### **Campaign Finance Report**

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

| Filer Identificati<br>Number :  | on 2024   | 10067      |                       |          |        | port<br>ed B |                | CAND               | IDA         | TE      |             | COMM      | MITTEE                  | <b>✓</b>       | LOB      | BYI   | ST       |              |
|---|---|------------|-----------------------|----------|--------|--------------|----------------|--------------------|-------------|---------|-------------|-----------|-------------------------|----------------|----------|-------|----------|--------------|
| Name of Filing C  | Committee, Candid                               | ate or L   | obbyist:              |          | FRII   | END:         | S OF           | JEN DIN            | ITIN        | II .    |             |           |                         |                |          |       |          |              |
| Street Address:   |   |            |                       |          |        |              |                |                    |             |         |             |           |                         |                |          |       |          |              |
| City:   | HARRISBURG                                      | 1          |                       |          |        |              |                | State:             | PA          | A       |             |           | Zip Cod                 | le: 17         | '108     |       |          |              |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY                      | 1.         | 2ND FRIDA<br>PRIMARY  | Y PRE    | -      | 2.           | 30 DA<br>PRIMA |                    | POS         | ST- 3   | 3. <b>X</b> |           | AMENDMENT Yes REPORT?   |                |          |       | No       | <b>\</b>     |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION                     | 4.         | 2ND FRIDA<br>ELECTION | Y PRE    | -      | 5.           | 30 DA          |                    | POS         | 6T- 6   | 5.          |           | TERMINATION Yes REPORT? |                |          |       | No       | <b>\</b>     |
| report type)  | ANNUAL REPORT                                   | 7.         | <b>Year</b> 2024      |          |        |              |                | NG METH<br>CHECK ( |             |         | PAPER       |           |                         |                | <b>\</b> | DI    | SKETT    | E            |
| Name of Office S  | Sought by Candida                               | te:        | -                     |          |        |              |                | DATE (             | OF ELECTION |         |             |           | District<br>Number      | Office<br>Code | Pa       | rty C | ode C    | ounty<br>ode |
|   | MO DAY YEAR                                     |            |                       |          |        |              |                | AR                 | rumber      | Touc    |             |           |                         |                |          |       |          |              |
|   | 11 5 2024                                       |            |                       |          |        |              |                | 2024               |             | (SEE IN | STRUCT      | ONS       | FOR COL                 | ES)            |          |       |          |              |
|   | Summary of Receipts and MO DAY YEAR MO DAY YEAR |            |                       |          |        |              |                |                    | AR          | FO      | R OFFI      | CE USI    | ON                      | ILY            |          |       |          |              |
| Expenditures  | from:   |            | 4 9                   | 2        | 024    | T            | 0              |                    | 5           | 13      | 3           | 2024      |                         |                |          |       |          |              |
| A. Amount Bro   | ught Forward Fron                               | n Last R   | eport                 |          |        |              | \$             |                    |             |         | 17,9        | 97.95     |                         |                |          |       |          |              |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 68,131.00 |   |            |                       |          |        |              |                |                    |             |         |             |           |                         |                |          |       |          |              |
| C. Total Funds Available (Sum Of Lines A and B) \$86,128                    |   |            |                       |          |        |              |                |                    | 28.95       |         |             |           |                         |                |          |       |          |              |
| D. Total Expenditures (From Schedule III)                                   |   |            |                       |          |        | \$           |                |                    | 4           | 42,0    | 44.71       |           |                         |                |          |       |          |              |
| E. Ending Cash Balance (Subtract Line D From Line C)                        |   |            |                       |          |        |              | \$             |                    |             | 4       | 14,08       | 84.24     |                         |                |          |       |          |              |
| F. Value Of In-   | Kind Contributions                              | s Receiv   | ed (From S            | chedu    | le II  | I)           | \$             |                    |             |         |             | 0.00      |                         |                |          |       |          |              |
| G. Unpaid Debt  | ts And Obligations                              | (From S    | Schedule IV           | /)       |        |              | \$             |                    |             |         |             | 0.00      |                         |                |          |       |          |              |
|   |   |            |                       | AFF      | IDA    | AVI          | ΓSE            | CTION              |             |         |             |           |                         |                |          |       |          |              |
| PART I - If this is   | s a Committee rep                               | ort, trea  | surer sign            | here.    | If th  | nis is       | a Car          | ndidate ı          | еро         | ort, ca | ndid        | late sig  | n here.                 |                |          |       |          |              |
| I swear (or affirm) correct and comple                                      | ) that this report, inc<br>ete.                 | luding the | attached sc           | hedules  | s file | d on         | paper          | or by elec         | tron        | ic med  | lium,       | are to t  | he best of              | my kno         | wledge   | and   | belief , | true         |
| Sworn to and subs   | cribed before me this<br>day of                 | 5          | 20                    |          |        |              |                |                    | _           |         | Si          | gnature   | of Persor               | Submit         | ting Re  | port  |          |              |
|   | Signatu   | ıre        |                       |          |        |              | -              |                    | _           |         |             |           | Print                   | ed Name        | •        |       |          |              |
| My Commission Ex  | cpires  |            |                       |          |        |              |                |                    |             |         |             |           | Emai                    | I              |          |       |          |              |
|   | мо  | D          | AY                    | YR       |        |              |                |                    |             | Area    | Code        | е         | Daytim                  | e Teleph       | one Nu   | ımbe  | er       |              |
| Part II- If this is   | a report of a can                               | didate's   | authorized            | Comn     | nitte  | ee, C        | andid          | ate shal           | l sig       | ın her  | e.          |           |                         |                |          |       |          |              |
| I swear (or affirm)<br>No 320) as amende                                    | that to the best of n                           | ny knowle  | edge and beli         | ief this | polit  | tical        | comm           | ittee has          | not v       | violate | d any       | / provisi | ons of the              | act of J       | une 3,1  | .937  | (P.L. 1  | 333,         |
| Sworn to and subsc  | ribed before me this                            |            |                       |          |        |              |                |                    | _           |         |             | Si        | gnature o               | f Candid       | ate      |       |          | 一 <b> </b>   |
|   | day of  |            |                       |          |        |              | -              |                    | _           |         |             |           | Printe                  | d Name         |          |       |          | -            |
| My Commission Exp   | Signature                                       |            |                       |          |        |              | -              |                    | _           |         |             |           | Emai                    | I              |          |       |          | _            |
| , commission exp  |   |            |                       |          |        |              | •              |                    | _           |         |             |           |                         |                |          |       |          | _            |
|   | МО  | D          | AY                    | YR       |        |              |                |                    | F           | Area C  | ode         |           | Da                      | ytime T        | elepho   | ne N  | umber    |              |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting | y Period |              |           |
|---|-----------|----------|--------------|-----------|
| FRIENDS OF JEN DINTINI  | From:     | 4/9/202  | <u>4</u> To: | 5/13/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor   |           |          |              |           |
| TOTAL for the Reporting   | Period    | (1)      | \$           | 131.00    |
| 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   | Period    | (2)      | \$           | 200.00    |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)  |           |          |              |           |
| Contributions Received From Political Committees (Part C)   |           |          | \$           | 56,000.00 |
| All Other Contributions (Part D)  |           |          | \$           | 11,800.00 |
| TOTAL for the Reporting   | Period    | (3)      | \$           | 67,800.00 |
| 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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |           |          | \$           | 68,131.00 |

