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

Filer identification		-		ort Filed	By Candida				nittee		T	Lob	oyist [
Number	83	3-3784591		ark X)			X							
Name of Filing Con Lobbyist	nmittee, Ca	indidate or	Jenn	ifer Denne	ehy		·							
Street Address			PO E	3ox 703										
City	Erie				State	PA		Zip C	ode	16512				_
Type of Report (Pla	ce x under	report type)			· · · · · · ·									
1-6th Tuesday 2-			4-6th	Tuesday	5- 2 nd Friday	6-30 D		7- An	nual		2 nd Friday		ial 30 Da	
Pre-Primary Pr	e-Primary	Primary	Pre- E	Bection	Pre-Bection	Bection)		an igilik Kilat	Pre Elec	tion	Post	- Bection	
					X									
Date Of Election (MM/DD/YYYY)		11/5/2019	Year		2019	Amend Report	ment]	Termina Report	tion			
		E B-t-	ved Vedl	T- D-t		П					O-1 -	<u> </u>		
Summary of Receip Expenditures),sano	From Date		To Date					For	Office Use	Only			
		6/20/19			0/25/19									4 (1) 12
A. Amount Brought					469.00									
B. Total Monetary ((From Schedule I)	Contributio	nsand Receipts	\$		325.00						S C			
C Total Funds Avai (Sum of Unes A and	and the contract for the contract of the contr		\$		794.00						T1			
D. Total Expenditur (From Schedule III)	es		\$		416.49					يستن	EZ.			
E Ending Cash Bala (Subtract Line D fro			\$		377.51					OK				
F. Value of In-Kind (From Schedule II)		ns Received	\$	2	2500.00		1,0				a	<u>4.</u> 3		
G. Unpald Debts an (From Schedule IV)		ns	\$		0.00						er gel gjaget			
					Affidavit Sec									
Part 1- If this is a Com	mittee repor t this report.	t, treasurer sign he including the attac	re. If ti hed.sc	hisisa Car bedulestu	didate report, ca	ndidate sig	n here. knowled	loe and h	elief tr	ue correct	and comple	te		
I swear (or affirm) that Sworn to and subscrib	ed before me	ethis Co	mmon Jen	wealth of F inifer L. Tu	irner, Notary Puie County	iblic		1	り					
day of ()	<u>taber</u>	<u></u>		. Er	e County	18.2024	*	\rightarrow	ner :	#7				
O A AT	= 4		C	ommissio	n number 1341 ania Association	of Notables	epature	o≰Persor ⊘	Subm	itting repor	t			
Celign	ature	/01 2 N	ember	Pennsylv	411W1-W-		,	Printe	a Name	Fred .				
My Commission expire		V 18 dd	1			814			49	49-83	27			
	MO.	DAY YR.			А	rea Code			Day	time Teleph	one Numbe	er		
Part II- If this is a repor									- 70	4	0.40077	D1 40		
I swear (or affirm) that amended.	to the best o	or my knowleage a	na peli	er tnis poli	ticai committee i	nasnot vioi	iated any	/ provisio	nsotti	ne Act of Ju	ne 3, 1937 (P.L 130	33, NO.320)as
Sworn to and subscribe	ed before me	e this			Γ									
day of		20	ī	1			CT	oturo of	Oppolish	ato				
								ature of		ale 				
9gn	ature			,				Printed N	lame					
My Commission expire	s	DAY YR	-		A	rea Code	_	-	Dayti	me Telepho	one Number			

SCHEDULEI Contributions and Receipts Detailed Summary Page

		— الله	
Filer Identification Number	83-3784591		
professional particles with a first particle and the second			

