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 201	90264			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		DEN	NIN	, JILL	FRIEND	S OF									
Street Address:	2526 RHOAD	S RD																
City:	GILBERTSVII	.LE						State: PA					Zip Code: 19525-9174					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2024					IG METHO				PAPER		/	DISKE	ГТЕ		
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	YE	AR		10000	DEM	!	46		
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)		
Summary of Expenditures	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
			3 5	20	024	Т	<u> </u>	4		8	2024							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8,7	20.65							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			8,7	20.65							
D. Total Expend	ditures (From Sch	edule II	I)				\$			7	75.00							
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			7,9	45.65							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II))	\$				0.00							
G. Unpaid Debt	s And Obligation	(From S	Schedule IV)				\$				0.00							
			F	AFF.	IDA	١٧٧	ΓSE	CTION										
	s a Committee rep	,	_															
I swear (or affirm) correct and complete) that this report, inc ete.	cluding the	e attached sched	dules	filed	d on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge a	and belie	f , true		
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort			
	Signat	ıre					- -					Prin	ted Name	•				
My Commission Ex	cpires											Ema	il					
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,		
Sworn to and subsc	ribed before me this	i									s	ignature o	of Candid	ate				
	day of						_					Drinto	d Name					
	Signature						-											
My Commission Exp	_											Ema	il					
	МО	D	AY	YR			•		Area	Code		Da	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:	<u>3/5/202</u>	<u>4</u> To:	4/8/2024
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 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 onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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 Fining Committee of Candidate					Reporting Period From: To:				
			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			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 Cano	didate			Rep	orting Pe	riod			
				Fro	m:		To):	
			·		D	ATE		AN	MOUNT
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/Princip Business	al Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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:	3/5/2024 To:	<u>4/8/2024</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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					porting	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
DENNIN, JILL FRIENDS OF			From	<u>3/!</u>	5/2024	То:	4/8/2024
				DATE			AMOUNT
To Whom Paid Friends of Al Leach			МО	DAY	YEAR		
Mailing Address 1466 Sweetw	ater Way		4	3	2024	\$	250.00
City Pottstown	State PA	Zip Code (Plus 4) 19464		otion of Exp			
To Whom Paid Malcolm for PA			МО	DAY	YEAR		
Mailing Address PO Box 3254				8	2024	\$	250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19130	1 -	otion of Exp			
To Whom Paid Friends of Meriam Sabih			МО	DAY	YEAR		
Mailing Address 6195 Blue Bel	lle Drive		4	4	2024	\$	250.00
City Center Valley	State PA	Zip Code (Plus 4) 18034	ı	otion of Exp			
To Whom Paid Paragon Solutions			мо	DAY	YEAR		
Mailing Address 2141 East Bro	padway Rd., Suite 202	2	4	2	2024	\$	25.00
City Tempe	State AZ	Zip Code (Plus 4) 85282	Descrip Merch.	otion of Exp Fees	enditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

775.00

\$