#### **PART A**

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

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidate |       |                   | Reporting Period |      |      |    |        |  |  |  |
|---------------------------------------|-------|-------------------|------------------|------|------|----|--------|--|--|--|
| F                                     |       |                   |                  |      | :    |    |        |  |  |  |
|                                       |       | ·                 |                  | DATE |      |    | AMOUNT |  |  |  |
| Full Name of Contributing Committee   |       |                   | МО               | DAY  | YEAR |    |        |  |  |  |
| Mailing Address                       |       | _                 |                  |      |      | \$ | 0.00   |  |  |  |
| City                                  | State | Zip Code (Plus 4) |                  |      |      |    |        |  |  |  |

PAGE TOTAL
0.00

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

### 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** 

FRIENDS OF JEN DINTINI

From: 4

DATE

4/9/2024 **To:** 

\$

5/13/2024

**AMOUNT** 

| Full N | lame of Contributor |       |                   | мо   | DAY | YEAR |           |
|--------|---------------------|-------|-------------------|------|-----|------|-----------|
| DAVI   | D J MAJERNIK        |       |                   | 1-10 | DAI | ILAK |           |
| Mailir | Mailing Address     |       |                   |      |     |      | \$ 200.00 |
| City   | PITTSBURGH          | State | Zip Code (Plus 4) | 4    | 22  | 2024 |           |
|        |                     | PA    | 15239             |      |     |      |           |

