### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2019	0264			Rep File			CAND	DATE		СОМ	<b>4ITTEE</b>	<b>√</b>	LOBE	SYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		DEN	NIN	, JILL	FRIEND	S OF								
Street Address:	1210 MEGA L	ANE															
City:	GILBERTSVILI	_E						State:	PA			Zip Cod	<b>le:</b> 19	9525			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	=- [	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2021					NG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candidat	te:			_			DATE C	)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR		10000	DEM	l	46	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR (	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	021	T	0	12	2	31	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			58,6	535.85						
B. Total Monet	ary Contributions /	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			58,6	535.85						
D. Total Expen	ditures (From Scho	edule II	I)				\$			11,1	128.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			47,5	07.85						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$				0.00			•			
				AFF	IDA	۱V	T SE	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign l	here. I	If thi	is is	a Car	ndidate r	eport,	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached scl	nedules	s filed	d on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	1 <b>e</b>
Sworn to and subs	cribed before me this day of	;	20							5	Signature	of Perso	n Submit	ting Rep	ort		-
			-				<u>-</u>					Prin	ted Name	e			_
My Commission Ex	Signatuı opires	re										Ema	il				-
	МО	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il	_	_		
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DENNIN, JILL FRIENDS OF	From:	1/1/202	<u>1</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 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 Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	•	•		•	•		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate				Reporting Period From: To:					
					DATE		AN	4OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)	1						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

## 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.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	0.00

#### **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

Name of Filing Committee or Candidate	Reporting Period		
DENNIN, JILL FRIENDS OF	From:	<u>1/1/2021</u> <b>To:</b>	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III **STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate			Reportir	ng Period			
DENNIN, JILL FRIENDS OF			From		<u>1/2021</u>	То:	12/31/2021
				DATE			AMOUNT
<b>To Whom Paid</b> Zippity Print			мо	DAY	YEAR		
Mailing Address 1600 East 23rd Str	eet		2	1	2021	\$	324.31
<b>City</b> Cleveland	State OH	<b>Zip Code (Plus 4)</b> 44114	<b>Descrip</b> Printing	otion of Exp	penditure		
<b>To Whom Paid</b> Women's Leadership initiative			мо	DAY	YEAR		
Mailing Address 2001 L Street NW			3	29	2021	\$	1,000.00
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	<b>Descrip</b> Donation	otion of Exp	enditure		
To Whom Paid Represent			мо	DAY	YEAR		
Mailing Address 1735 Market Street			4	2	2021	\$	250.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	<b>Descrip</b> Donation	otion of Exp	enditure		
<b>To Whom Paid</b> Jill Dennin			мо	DAY	YEAR		
Mailing Address 1210 Mega			7	26	2021	\$	500.00
<b>City</b> Gilbertsville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19525	1	otion of Exp orsement	enditure		

<b>To Whom Paid</b> Represent	мо	DAY	YEAR				
Mailing Address 1735 Market Street			4	2	2021	\$	250.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	Description of Expenditure  Donation				
<b>To Whom Paid</b> Jill Dennin			МО	DAY	YEAR		
Mailing Address 1210 Mega			7	26	2021	\$	500.00
<b>City</b> Gilbertsville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19525	Description of Expenditure Reimbursement				
To Whom Paid MONTGOMERY CO DEM COM			МО	DAY	YEAR		
Mailing Address 21 E AIRY ST			7	28	2021	<b>\$</b>	1,250.00
City NORRISTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19401	Description of Expenditure  Donation				

							171GE 12	
<b>To Whom Paid</b> Val Arkoosh	мо	DAY	YEAR					
Mailing Address PO Box 627				22	2021	\$	500.00	
City Norristown	State	Descrip	tion of Exp	l Denditure				
- Norristown	PA	19404	Donatio					
To Whom Paid Paragon				DAY	YEAR			
Mailing Address 2141 East Broadway Road			12	1	2021	\$	270.29	
City Temple	State	Zip Code (Plus 4)	Descrip	tion of Exp	) onditure			
City Temple	AZ	85282		ting/techno		•		
To Whom Paid Teresa Curley				DAY	YEAR			
Mailing Address 40 Hawk Ct			1	4	2021	\$	33.40	
<b>City</b> Gilbertsville	State	Zip Code (Plus 4)	Descrir	tion of Ex	l penditure	<u> </u>		
. Gilbertsville	PA	19525	Description of Expenditure Reimbursement					
To Whom Paid Boyertown Education Action Reform				DAY	YEAR			
Mailing Address 2 Hampton Drive			4	5	2021	\$	1,000.00	
<b>City</b> Gilbertsville	State	Zip Code (Plus 4)	Descrip	tion of Exi	l Denditure	<u> </u>		
	PA	19512	Description of Expenditure  Donation					
To Whom Paid Boyertown Education Action Reform				DAY	YEAR			
Mailing Address 2 Hampton Drive			11	12	2021	\$	5,000.00	
<b>City</b> Gilbertsville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
C.13 61 65 1.11.0	PA	19512	Donation					
<b>To Whom Paid</b> Boyertown Education Action Refo	orm		МО	DAY	YEAR			
Mailing Address 2 Hampton Drive			10	18	2021	\$	1,000.00	
City Gilbertsville	State	Zip Code (Plus 4)	Description of Expenditure					
Gilbei Gville	PA	19512	Donation					
	_		•				PAGE TOTAL	
Enter Grand Total of Expendit	cures on Page 1, Re	eport Cover Page, Item D	).			\$	11,128.00	