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	20220	C0892				port ed B		CAN	DII	DATE	✓	СС	MMITTEE		ANDIDATE COMMITTEE LOBBYIST					
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:	•	JILL	. DEI	NNIN										•			
Street Address:																					
City:									State:					Zip Code	: 19	512					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		/		
(place X to the right of	ce X to PRE-ELECTION ELECTION				5. X	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\				
report type)	ANNUAL RI						NG METHOD CHECK ONE				PAPER		√	DISKE	TTE						
Name of Office S	ought by C	andidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun			
									МО		DAY	YEA	R	24	STS	DEN	1				
SENATOR IN TH	HE GENEKA	L ASSE	MBLY							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR (CODES)		
Summary of		and	МО	DAY	YEAR				МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY				
Expenditures	from:			9 20	20	022	Т	0		10	2	24 2	2022								
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$					0.00								
B. Total Moneta	ary Contribu	utions A	and Rec	eipts (From	Sche	dule	ı)	\$					0.00								
C. Total Funds Available (Sum Of Lines A and B) \$											(0.00									
D. Total Expenditures (From Schedule III) \$ 0.00																					
E. Ending Cash Balance (Subtract Line D From Line C)						\$				(0.00										
F. Value Of In-	Kind Contril	butions	Receive	ed (From Sci	hedu	le II	()	\$				(0.00								
G. Unpaid Debt	s And Oblig	ations	(From S	chedule IV)	١			\$				(0.00		,						
					AFF	IDA	١٧٢	T SE	CTIO	Ν											
PART I - If this is	a Committ	ee repo	rt, trea	surer sign h	ere. 1	if th	is is	a Can	didate	re	port, c	andida	te sig	ın here.							
I swear (or affirm) correct and comple	that this rep ete.	ort, inclu	uding the	attached sch	edules	file	d on	paper o	or by el	ectr	onic me	edium, a	re to t	the best of i	my know	ledge	and beli	ef , tr	ue.		
Sworn to and subs	cribed before day of	me this		20						•		Sigi	nature	e of Person	Submitti	ing Rep	ort				
		Signatur	е.					-		•				Printe	d Name				-		
My Commission Ex		oigilat a i	_							-				Email					-		
	мс)	D/	ΛY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber				
Part II- If this is	a report of	a cand	idate's	authorized C	Comm	itte	e, C	andida	ate sha	all s	sign he	ere.									
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	f this	polit	tical	commi	ittee ha	s no	ot violat	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,		
Sworn to and subsc		me this											s	ignature of	Candida	te			-		
	day of — —							-						Printed	Name				-		
	Sig	nature						-		_									_		
My Commission Exp	ires													Email							
		мо	D	ΑΥ	YR			•			Area	Code		Day	time Te	lephon	e Numb	er	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JILL DENNIN	From:	9/20/202	<u>2</u> To:	10/24/2022
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

			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing Comi	mittee		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.

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 Filing Committee or Candidate From					eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				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

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 Candidate Report								
			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.)

						Reporting Period						
From					om: To:							
			D/	ATE			AMOUNT					
			МО	DAY	YEAR							
						\$	0.00					
Ziţ	p Code (Plus	4)										
			Occupat	tion								
	City			State		Zip Co	ode (Plus 4)					
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00					
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co					

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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	d							
JILL DENNIN	From:	<u>9/20/2022</u> To:	10/24/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	Reporting	g Period					
	From:						
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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				Re	Reporting Period					
				Fro	om:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00