

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	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Jennifer Dennehy				
Street Address	PO Box 703				
City	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019		Year	2019		Amendment Report	Termination Report

Summary of Receipts and Expenditures	From Date	To Date	
	6/20/19	10/25/2019	
A. Amount Brought Forward From Last Report	\$	469.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	325.00	
C. Total Funds Available (Sum of Lines A and B)	\$	794.00	
D. Total Expenditures (From Schedule III)	\$	416.49	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	377.51	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	2500.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

For Office Use Only

VOTER REGISTRATION

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 true, correct and complete.

Sworn to and subscribed before me this 30th day of October, 2019. My commission expires October 18, 2022.

Jennifer L. Turner, Notary Public
Erie County
Commission number 1341887

Signature of Person Submitting report: [Signature]
Printed Name: BUSAC MARTIN

My Commission expires October 18 2022
MO. DAY YR

Area Code: 814 Daytime Telephone Number: 504.5009

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 political 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 30th day of October, 2019. My commission expires October 18, 2022.

Commonwealth of Pennsylvania - Notary Seal
Jennifer L. Turner, Notary Public
Erie County
My commission expires October 18, 2022
Commission number 1341887

Signature of Candidate: [Signature]
Printed Name: JENNIFER DENNEHY

My Commission expires October 18 2022
MO. DAY YR

Area Code: 814 Daytime Telephone Number: (814) 449-8327

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)	\$	25.00
--------------------------------	-----	----	-------

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)	\$	0.00
----------------------------------	----	------

Total for the reporting period	(2)	\$	0.00
--------------------------------	-----	----	------

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>	\$	325.00
---	----	--------

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
-----------------------------	------------

										Amount	
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 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
------------------------------	------------

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]	\$	
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
------------------------------	------------

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
------------------------------	------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	300.00
Frank Tursi				10/7/19			
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation		Doctor	
Employer Mailing Address/ Principal Place of Business							
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							
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							
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							

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
-----------------------------	------------

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									
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	83-3784591
-----------------------------	------------

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 B)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVERS \$250.00 (FROM PART C)		
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)	\$	
---	----	--

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-3784591
------------------------------	------------

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

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

Filer Identification Number:	83-3784591
------------------------------	------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	2500.00
R Frank Media				10/21/2019			
House #	1940	Street Address	8th Street		Date [MM/DD/YYYY]	\$	
City	Erie		State	PA	Zip Code	\$	
Employer Name				R Frank Media		Occupation	Photographer and Videographer
Employer Mailing Address / Principal Place of Business				1940 West 8th Street, Erie, PA		Description of Contribution	Donated the creation of a video
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code	\$	
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	\$	
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	\$	
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business						Description of Contribution	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3784591
-------------------------------------	------------

To Whom Paid		County of Erie			Date [MM/DD/YYYY]	\$	35.00
					5/13/19		
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		County of Erie			Date [MM/DD/YYYY]	\$	20.00
					5/13/19		
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		County of Erie			Date [MM/DD/YYYY]	\$	80.00
					6/24/19		
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid		Leadhead Creative			Date [MM/DD/YYYY]	\$	87.50
					7/8/19		
House #	2605	Street Address	Peach street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Printing logo onto upcycled t-shirts	
To Whom Paid		Post Net			Date [MM/DD/YYYY]	\$	28.62
					9/20/19		
House #	3330	Street Address	West 26th street, Suite 4		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Creation of stamp with logo	
To Whom Paid		Monkey Business			Date [MM/DD/YYYY]	\$	23.29
					9/20/19		
House #	3256	Street Address	West 26th		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Stamp ink Pads	
To Whom Paid		Erie County Democratic Party			Date [MM/DD/YYYY]	\$	40.00
					10/10/19		
House #		Street Address			Description of Expenditure		
City		State		Zip Code	Attend the Democratic Dinner		
To Whom Paid		Value Home Centers			Date [MM/DD/YYYY]	\$	20.46
					10/07/19		
House #	2147	Street Address	West 12th		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	spray paint to upcycle old signs	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-3784591
------------------------------	------------

To Whom Paid	Value Home Centers				Date [MM/DD/YYYY]	\$	70.97
					10/19/2019		
House #	2147	Street Address	West 12th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	spray paint to upcycle old signs	
To Whom Paid	PPG Paints				Date [MM/DD/YYYY]	\$	10.65
					10/07/2019		
House #	839	Street Address	Pittsburgh Ave		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	spray paint to upcycle old signs	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		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
------------------------------	------------

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							