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 Cand 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 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	n Number 83-3784	4591			
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
		!		The second secon	123
Oty		State	Zip Code	Date [MM/DD/YYYY]	\$
		Gale	2p wwe	Pare [IMM/ DLA [111]	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	
Committee				<u> </u>	
House #	Street Address			Date [MM/DD/YYYY]	\$
, materials T	Greet Address	1		Sare [mm. Dr. 1111]	1 7
		· · · · · · · · · · · · · · · · · · ·		1. Ba 1. Ba Para	
City	_	State	Zip Code	Date [MM/DD/YYYY]	
	industry Atlanta	Property (HT 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Principle Bank Armer as we are	
Full Name of Co Committee	ommouting			Date [MM/DD/YYYY]	. . .
House #	Street Address			Date [MM/DD/YYYY]	\$
		1		> 40/	<u>[</u>
Oty	<u>In a serious file of the late</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
			Martin de Albanda Martin de Albanda	<u> </u>	18.1
Full Name of Co Committee	ntributing	, · · ··· · ·]	, <u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
545 5 486 3					66.1
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$.
House #	Street Address			Date [MM/DD/YYYY]	\$
	a, see Addi CSS				
Oty		State	Zip Code	Date [MM/DD/YYYY]	\$
. 1 () . 1 (<u> </u>	
Full Name of Co	ntributing	<u> </u>		Date [MM/DD/YYYY]	\$
Committee				<u> </u>	184
House#	Street Address		·	Date [MM/DD/YYYY]	\$
				· · · · · · · · · · · · · · · · · · ·	V A
alty		State	Zip Code	Date [MM/DD/YYYY]	
. Rate of the second s				Service Internal Property of the Paris	
with all		1.5	Proceedings of the Control of the Co		C [

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.)

Fileridentification Number: 83-3784591			
	Filer identification Number: 83-3784591		

Full Name of Contributor			Date [MM/(DD/\YYY)]	
House#. Street Address			Date [MIM/DD/YYYY]	**
City:	Sate	Zip Code	Date [MM/DD/YYYY]	.\$.
Rull Name of Contributor			Date MM/DD/YYYYY	\$
House # Street Address			Date [MM//DD/XYYM]	S
Civy	Sate	Zp Code	Date MM/DD/YYYY	\$. \$.
Full Name of Contributor	Procedure and Apply		Date IMM//DD/YYYY/	**
House # Street Address			Date [MM/ DD/ YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
·Rull Name; of Contribution		陈绮坐亭晚彩游光表	Date [MM/DD/YYYY]	\$
House # Street Address			Date MM/DD/YYYY	\$
Gity.	Sate	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	"特別無學學的學	[20] 新加爾州東部東京 (2012年)	Date [MM/LDD/YAYYAY]	\$
Riouse # Street Address			Date [MM/DD/YYYY]	15
Ghy	Sate	Zip Code:	Date [MM/DD/YYYY]	\$.
Rull Name of Contributor	PARKE PAYES UNIVERSI	provide the provid	Date [M]W/DB/\\\\\	
House # Street Address			*Date (MM//DD/YYYY)	S
Cty .	/Sate	ZpCode≀		\$ \$
	A SECREPTION SHOW	19.40.40.4F8833446745757575	1	h866980]

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: 83-37845	91		_	
Full-Name of, Contributing Committee			Date [MM//DD/YYYY] \$	
House # Sireet Addres	S		Date [MM/DD/YYYY] \$	
Ctly	State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Committee			Date [MM/DD/YYYY] \$	•
Höuse# Street Addres			Date [MM/DD/YYYY] \$	
Gly/	State	Zp Code	Date [MM/DD/YYYY] S.	
Full Name of Contributing Committee			Date [MM/DE/YYYY] \$:
House # Street Address			Date [MM/DD/YYYY] \$	
Gty Full Name of	Sale	Z[p] Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Committee	8			
Andrew Commencer	Sate	Zjo:Codé	Date [MM/DD/YYYY] \$	
Gty Full Name of	dae	20.000	Date [MM//DD/YYYY] \$5	
Complibating Committee House # Street Address	<u>a</u>		*Date [MM//DD/YYYY]\$.	
Giy	 /Sate	Zip Code	Date [MM/DD/YWY] \$	
Rull Name of	- Jac	20.00	Date [MM/DD/YYYY] \$	
Contributing Committee: House # Street Address			Date [MM/DD/YYYY] \$	
(Gives)		ZIp Code	Date [MIM/DD/XXXX]	