**PAGE TOTAL** 200.00

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

#### **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 | me of Filing Committee or Candidate Repo |          |            | orting Period |                |          |          |           |  |
|---------------------------------------|--|----------|------------|---------------|----------------|----------|----------|-----------|--|
| FRIENDS OF JEN DINTINI                |  |          | From:      | <u>4</u> /    | <u>/9/2024</u> | То:      | <u>.</u> | 5/13/2024 |  |
|                                       |  |          |            | DA            | TE             |          |          | AMOUNT    |  |
| Full Name of Contributing Committee   |  |          |            | мо            | DAY            | YEAR     |          |           |  |
| FRIENDS OF CHRIS GEBHARD              |  |          |            |               | \$             | 1,000.00 |          |           |  |
| Mailing Address                       |  | 5        | 8          | 2024          |                | ,        |          |           |  |
| City LEBANON                          | State                                    | Zip Code | e (Plus 4) |               |                | 2024     |          |           |  |
|                                       | PA                                       | 17042    |            |               |                |          |          |           |  |
| Full Name of Contributing Committee   |  |          |            | мо            | DAY            | YEAR     |          |           |  |
| FRIENDS OF KIM WARD                   |  |          |            | 1.0           | 5/11           | 12/110   | _  s     | 50,000.00 |  |
| Mailing Address                       |  |          |            | 5             | 7              | 2024     |          | ,         |  |
| City HARRISBURG                       | State                                    | Zip Code | e (Plus 4) |               | '              | 2024     |          |           |  |
|                                       | PA                                       | 17108    |            |               |                |          |          |           |  |
| Full Name of Contributing Committee   |  |          |            | мо            | DAY            | YEAR     |          |           |  |
| PENNSYLVANIA PROSPERITY PAC           |  |          |            | 140           |                | ILAN     | \$       | 5,000.00  |  |
| Mailing Address                       |  |          |            | 5             | 10             | 2024     | 7        | 2,220.00  |  |
| City CAMP HILL                        | State                                    | Zip Code | e (Plus 4) |               | 10             | 2024     |          |           |  |
|                                       | PA                                       | 17001    |            |               |                |          |          |           |  |
|                                       |  |          |            |               |                |          | _        |           |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**\$ 56,000.00

