

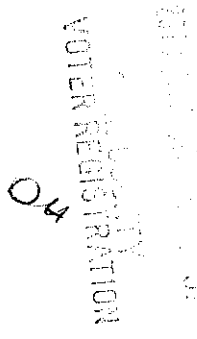
# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-3784591	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Jennifer Dennehy							
Street Address		PO Box 703							
City	Erie	State	PA	Zip Code	16512				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		11/5/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/20/19	10/25/19	
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	

## 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 on paper, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30<sup>th</sup> day of October, 2019

Jennifer L. Turner, Notary Public  
Erie County  
My commission expires October 18, 2022  
Commission number 134188

Jennifer Dennehy  
Signature of Person Submitting report  
Printed Name

My Commission expires October 18 2022  
MO. DAY YR

814  
Area Code

449-8327  
Daytime Telephone Number

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

day of 20

Signature  
Signature

Signature of Candidate  
Signature of Candidate

Printed Name  
Printed Name

My Commission expires MO. DAY YR

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	83-3784591		
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 25.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	300.00
Total for the reporting period		(3)	\$ 300.00
<b>4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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
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										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
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		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
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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
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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		\$	
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		\$	
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		\$	
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		\$	
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
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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**

<b>Filer Identification Number</b>	83-3784591
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART B)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)</b>		
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)	\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-3784591
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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							

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**

<b>Filer Identification Number:</b>	83-3784591
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<b>Full Name of Contributor</b>				R Frank Media		<b>Date [MM/DD/YYYY]</b>		10/21/2019	\$	2500.00
<b>House #</b>	1940	<b>Street Address</b>		8th Street		<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>				R Frank Media		<b>Occupation</b>		Photographer and Videographer		
<b>Employer Mailing Address/ Principal Place of Business</b>				1940 West 8th Street, Erie, PA		<b>Description of Contribution</b>		Donated the creation of a video		
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>			\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>				
<b>Employer Mailing Address/ Principal Place of Business</b>						<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>			\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>				
<b>Employer Mailing Address/ Principal Place of Business</b>						<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>			\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>				
<b>Employer Mailing Address/ Principal Place of Business</b>						<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>			\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>			\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>				
<b>Employer Mailing Address/ Principal Place of Business</b>						<b>Description of Contribution</b>				

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	83-3784591
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<b>To Whom Paid</b>	County of Erie	<b>Date [MM/DD/YYYY]</b>	5/13/19	<b>\$</b>	35.00
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>To Whom Paid</b>	County of Erie	<b>Date [MM/DD/YYYY]</b>	5/13/19	<b>\$</b>	20.00
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>To Whom Paid</b>	County of Erie	<b>Date [MM/DD/YYYY]</b>	6/24/19	<b>\$</b>	80.00
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>To Whom Paid</b>	Leadhead Creative	<b>Date [MM/DD/YYYY]</b>	7/8/19	<b>\$</b>	87.50
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>House #</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Description of Expenditure</b>
2605	Peach street	Erie	PA	16508	Printing logo onto upcycled t-shirts
<b>To Whom Paid</b>	Post Net	<b>Date [MM/DD/YYYY]</b>	9/20/19	<b>\$</b>	28.62
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>House #</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Description of Expenditure</b>
3330	West 26th street, Suite 4	Erie	PA	16506	Creation of stamp with logo
<b>To Whom Paid</b>	Monkey Business	<b>Date [MM/DD/YYYY]</b>	9/20/19	<b>\$</b>	23.29
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>House #</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Description of Expenditure</b>
3256	West 26th	Erie	PA	16506	Stamp ink Pads
<b>To Whom Paid</b>	Erie County Democratic Party	<b>Date [MM/DD/YYYY]</b>	10/10/19	<b>\$</b>	40.00
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>			
<b>House #</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Description of Expenditure</b>
2147	West 12th	Erie	PA	16505	spray paint to upcycle old signs

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	83-3784591
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<b>To Whom Paid</b>		Value Home Centers				<b>Date [MM/DD/YYYY]</b>	\$	70.97
						10/19/2019		
<b>House #</b>	2147	<b>Street Address</b>	West 12th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	spray paint to upcycle old signs		
<b>To Whom Paid</b>		PPG Paints				<b>Date [MM/DD/YYYY]</b>	\$	10.65
						10/07/2019		
<b>House #</b>	839	<b>Street Address</b>	Pittsburgh Ave			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	spray paint to upcycle old signs		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

**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
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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							