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)

Fler Identification Number: 83-3784	91	

Full Name of Contributor	Frank Tursi		Date [MM/DD/YYYY] \$	300.00
House# Street	t Address	<u> </u>	Date [MM/DD/YYYY] \$	
Gty:	Sale	Zp:Code	Date [MM/DD/YYYY] \$	
Employer Name.	AMELIAN I		Occupation Doctor	
Employer Mailing Address/ Rindpal Place of Business				
Full Name of Contribution			Date [MM/DD/YYYY] \$	
	f Aokdress		Date [MM/DD/YYYY] \$	
Gtiv Salvinosa	Sate	ZIp.©oće	Date [MM/DD/YYYM] \$	Secretary Control of the Control of
Employer Name			Occupation	
Binployer:Mailing/Address/. Principal Hace of Business				
.Full Name of Contributor :			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$.	
oby.	Sate	Zip:Code	Date [MM/DD/YYYY] \$	The state of the s
Employer Name Employer Mailing Address/			Occupation	
Principal Place of Business				
Rull Name of Contributor			Date [MM/DD/YYYY] \$	The state of the s
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address	17	Date [MM/DD/YYYY] \$	The state of the s
Gly:	Safe	Zip Code	Date MW/DD/YYYYI \$	The state of the s
Employer Mailing Address// Principal Mace of Business			Obsupation	

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.

Rier identification Number:	83-3784591				
Full Name					
City: : Recelot Description	et Address	Sate	Zip Code	Date [MM//DD/YYYY]	\$:
City: Receipt Cescription	ét-Address	Sate	Zip Coce		\$
Offy The scription	et Address	Sate	Zjp Code	Date MM/DD/YYYY)	9
Chy. Réceipt Description	et Address	Sate	Zip Gode	Date [MM/DD/YYYY]	\$
Ghy: Receipt Description	et. Address	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name House # Sine Only Receipt: Description	et Address	State	Zip. Cocce	Date [MM/DD/YYYM]	\$

SCHEDULE!

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:	83-3784591			
MINISTER AND TAXABLE OF THE STATE OF THE STA				
1 UNITERIZED IN KIND	CONTRIBUTIONS RECEIVED VAL	LEOF\$50.00 OR LESS PE	HOONIMBUIOR	
TOTAL for the reporting period	(1)	\$		
W W W W W W W W W W W W W W W W W W W	NSPECEIVED VALUE OF \$50 OI	Sanatadeanaan 200 an holyo		
		LI = Φ 2 98.90 (1)(-3 17) A ₁ 71		Company of the second s
TOTAL for the reporting period	(2)	\$		
SE INKINDICONTRIBUTIO	MRECEIVED VALUE/OVER\$250	(00 (FFCM: PARTEG)		
TOTAL for the reporting period	(3)			
. 31	· ·			
TOTAL VALUE OF IN-KIND CONT PERIOD (Add and enter amount on Page 1, Report Cover Page, It	totals from boxes 1, 2, and 3; als			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
83-3784591		
English transfer and the control of		
The state of the s		
Filer Identification Number: 83-3784591		

					<u></u>
Rull Name of Contrib	ulor			Pate IMM/DD/YYYY	\$
House#	Sineet Address			Date (MM/DD/YYYY)	\$
Gity	李明信日本の第一日間である。 - 本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本	Sate	Zip Code:	Date [MM/DD/YYYY]	\$
Description of Contri	b ution	TO and conference on the conference of the confe			EXTENS .
Full Name of Contrib	AUTO?	3		Date [MW/D6/3////]	\$
House#	Street Address			Date MM/DD/YYYY	.
ØIV.	Hard 288 Statement Communication (Sate	Zip Code	Date [MM/DD/yyyy)	\$
Description of Commi	oution.	The state of the s	Perfectioning and an accounted		552° W S I
Rull(Name of Contrib				Date MM/DD/YYYM	6
House# #以時 海線技	Street Address			Date [MM/(DD/)(Y/Y/)]	\$
City: Description of Contril	arajament e	State	Zip:Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	#of			Date [MM/DD/YYYY]	\$
#House #	Sireet Address		·	Date [MM/DD/YYYY]	.
(Chy.		: State	Zip Code	Date [MM/DB/YYYY]	, \$
Description of Contrib					
Full Name of Contribu	itor				\$
House #	Gireet Address			Pate [MM/DD/YYYY]	5
.eny.	(garanganthingan) sanagant santition of the an	Sate	Zip Coole	Date MM//DDX/YYYY	\$
Description of Contrib	NUTION				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer:Identification Number: 83-3784591		

		· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor	R Frank Media	*Date MM/DD/YYYYI \$ 10/21/2019 2500.00
House # Sprie	et Aoldress 8th Street	Date [MM/DD/Y/YY] \$
ioto		Date [MM/DD/YYYY] \$
Erie	State PA Zip Code	Date [MM//DD/YYYY] \$
Employer Name	R Frank Media	Photographer and Videographer
Bipployer Mailing Address Place of Business	/ Principal 1940 West 8th Street, Erie, P	Contribution:
Full Name of Contributor		Date [MM/DD/YYYY] \$
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	t Address	Date [MM/DD/YYYY] \$
Oly.	Sate Zp Code	Date [WW/DD/YYYY] S
Employer Name		Cocupation:
Employer Mailing Address/ Place of Business	Rindipal :	Description of: Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street	1 Acciress	Date [MM/DD/YYYY] \$
Øty.	State Zp:Code	Date [MM//DD/YYYY] \$
Brijployer Name		Occupation :
Employer Malling Address/ Place of Business	en na pal	Description of in Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Stree	t Address	Date [MM/DD/YYYY] .\$
(Otty)	State Zip Coole	
Employer.Name: Employer.Mailing:Address/	SANGE SEE	Occupation (IDescription)
Place of Business	.mingpara	of: Contribution:

Statement of Expenditures

Filer Identification Number: 83-3784591		

To Whom Paid	
County of Erie	Date [MM/DD/YYYYY] \$
House # Street Address	Description of Expenditure
City) State Zip Code	
To Whom: Paid County of Erie	Date MM/DD/YYYM \$
House # Street Address	5/13/19 20.00 Description of Expenditure
City Sate Zip.	
Code	STATE OF BUILDING STATES AND A STATE OF STATES
To Whom Paid County of Erie	Date [MM//DD/YYYY] \$ 80.00
House# Street Address	Description of Expenditure
Gity Sate Zip Code	ALL AND
JoWhom:Raid: Leadhead Creative	7/8/19 87.50
House # 2605 Street Address Peach street	Description of Expenditure
City/ Erie Sate PA Code 16508	Printing logo onto upcycled t-shirts
1.000 P.00 (0.00 P.00 (0.00 P.00 P.00 P.0	
To:Whom:Paid Post Net	Date [MM//DD/YYYY] \$ 9/20/19 28.62
Post Net House # 3330 Street Address West 26th street, Suite 4	20 60
Post Net	9/20/19
Post Net House # 3330 Street Address West 26th street, Suite 4 Chy Erie State PA Zip 16506 To Whom Paid Monkey Business	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM//DD/YYYY] 9/20/19 28.62 28.62 28.62 28.62
Post Net House # 3330 Street Address West 26th street, Suite 4 City Erie State PA Zip 16506 To Whom Paid Monkey Business House # 3256 Street Address West 26th	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY]: \$ 23.29
Post Net House # 3330 Street Address West 26th street, Suite 4 Giv Erie State PA Zip: 16506 To Whom Paid, Monkey Business	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM//DD/YYYY] 9/20/19 28.62 28.62 28.62 28.62
Post Net House # 3330 Street Address West 26th street, Suite 4 City Erie State PA Zip 16506 To Whom Paid Monkey Business House # 3256 Street Address West 26th State PA Zip 16506	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY] 9/20/19 Description of Expenditure
Post Net Post Net	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY] 9/20/19 Description of Expenditure Stamp ink Pads Date [MM/DD/YYYY] \$ 23.29
Post Net	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY] 9/20/19 Description of Expenditure Stamp ink Pads Date [MM/DD/YYYY] 10/10/19 Description of Expenditure
Post Net	9/20/19 Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY] 9/20/19 Description of Expenditure Stamp ink Pads Date [MM/DD/YYYY] 10/10/19 Description of Expenditure
Post Net Post Net Net Post Net Net Net Net Net Net Net Net Net Ne	Description of Expenditure Creation of stamp with logo Date [MM/DD/YYYY]: \$ 23.29 Description of Expenditure Stamp ink Pads Date [MM/DD/YYYY]: \$ 40.00 Description of Expenditure Attend the Democratic Dinner