### 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  |              |                       |                      |                          |                  |
|--|--------------------------|----------------|-------|--------------|-----------------------|----------------------|--------------------------|------------------|
| FRIENDS OF JEN DINTINI   |                          |                | Fron  | n:           | <u>4/9/2</u>          | <u>024</u> To        | : <u>5</u> /             | /13/2024         |
|  |                          |                |       | D/           | ATE                   |                      | AMOU                     | NT               |
| Full Name of Contributor   |                          |                |       | Mo           | DAY                   | VEAD                 |                          |                  |
| SHAUN DAVIS  |                          |                |       | МО           | DAY                   | YEAR                 | \$                       | 500.00           |
| Mailing Address  |                          |                |       | 5            | 13                    | 2024                 | 1                        |                  |
| City PITTSBURGH  | State                    | Zip Code (Plu  | s 4)  |              | 13                    | 2024                 |                          |                  |
|  | PA                       | 15239          |       |              |                       |                      |                          |                  |
| imployer Name  |                          |                |       | Occupat      | tion                  | INFORM               | ATION REQU               | JESTED           |
| Employer Mailing Address/Principal Place of Business City  |                          |                |       | State        |                       | Zip Code (P          | lus 4)                   |                  |
| Full Name of Contributor   |                          | •              |       | мо           | DAY                   | YEAR                 |                          | 200.00           |
| JUST ELECTRIC, LLC   |                          |                |       | 1-10         | DAI                   | ILAK                 | \$                       | 300.00           |
| Mailing Address  |                          |                |       | 4            | 19                    | 2024                 |                          |                  |
| City PITTSBURGH  | State                    | Zip Code (Plu  | s 4)  |              | 10                    |                      |                          |                  |
|  | PA                       | 15239          |       |              |                       |                      |                          |                  |
| Employer Name  |                          |                |       | Occupat      | ion                   |                      |                          |                  |
| Employer Name  Employer Mailing Address/Principal Place of Business  City  |                          |                |       | State        |                       | Zip Code (P          | lus 4)                   |                  |
|  |                          |                |       |              |                       |                      |                          |                  |
| Full Name of Contributor   |                          |                |       | MO           | DAY                   | VEAR                 |                          | 2 500 00         |
| Full Name of Contributor JOHN LOKAY  |                          |                |       | МО           | DAY                   | YEAR                 | \$                       | 2,500.00         |
|  |                          |                |       |              |                       |                      | \$                       | 2,500.00         |
| JOHN LOKAY   | State                    | Zip Code (Plu  | s 4)  | <b>MO</b> 4  | <b>DAY</b> 15         | <b>YEAR</b> 2024     | \$                       | 2,500.00         |
| JOHN LOKAY  Mailing Address  | State<br>PA              | Zip Code (Plu  | s 4)  |              |                       |                      | \$                       | 2,500.00         |
| JOHN LOKAY  Mailing Address  |                          |                | s 4)  |              | 15                    |                      | \$                       | 2,500.00         |
| JOHN LOKAY  Mailing Address  City IRWIN  | PA                       |                | s 4)  | 4            | 15                    | 2024                 | \$ Zip Code (P           | ·                |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  | PA                       | 15642          |       | 4            | 15                    | 2024                 |                          | ·                |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  | PA                       | 15642<br>City  |       | 4<br>Occupat | 15 state PA           | 2024<br>OWNER        | <b>Zip Code (P</b> 15146 | lus 4)           |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  Employer Mailing Address/Principal Place  | PA                       | 15642<br>City  |       | 4            | 15                    | 2024                 | Zip Code (P              | ·                |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  Employer Mailing Address/Principal Place  Full Name of Contributor                                  | PA                       | 15642<br>City  |       | 4 Occupat    | 15 stion State PA DAY | 2024<br>OWNER        | <b>Zip Code (P</b> 15146 | lus 4)           |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  Employer Mailing Address/Principal Place  Full Name of Contributor  CANDICE KOMAR                   | PA                       | 15642<br>City  | VILLE | 4<br>Occupat | 15 state PA           | 2024<br>OWNER        | <b>Zip Code (P</b> 15146 | lus 4)           |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  Employer Mailing Address/Principal Place  Full Name of Contributor  CANDICE KOMAR  Mailing Address  | PA e of Business         | City<br>MONROE | VILLE | 4 Occupat    | 15 stion State PA DAY | 2024<br>OWNER        | <b>Zip Code (P</b> 15146 | lus 4)           |
| JOHN LOKAY  Mailing Address  City IRWIN  Employer Name LOKAY LANES, LLC  Employer Mailing Address/Principal Place  Full Name of Contributor  CANDICE KOMAR  Mailing Address  | PA  e of Business  State | City MONROE    | VILLE | 4 Occupat    | 15 State PA DAY       | 2024<br>OWNER        | <b>Zip Code (P</b> 15146 | lus 4)           |
| Mailing Address City IRWIN  Employer Name LOKAY LANES, LLC Employer Mailing Address/Principal Place  Full Name of Contributor CANDICE KOMAR  Mailing Address City PITTSBURGH | PA  State PA             | City MONROE    | VILLE | Occupat      | 15 State PA DAY       | 2024 OWNER YEAR 2024 | <b>Zip Code (P</b> 15146 | lus 4)<br>500.00 |

| Full Name of Contributor                 |                 |      |               |                       |       |        |                   |          |  |
|--|-----------------|------|---------------|-----------------------|-------|--------|-------------------|----------|--|
| COREY DEASY                              |                 |      |               | МО                    | DAY   | YEAR   | \$                | 2,500.00 |  |
| Mailing Address                          |                 |      |               |                       |       |        | 1                 |          |  |
| City IRWIN                               | State           | Zip  | Code (Plus 4) | 4                     | 15    | 2024   |                   |          |  |
| ,  | l <sub>PA</sub> | 15   | 642           |                       |       |        |                   |          |  |
| Employer Name MIND DOJO, LLC             | . 171           | . 13 | 012           | Occupat               | ion ( | OWNER  |                   |          |  |
| Employer Mailing Address/Principal Place | e of Business   |      | City          |                       |       |        | Zip Code          | (Plus 4) |  |
| IRWIN                                    |                 |      | -             |                       | PA    |        | 15642             | (        |  |
|  | 11(44114        |      | 117           |                       | 13012 |        |                   |          |  |
| Full Name of Contributor                 |                 |      |               | мо                    | DAY   | YEAR   | <b>\$</b>         | 500.00   |  |
| KIRA WISSMAN                             |                 |      |               |                       |       |        |                   |          |  |
| Mailing Address                          | T               |      |               | 4                     | 26    | 2024   | 1                 |          |  |
| City EIGHTY FOUR                         | State           | Zip  | Code (Plus 4) |                       |       |        |                   |          |  |
|  | l <sub>PA</sub> | 15   | 330           |                       |       |        | l                 |          |  |
| Employer Name KWC CERTIFIED PUBL         | IC ACCOUNTANTS  |      |               | Occupation ACCOUNTANT |       |        |                   |          |  |
| Employer Mailing Address/Principal Plac  | e of Business   |      | City          | State                 |       |        | Zip Code (Plus 4) |          |  |
|  |                 |      | ALEXANDRIA    |                       | VA    |        | 22312             |          |  |
| Full Name of Contributor                 |                 |      |               | МО                    | DAY   | YEAR   |                   |          |  |
| SCOTT DOLS                               |                 |      |               | МО                    | DAT   | TEAR   | <b>\$</b>         | 5,000.00 |  |
| Mailing Address                          |                 |      |               | 4                     | 26    | 2024   | 1                 |          |  |
| City LUTZ                                | State           | Zip  | Code (Plus 4) | ] 4                   | 20    | 2024   |                   |          |  |
|  | <sub>FL</sub>   | 33   | 549           |                       |       |        |                   |          |  |
| Employer Name TRUCKS & amp; PART         | S               |      |               | Occupat               | ion   | EXECUT | IVE               |          |  |
| Employer Mailing Address/Principal Plac  | e of Business   |      | City          |                       | State |        | Zip Code          | (Plus 4) |  |
| TAMPA                                    |                 |      |               | FL                    |       | 33619  |                   |          |  |
|  |                 |      |               |                       | -     |        |                   |          |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**\$ 11,800.00

