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	20190	264				Repor Filed		CAN	ANDIDATE COMI				1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	andidat	te or Lo	bbyist	:	C	ENNI	N, JILI	FRIE	NDS	S OF								
Street Address:	1210 ME	GA LA	NE																
City:	GILBERT	SVILLE	Ξ						State	:	PA			Zip Cod	l e: 19	525			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FF PRIMA		PRE-	2.	30 D/ PRIM						AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FF ELECTI		PRE-	5.	30 D		Р	POST- 6.			TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REF	PORT	7. X	Year 2	2023				NG MET		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Car	ndidate):				-	-	DATE	E OI	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	Cour	
									МО		DAY	YI	EAR		•	DEI	1	46	
										11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		nd	МО	DAY	′	YEAR			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		1	.1	28	20	23 1	ГО		1		1	2024						
A. Amount Bro	ught Forward	l From	Last Ro	eport				\$				10,	520.15						
B. Total Moneta	ary Contribut	ions Aı	nd Rece	eipts (I	From	Sched	ule I)	\$;	0.00									
C. Total Funds	Available (Su	ım Of L	ines A	and B))			\$				10,	520.15						
D. Total Expend	ditures (From	1 Sched	lule III	(1)				\$	1			1	125.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$	<u> </u>			10,3	95.15								
F. Value Of In-	Kind Contribu	ıtions I	Receive	ed (Fro	m Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedul	le IV))		\$,				0.00						
						AFFI	DAV:	IT SE	CTIO	N									
PART I - If this is		=	•		_											.11			
I swear (or affirm) correct and comple		rt, inclu	aing the	attacne	ea scn	eaules	riiea on	paper	or by ei	lectr	onic m	eaium	, are to t	ne best of	т ту кпоч	vieage	and be	ilet , tr	ue
Sworn to and subs	cribed before n day of	ne this		20						•		S	Signature	of Persor	n Submitt	ing Re _l	ort		_
	- Si	ignature	<u> </u>	_				<u>-</u>						Print	ed Name				
My Commission Ex	pires							_		-				Emai	I				
	МО		DA	lΥ		YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		$\underline{\underline{}}$
Part II- If this is	a report of a	candi	date's a	author	ized (Commi	ittee, (Candid	late sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	dge and	d belie	f this p	olitical	comm	ittee ha	as no	ot viola	ted ar	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before mo	e this		20									s	ignature o	f Candida	ite			_
								_						Printe	d Name				-
	Signa	ature						_		_									_
My Commission Exp	ires													Emai					
	M	10	DA	λΥ		YR		_			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DENNIN, JILL FRIENDS OF	From:	11/28/202	<u>3</u> To:	1/1/2024
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 ar 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

Name of Filing Committee or Candidate			Reporting Period					
		From: To:				:		
		I		DATE			AMOUNT	
Full Name of Contribut	ing 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 Filing Committee or Candida	ite		Rep					
			From: To:					
					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 Candi	ame of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE	AMOUNT		
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	ame of Filing Committee or Candidate		Rep	orting Pe	riod				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address	Address						\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City					State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						PAG	GE 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	Candidate		Report	ting Perio	bd			
			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	on Schedule T. Detailer	d Summary Page	Section	4			PAGE TOTAL	
Enter Grana Total of Fait E	on senedare 1, Betanet	a Summary rage,	Section				\$ 0.0	0

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:	<u>11/28/2023</u> To:	1/1/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	inter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.			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	ame of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address							\$	0.00		
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•		Occupation					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
DENNIN, JILL FRIENDS OF			From	11/28	3/2023	То:	1/1/2024	
			DATE AMOU					
To Whom Paid Paragon Solutions			мо	DAY	YEAR			
Mailing Address 2141 East	Mailing Address 2141 East Broadway Rd., Suite 202			4	2023	\$	25.00	
City Tempe	State AZ	Zip Code (Plus 4) 85282	Descrip Merch.	otion of Exp	penditure			
To Whom Paid Friends of Judy Schwank			МО	DAY	YEAR			
lailing Address PO Box 12424			12	26	2023	\$	100.00	

Enter Count Table of Engage States on Base of Base of Count Base of States Base o	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 125.00

19612

Zip Code (Plus 4)

Description of Expenditure

Campaign Contribution

State

PA

City

Reading