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

Filer Identification 83-3784591	Report Filed By (MarkX)	Candidate	Committee	oboyist
Name of Hiling Committee, Candidate or Lobbyist	Jennifer Dennehy			Transference and Antonion Andrews Copyright
Street Address	PO Box 703			
City Erie		State PA	Zp Code 16512	
Type of Report (Place x under report type)				
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pre-Primary Pre-Primary Primary		Friday 6-30 Day Po Bection Bection	st 7- Annual Spedal 2' Pre-Bedi	
Date Of Bection	Year	Amendment	Terminat	
(MM/DD/YYYY) 05/21/20	19 2	Peport Report	Report	
Summary of Receipts and From Date Expenditures 5/10/		9	For Office Use (only.
A. Amount Brought Forward From Last Re	port \$	EKANGOMAKKANASK		
B. Total Monetary Contributions and Rec (From Schedule I)	eipts \$ 0.00		47 C3	NO NO
C. Total Runds Available (Sum of Lines A and B)	\$ 469.00		100 120 100	
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$ 55.0° -0.00		Total and Control of C	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	4/14. -468.0 0			4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00			് വ
	9 2	fidavit Section		
Part 1- If this is a Committee report, treasurer s I swear (or affirm) that this report, including the	ign here. If this sa Sandidas attached scheduleson paoar	e report, candidate sign here is to the best of my knowl	e. ledge and belief true, correct a	nd complete.
Sworn to and subscribed before me this day of June 20 19	realth of Per a Fernande Erie C numission e mmission numission num		There to	·
Jona gonzaliernando	- こ(C)をひとせ	Jen.	e of Person Submitting report 11-1-12 JANANA Printed Name	·
My Commission expires 4-3-2 MO. DAY	YR 9 9 9 3	Area Code	Daytime Telepho	-834 ne Number
Part II- If this is a report of a Candidate's Author	Ized Committee, candidated			· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that to the best of my knowle amended.	dge and belief this political ec	mmittee has not violated a	any provisions of the Act of Jun	e 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this			·	
day of20	 '		gnature of Candidate	
Sgnature			Printed Name	· .
My Commission expires MO. DAY Y	3	Area Code	Daytime Telephor	ne Number

SCHEDULEI Contributions and Receipts Detalled Summary Page

Filer identification Number 83-37845		
	:01	
00-07046	ויסו	

1. Uniternized Contributions and Receipts:	650.00 or Less per Contributor		
	Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.00 to \$250.000 (F70 Part A and Part B)	201		
Contributions Received from Political Comn	nittees (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 Comm	nittees (Part C)		\$
All Other Contributions (Part D)			\$ 0.00
Bird. Da	Total for the reporting period	(3)	\$ 0.00
4. Other Receipts Refunds, Interest Earned	I, Returned Checks, ETC. (From Part E)	
	Total for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Receipts enter amount totals from Boxes 1, 2, 3 and a Cover Page, Item B)			\$ 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.

Filer Identification Number	83-3784591		<u>-</u>	
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	Sate	Zp.eo.e	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		The state of the s	Date [MM/DD/YYYY] \$	
House # Street	Attress		Date [MM/DD/YYYY] \$	
City	Sate	Zp.€ode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Leagnering	- Dennicontentinometrico	Date [MM/DD/YYYY] \$	
House # Street	Address	· ·	Date [MM/DD/YYYY] - \$	
City	Sate	Zp.≎de	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
	Acoress		Date [MM/DD/YYYY] \$	
Oly	Sate	Zp.Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street	Address	. , ,	Date [MM/DD/YYYY] \$	
(eiv)	Sate	ZIP Code	Date [MM/DD/YYY] \$	
Full Name of Contributing Committee	100		Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
(city	Sate	Zip. Code	Date [MM/DD/YYYY] \$	

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			<u> </u>	
· ·					
Full Name of Contributo				Date WW/DD/AAAA	\$
House #	Greet Address			Batter (WWW) DRYAYWYY	\$
Ö ty		Sate	Z picoce	Date MM/DD/YYYY	.
Full Name of Contribute	7			Pate (MM/PP/YYY)	
House#	Breet Address			Date [MM/DD/YYY]	i i
		Sale	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Contributo	X			Date WW/Dayyw	
House# 6				Pate [MM/DD/YYYY]	
	Breet Address	ENV. THE STEEL	DAY CHARLES KROUDHING	THE RESERVE AND ASSESSMENT OF THE PROPERTY OF	
		Sate	Zp Code	Pate [MIM/DD/YYYY]	\$
Full Name of Contributo			·	Date [MM/DD/YYYY]	-5
House#	Preet Address			Date [MM/Db/YYYY/]	\$
City	Market State Control of the Control	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor				Date [MM/DD/YYYY]	
House#	treet Address			Date [MM//Db/4YYYY]	\$
Oly .	Commission of the Commission o	Sate	⊿p Code	Pate MM/DD/YYYY	
Full Name of Contributor				Date (MM/DD/YYYY)	\$
House#	treet Address			Date [MM/DD/YYYY]	\$
Olty		State	Zip:Code	Date MINI/DDAYAXY	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.