## 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    | ing Peri | od  |      |    |            |
|----------------------------|---------------------------|---------------|-----------|----------|-----|------|----|------------|
|                            |                           |               | From:     |          |     | To:  |    |            |
|                            |                           | •             |           | C        | ATE |      |    | AMOUNT     |
| Full Name                  |                           |               |           | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address            |                           |               |           |          |     |      | 7  |            |
| City                       | State                     | Zip Code (P   | Plus 4)   |          |     |      |    |            |
| Receipt Description        | <b>.</b>                  | •             |           | •        | •   | •    | _  |            |
| Enton Cuand Total of David | E on Cohodulo I Detailed  | Summany Dazz  | Costis :- | 4        |     |      |    | PAGE TOTAL |
| enter Grand Total of Part  | E on Schedule I, Detailed | Summary Page, | Section   | 4.       |     |      | \$ | 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 |                      |                  |  |  |  |  |  |  |
|--|------------------|----------------------|------------------|--|--|--|--|--|--|
| FRIENDS OF JEN DINTINI   | From:            | 4/9/2024 <b>To</b> : | <u>5/13/2024</u> |  |  |  |  |  |  |
| 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 Candidate                                 | ame of Filing Committee or Candidate |                   |         |          | Reporting Period |          |           |      |  |
|---|--------------------------------------|-------------------|---------|----------|------------------|----------|-----------|------|--|
|   |                                      | 1                 | From:   |          |                  | То:      |           |      |  |
|   | DATE AN                              |                   |         |          |                  |          |           |      |  |
| Full Name of Contributor  |                                      |                   |         | DAY      | YEAR             |          |           |      |  |
| Mailing Address   |                                      |                   |         |          |                  | <b> </b> |           | 0.00 |  |
| City  | State                                | Zip Code (Plus 4) |         |          |                  |          |           |      |  |
| Description of Contribution:  |                                      | •                 | •       | •        |                  | •        |           |      |  |
|   |                                      |                   |         |          | -                |          |           |      |  |
| nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta |                                      |                   | led Sum | mary Pag | ge,              |          | PAGE TOTA | AL   |  |
| Section 2.  |                                      |                   |         |          |                  | \$       |           | 0.00 |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Re     | porting | Period       |       |      |                     |      |
|---|------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro    | m:      |              | To:   |      |                     |      |
|   |                  |      |                  |        |         | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |         |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | Stat   | e Zip   | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile | ed      |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |        |         |              |       |      |                     | 0.00 |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod    |     |           |
|---------------------------------------|--------------|----------|-----|-----------|
| FRIENDS OF JEN DINTINI                | From         | 4/9/2024 | То: | 5/13/2024 |