SCHEDULEIII Statement of Expenditures

Rier Identification Number:		
00-0704081		
The Control of the Co		
Constituting Constituting Constituting Constituting Constitution Const		

To Whom Paid	Value Home Centers	Date [MM/DD/YYYY] \$ 70.97
House # 2147	Street Address West 12th Street	Description of Expenditure
©it y Erle	State PA Zp Code 16505	
To Whom Paid	PPG Paints	Date [MM//DD/YYYY]
House # 839	Sireet Address Pittsburgh Ave	Description of Expenditure
Gly Erie	State PA Zp 16505	spray paint to upcycle old signs
To:Whom Paid.		/Pate [MM/DD/YYYY]
i.House#	Street Address	Description of Expenditure
Giy .	State Zipi Code	
Townom Paid		Parte IVIM/DD/YYYYY \$
House#	Street Address	Description of Expenditure
Gty.	State Zip Code	· ·
To Whom Paid		¿Date:[MM//DD/XYYM]
House #	Sirect Address	Date [MM/DD/YYYY] \$ Description of Expenditure
House #	Street Address State Zip Code	Description of Expenditure
House #	Sate Zip	
House # City To:Whom Paid House #	State Zip Code Code Street, Address	Description of Expenditure
House # To Whom Paid House #	State Zjp Code	Description of Expenditure Date [Mini/DD/YYYY] S Description of Expenditure
Higuse # City: To:Whom Paid Higuse #	State Zip Code Street Address State Zip	Description of Expenditure Date [MIM/DD/YYYY] \$
House # City To Whom Paid House # City To Whom Paid	State Zip Code Street Address Street Address	Description of Expenditure Date [Mini/DD/YYYY] S Description of Expenditure
House # City: To Whom Paid House # Giv, * To Whom Paid House #	State Zip Code Street Address Sate Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure Description of Expenditure
House # City To Whom Paid House # City To Whom Paid	State Zip Code Street Address State Zip Code Street Address State Zip	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure Description of Expenditure
House # City: To Whom Paid House # Gity: To Whom Paid House #	State Zip Code Street Address State Zip Code Street Address State Zip	Date [MM/DD/YYYY] \$ Description of Expenditure 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.

		 ver as true rabatting basican
File: identification Number: 83-37845	91	
Name of Creditor		Outstanding Balance of Debt

Name of Creditor	Outstanding Balance of Debt
	Set Address DATE DEST INCURRED [MM//DD/YYYY]
Giý.	State Zip Cocle
Description of Debt	
Name of Geditor	Outstanding Balance of Debt
	DATE DEBT INCURRED [WW/DD/YYYY]
Ghy	State Zp Code
Description of Debt	
Name of Greditor ##60@## Size	DATE DESTINOURRED \$
	[MM/DD/YYYY]
Gity 1	State Zp
Description of Debt	Coole
Name of Oreditor	Outstanding Balance of Debt
House #	e) Address DAVE DEBT INCURRED \$
chy	Sete Zip.
Description of Debt	
Name of Creditor 17.4	Outstanding Balance of Debt PATE DEBT INQUERED S Outstanding Balance of Debt
	[MM/DD/YYYA]
City and a second secon	State Zip Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
	et Abdress DATE DEBT INCUERED \$ [MM/(DD//YAYA)]
CIV.	State Zip Code
Description of Debt	District Control Control