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			CAI	NDI	DATE		COM	AITTEE	Y	LOBE	1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:		DEN	NIN	I, JILL	FRIE	ND:	S OF				•			
Street Address:	1210 MEGA LA	ANE															
City:	GILBERTSVILL	.E						State	e:	PA			Zip Co	de: 19	9525		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2022					NG ME					PAPER			DISKE	ГТЕ
Name of Office S	- lought by Candidat	te:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
SENATOD IN TH	HE GENERAL ASSE	MRI V						МО		DAY	YE	AR	24	STS	DEM		06
SCINATOR IN TI	IL GLIVERAL ASSI	INDLI							11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		МО	DAY	YEAR	}			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		11 29	2	022	Т	0		1		2	2023					
A. Amount Bro	ught Forward Fron	ı Last R	eport				\$				31,5	44.45					
B. Total Monetary Contributions And Receipts (From Schedule							\$				2	270.00					
C. Total Funds Available (Sum Of Lines A and B)							\$				31,8	314.45					
D. Total Expenditures (From Schedule III)						\$				12,6	26.63						
E. Ending Cash Balance (Subtract Line D From Line C)						\$				19,1	87.82						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			1		
								CTIC									
I swear (or affirm)	that this report, incl	•	_									_		of my kno	wledge a	nd belie	ef , true
correct and comple	cribed before me this										-		of Perso	Cubacit	tina Dan		
	day of		_ 20				-					ignature	or Perso	iii Subiiiii	tilly Kep	ort	
	Signatu	re					_						Prin	ited Name	е		
My Commission Ex	·						_		•				Ema	il			
	МО		AY	YR							ea Cod	e	Daytin	ne Teleph	none Nui	nber	
	a report of a cand					•											4000
No 320) as amende		iy knowi	eage and bei	ier tnis	polit	icai	comm	ittee n	as n	ot viola	ea an	y provis	ions or th	e act or J	une 3,15	137 (P.L.	1333,
SWORN TO AND SUBSC	ribed before me this day of		20									s	ignature	of Candid	ate		
	<u> </u>						-						Printe	ed Name			
My Commission Exp	Signature ires												Ema	nil			<u> </u>
	мо	D	AY	YR			-			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DENNIN, JILL FRIENDS OF	From:	11/29/202	2 <u>2</u> To:	1/2/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	70.00
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)	\$	200.00		
TOTAL for the Reporting	(2)	\$	200.00	
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			\$	270.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To) :		
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE TOTAL

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 Filing Committee or Candidate

Reporting Period

DATE

DENNIN, JILL FRIENDS OF

From:

11/29/2022 **To:**

1/2/2023

AMOUNT

Full Name of Contributor Mary Pugh					DAY	YEAR	
Mailing Address 213 Yeakel Avenue						\$ 200.00	
City Glenside	Sta PA		Zip Code (Plus 4) 19038	11	29	2022	

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

PAGE TOTAL \$ 200.00

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			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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 Per	iod						
DENNIN, JILL FRIENDS OF	From:	11/29/2022 To:	1/2/2023					
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 PART 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						\$	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	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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
DENNIN, JILL FRIENDS OF	From	11/29/2022	To:	1/2/2023		
	•	DATE		AMOUNT		
T. Whom Bald						

				DATE			AMOUNT
To Whom Paid Jill Dennin			мо	DAY	YEAR		
Mailing Address 1210 Mega Lane			12	7	2022	\$	7,002.64
City GILBERTSVILLE	State PA	Zip Code (Plus 4) 19525		otion of Exp rsement fo			
To Whom Paid Sarah Calvin			МО	DAY	YEAR		
Mailing Address 146 W 83rd Street	Apt 19		12	7	2022	\$	3,000.00
City New YOrk State NY 10024				otion of Exp			
To Whom Paid Christopher Thomas			МО	DAY	YEAR		
Mailing Address 215 Horseshoe Roa	d		12	7	2022	\$	2,000.00
City Schwenksville	State PA	Zip Code (Plus 4) 19473		otion of Exp ser Coordi			
To Whom Paid Greater Reading PAC			МО	DAY	YEAR		
Mailing Address 8 Upland Road			12	7	2022	\$	100.00
City Wyomissing	State PA	Zip Code (Plus 4) 19609	Descrip Contrib	otion of Exp ution	penditure	•	
To Whom Paid Friends of Jeanne Sorg			МО	DAY	YEAR		
Mailing Address unknown			12	7	2022	\$	100.00
City Ambler State Zip Code (Plus 4) PA 19512			Descrip Contrib	otion of Exp ution	penditure		

To Whom Paid North Penn Democrats			МО	DAY	YEAR		
Mailing Address 606 Spruce Street			12	1	2022	\$	50.00
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Contribution				
To Whom Paid Act Blue and Paragon Service Fee			МО	DAY	YEAR		
Mailing Address 366 Summers Street			12	7	2022	\$	373.99
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Service Fee				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	12,626.63