E							
Filer Identification Numb	er: 83-3784591						
Full Name of Contributing Committee	96				Date [MIN/DD/Y	my \$	
House #	Street Address				Date [MM/DD/Y	rmj s	
		State	Zip Code		Date [MW/DD/Y	my s	
Full Name of Contributing Committee	30				Date MM/DD/Y	^YY] \$	
House#	Street Address				Date MM/DD/Y	my s	<u> </u>
City		Sate	Zip Oxde		Date [MM/DD/Y	<u>mı</u> \$	
Full Name of Contributing Committee	10	[15000]Sunyang			Date MM/DDYY	my s	
House #	Street Address				Date (MM/DD/Y)	M) \$	
City		Sate	Zip Code		Pace MM/PE/Y	my s	
Full Name of Contributing Committee	pe.				Date MM/DD/Y	mı \$	
House #	Street Address				Date [MM/DD/Y)	M) S	
City		State	Zip Gode		Date (MM/DD/Y	YYJ S	
Full Name of Contributing Committe	e .			No.	Date [MM/De/W	YY) \$	
House #	Greet Address				Date MM/DD/YY	YY] \$	50-
Gty		State	Zip Gode			YY] \$	
Full Name of Contributing Committe	ė				Date MM/DD/YY	YYj s	
House #	Street Address			40000000 -	Pate (MM/PPY)	YY] S	
Otty:		State	Zip Code		Pate [MM/P]P/Y/	YY] s	

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: 8	3-3784591			
Full Name of Contributor			Date (MM/DDAYYY)	
	Asidress		Date [MM/DD/YYYY] \$	
City Employer Name	Sate	Zip Code	Date [MM/OD/YYY] \$	
Employer Mailing Address/ Principal Place of Business		_		
Full Name of Contributor			Date [MM/spb/XXXY] \$	
	Address	THE MAIN WORK PURPOSENT	Date [MM/DD/YYYY] S	
City Employer Name	State	Zp Code	Date [MM//DD/YYYY] \$ Cocupation	
Employer Mailing Address/ Principal Place of Business				
Full Name of Contributor			Pate (MM/DD/XXX)	
	Actiress		IIDRICE (MM/IDD/AVAY)	
City Employer Name	Sate	Zp Code	Date [MM/DD/YYYY] \$ Cocupation	
Employer Mailing Address/ Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Atores		Date [MM/DD/YYYY] \$	
Oity:	State	Zip Code	Date (MM/DD/YYYY) S	
Employer Name Employer Mailing Address/ Principal Place of Business			Coupation	

PARTE

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 Num	83-3784591			
Fall Name				
House #	Street Address	4 o v poremen (4.6 000 ft 4.0 000 ft 5.0 000	The state and the state of the	THE RESERVE THE PROPERTY OF TH
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
Otty		State	Zþ	Pate (MIM/DP/YYYY) S.
Receipt Description			Code	
		_		· · · ·
Full Name				
House #	Greet Address			
City		Sate	Zip Coole	Date (MM/DD/MAY) \$
Receipt Description				1000000
Full Name				<u>.</u>
House#	Sreet Address		<u> </u>	
City City	Sieel Autos	Sate	Zp	Date (MIM/DD/YYYY) \$
			Code	
Receipt Description				
Full Name				
House#	Street Address			
Otty		Sate	Zip Code	Date [MM/DD'AYYY] \$
Receipt Description				
Full Name				
House#	Street Address	Lug-Din Sand	1.vv	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				WHENCE .

SCHEDULEII

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:			
1. UNITEMIZEDIN KIND CONTRIBUTIO	N(N	n 00 (
		J. UU (ALESHACONINDOION.
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS FECEIVED	-VALUEOF\$50.01 TO \$250.	00 (H	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION FEDEVED-	VALUEOVER\$250.00 (FFON	/ PAF	П G)
TOTAL for the reporting period	(3)	\$	
-			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI PEROD (Add and enter amount totals from be on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	ber:				
					•
Full Name of Contrib	uto			Date (MM/DD/AYYY)	
House #	Street Address			Date [MM/De/YYYY]	S
City	S	ate	Zip Code	Date (MM/DD/YYYY)	3
Description of Contri	outlon	Maria P	unides de la cultide	1	
Full Name of Contrib	diox			Date MM/DD/YYYY	\$
House#	Street Address			Date [MM/DD/YYYYY	\$
City .		ate	Zip Code	Date (MM/DD/AYYY)	
Description of Contril					
Full Name of Contribu	itor			Date (MM/DD/YYYY)	\$
House #	Street Address			Date (MM/DD/2YYYY)	S
City I		nte	Zip Code	Date (MM/DD/YYYY)	
Description of Contril					
Full Name of Contribu	itor			Date MM/DD/YYM	
House #	Street Address		,,,	Date [MM/DD/YYYY]	
City	ed to	ate .	Z/p Code	Date IMM/DDAYYY)	S.
Description of Contrib					
Full Name of Contribu	Antalia Name			Date [MM/DD/YYYY]	\$
House #	Street Address		ā	Date [MM/DD/YYYY]	
ejy.	Sit		Zip Oode	Epate [MM//DDAYYYY]	S
Description of Contrib	MUUT				

