Address			Date [MM//DD/YYYY]	
Gty	State	ZID Exce	Date [MM/DD/YYYY]	
Description of Contribution				
Full Name of Contributor			Date (MM/ADD/AYAY)	3
House # Street Address	-		Date [MM/DD/YXXV]	\$
ety:	Sate	/2p.€ode	Date [MM/DD/\\\\\]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	_		Pate IMM// DDYYYYY)	5.
City	Sate	Zp Oxia	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUEOVER\$250

Filer Identification Number:		
Full Name of Contributor		Pate MIM/DP/YYYY
House# Street	Address	Date [MM/DB/YYYY] \$
City	State Zip Code	Date [MM/DE/YYYY] \$
Employer Name		Compation
Employer Mailing Address / F Place of Business	TICODA	Description of Contribution
Full Name of Contributor		Date (MM/DD/YYYY) S
House # Street /		Date [MM/DD/YYYY] \$
oty .	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / P		Occupation
Place of Business		Description of Contribution
Full Name of Contributor	<u>-</u>	Dato [MM/DPXYYY] \$
House # Street A	cktress	Date (MM/DD/YYYY) \$
Gity	Sate Zp Code	Date (MM/DD/YYYY) \$
Employer Name		Googpetion
Employer Mailing Address / Pr Place of Business		Description of Contribution
Full Name of Contributor		Pate [MM/DD/YYYY] \$
House# Street A	ddress	Date [MM/DD/YYYY] \$
O ty	. Sate Zip Cose	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address/ Pr		Occupation
Employer Mailing Accress/ 147 Place of Business		Description of Contribution

SCHEDULEIII Statement of Expenditures

Filer Identification Number: 83-3784591

To Whom Paid		4 of Coin		Date [MM/DD/YYYY] \$	35 °
House # -140	Street Address	ty of Exic		5/13/19 Description of Expenditure	
City ERic		State PC	Zip Code	CD of Supervote	? & <
To Whom Pald				Date [MM/DD/YYYY] \$	
House#	Street Address	of Eric		5 /13/ (sq Description of Expenditure	20.°°
City		Sale		州主州中州平省各市省 50年	
Erie	2	79	Zio Code	Campaign finan	يا
To Whom Paid				Date [MM/DD/AYAY] S	
House#	Street Address			Description of Expenditure	
City		Sate	Z [5]	100 m. 100 m	
To Whom Paid	·	Control of the contro		Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DPAYYY] S	
House #	Street Address			Description of Expenditure	
diy		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	, , 		Description of Expenditure	
City:		State	Zip Code	The International Control of the Con	
To Whom Paid				Date [WM\DP\XXX] \$	
House#	Street Address			Description of Expenditure	
City		Sate	ZP Cecce		
To Whom Pald				Date (MIM/DD/YYYY) \$	
House #	Street Address			Description of Expenditure	
City		Sate	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

Filer Identification Number:	a dosted indications which are outstanding at the end of the reporting period.
83-3784591	

Name of Creditor	Control of the Contro		Outstanding Balance of Debt
House # Sin	eet Askiress	DATE DESTINGUERED [MM/DD/YYYY]	
Oty	Sale	Zip Code	
Description of Debt	Jacobson v	Reproductive .	RESTR.
Name of Oreditor	Section and the section of the secti		Outstanding Balance of Debt.
	set Address	DATEDET (NOTERED)	\$
Oity Description of Debt		Zip Gode	
Name of Oredito:			Outstanding Balance of Debt
House # Stre	et Actress	DATEDES INCURRED	
City	Sate	Zip	
Description of Debt	Add to the second of the secon	COCE	
Name of Creditor		E E III	Outstanding Balance of Debt
	et Address	DATE DEST NOTIFIED	
City	Sate	Zip Code	
Description of Debt	HARRI PETATA MANAGAN		
Name of Creditor			Outstanding Balance of Belat
House # Stree	et/Address	DATEDESTINGUESED [MM/DD/YYYY]	S
Oty	Stele	Zip Code	ii il iniii iinii
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House# Stree	1 Address	DATE DESIGNOUTRED [MM/DD/YYYY]	
City	Sale		
Description of Debt		Code	