SCHEDULEII Part G

In-Kind Contributions Received

	VALUE OVER \$250	U
Fler identification Number:		
Full Name of Contributor		Pate [MM/DD/YYYY] \$
House # Street Add		Date [MM/DP/YYYY] \$
Oly -	State Zp.Oxde	Date [MM//DD/YYYY] \$
Employer Name		Coupation
Employer Mailing Address / Print Place of Business	apal and a second	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Acc		Date [MM/IDD/YYYY] \$
Giy -	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		- Coupation ::
Employer Mailing Address / Print Place of Business	Cipal	Description of Contribution
Full Name of Contributor		Pate [MM/IDP/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
(City)	Sate Zp Gode	Date [MM/DD/YYYY] \$
Employer Name		Gcoupation
Employer Mailing Address / Princ Place of Business	o pel	Description of Contribution
Full Name of Contributor		Pate [MM/DD/YYYY] \$
House # Street Add		Pate [MM/DD/YYYY] 5
c ly	State Zip Code	Date [MM/DD/XYYY] \$
Employer Name		Occupation:
Employer Mailing Address / Princ Place of Business	200	Decription of

Contribution

Statement of Expenditures

Fler Identification Number:	A			
	83-3784591			
	3 03-370438 I			
	d			
	4			
	AI .			

To Whom Paid	County o	E ERie		Date [MM/DD/YYYY] \$ 5 /12/19	35.09
House #	Street Address			Description of Expenditure	- Alvas (postupias (postu
CRIE	_	State 8A	Gode	CD of Supervotes	<u> </u> 5
To Whom Paid	Countryo	f Erie		Date [MM/DD/YYYY] \$ 5 13 19	20.00
House#	Street Address			Description of Expenditure	
City Exic	٤	State PA	Zip Code	Campaign finance	reports
To Whom Paid				Date [MMXDD/YYM] \$	
House#	Street Address			Description of Expenditure	a ang ka da kasa da kala d Lahuh kasaha sahaba
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	i
House #	Greet Address			Description of Expenditure	
City		Sate	Zip Code		
			and the registrate of the first temperature		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	and the second s	and execution a health at the control of	Date [MM/DD/YYYY] \$ Description of Expenditure	
House #	Street Address	Sale		Description of Expenditure	
House #	Street Address	Sate			
House # City To Whom Paid	Street Address			Description of Expenditure	
House # City To Whom Paid House # City	Steet Address	Sate		Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid House # City	Steet Address	Sate	Gode 2	Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid House # City To Whom Paid	Steet Address	Sate	Zp	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid House # City To Whom Paid House #	Street Address	Sate	Gode 2	Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure	
House # City To Whom Paid House # City To Whom Paid	Street Address	Sate	Gode Zp.	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid House # City To Whom Paid House #	Street Address	Sate	Gode Zp.	Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure Date [MIM/DD/YYYY] \$ Description of Expenditure	

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.

Fler Identification Number:				
	00 070 <i>1E</i> 01			
	83-3784591			
			 - '	

Name of Creditor	1		Outstanding Balance of Debt
House # S	reet Address State	DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	S
Description of Debt		Cocle	# 100 mm
Name of Creditor			Outstanding Balance of Debt
House # Si	reet Address	DATEDESTINGURRED	***************************************
City	Sate	Zip Code	
Description of Debt			
Name of Creditor	and military chayak yina anni		Outstanding Balance of Debt
	reet Address	DATE DEST (NOUTRED)	
Otty Description of Debt	Sate	Zip Gode	
Name of Creditor			Outstanding Balance of Debt
House # Si	reet Address	DATEDESTINOUPRED	
City	Sate	Zp Code	
Description of Debt			Annan
Name of Creditor House # Str	eel Address	DATE DESTINGUARED	Outstanding Balance of Debt:
		[MM/DD/YYYY]	
City	Sate	Ziji (e-de	
Description of Debt			
Name of Creditor House # Str		DATEDEST NOTEED	Cutstanding Balance of Debt.
		[WW/DD/YYYY]	
Oty	Sile	Z/D Gode	
Description of Debt			