|   |                                |   |                               | DATE   |    |           |  |  |  |
|---|--------------------------------|---|-------------------------------|--|----|-----------|--|--|--|
|   |                                | МО  | DAY                           | YEAR   |    |           |  |  |  |
|   |                                |   |                               |  |    |           |  |  |  |
| Mailing Address                         |                                |   | 11                            | 2024   | \$ | 12,165.76 |  |  |  |
| State                                   | Zip Code (Plus 4)              | Descrip   | tion of Exp                   | enditure   |    |           |  |  |  |
| PA 17101                                |                                |   |                               | PRINTING AND POSTAGE                               |    |           |  |  |  |
| To Whom Paid                            |                                |   |                               | VEAR   |    |           |  |  |  |
| EVENTBRITE.COM                          |                                |   |                               | ILAK   |    |           |  |  |  |
| Mailing Address                         |                                |   |                               | 2024   | \$ | 1,058.02  |  |  |  |
| State                                   | Zip Code (Plus 4)              | Descrip   | tion of Exp                   | enditure   |    |           |  |  |  |
| CA 94107                                |                                |   |                               | SERVICE FEE  |    |           |  |  |  |
|   |                                | МО  | DAY                           | VEAR   |    |           |  |  |  |
|   |                                | М   |                               | ILAK   |    |           |  |  |  |
|   |                                | 4   | 16                            | 2024   | \$ | 5,250.00  |  |  |  |
| City HARRISBURG State Zip Code (Plus 4) |                                |   | Description of Expenditure    |  |    |           |  |  |  |
| PA 17101                                |                                |   |                               | TEXT MESSAGING                                     |    |           |  |  |  |
|   |                                |   | l <sub>DAV</sub>              |  |    |           |  |  |  |
|   |                                | I M()   |                               | IVFAR I  |    |           |  |  |  |
|   |                                | МО  | DAY                           | YEAR   |    |           |  |  |  |
|   |                                | <b>MO</b> 4   | 16                            | 2024   | \$ | 831.50    |  |  |  |
| State                                   | Zip Code (Plus 4)              | 4   |                               | 2024   | \$ | 831.50    |  |  |  |
| <b>State</b> PA                         | <b>Zip Code (Plus 4)</b> 17101 | 4  Descript   | 16                            | 2024   | \$ | 831.50    |  |  |  |
|   |                                | 4  Descript REIMBU                                    | 16 tion of Exp                | 2024<br>enditure                                   | \$ | 831.50    |  |  |  |
|   |                                | 4  Descript   | 16                            | 2024   | \$ | 831.50    |  |  |  |
|   |                                | 4  Descript REIMBU                                    | 16 tion of Exp                | 2024<br>enditure                                   | \$ | 731.00    |  |  |  |
|   |                                | 4  Descript REIMBU  MO                                | 16  tion of Exp  RSEMENT  DAY | 2024 enditure YEAR 2024                            |    |           |  |  |  |
| PA                                      | 17101                          | Description 4  Description 4  Description 4           | 16 RSEMENT DAY 22             | 2024 enditure YEAR 2024                            |    |           |  |  |  |
| PA State                                | 17101  Zip Code (Plus 4)       | 4  Descript REIMBU  MO  4  Descript REIMBU            | 16 RSEMENT DAY 22 tion of Exp | 2024 enditure  YEAR  2024 enditure                 |    |           |  |  |  |
| PA State                                | 17101  Zip Code (Plus 4)       | Description 4  Description 4  Description 4           | 16 RSEMENT DAY 22 tion of Exp | 2024 enditure YEAR 2024                            |    |           |  |  |  |
| PA State                                | 17101  Zip Code (Plus 4)       | 4  Descript REIMBU  MO  4  Descript REIMBU            | 16 RSEMENT DAY 22 tion of Exp | 2024 enditure  YEAR  2024 enditure                 |    |           |  |  |  |
| PA State                                | 17101  Zip Code (Plus 4)       | MO  A  Descript REIMBU  MO  A  Descript REIMBU  MO  4 | 16 RSEMENT DAY 22 tion of Exp | 2024  Penditure  YEAR  2024  Penditure  YEAR  2024 | \$ | 731.00    |  |  |  |
|   | State CA State                 | PA   17101  | PA                            | MO   DAY   | MO | MO        |  |  |  |

|   |  |       |                            |                            |                  |          |          | TAGE 13  |  |
|---|--|-------|----------------------------|----------------------------|------------------|----------|----------|----------|--|
| To Whom Paid                                      |  |       |                            | мо                         | DAY              | YEAR     |          |          |  |
| ANEDOT  |  |       |                            |                            |                  |          | _        |          |  |
| Mailing Address                                   |  |       | 4                          | 26                         | 2024             | \$       | 20.30    |          |  |
| City NEW ORLEANS State Zip Code (Plus 4)          |  |       | Description of Expenditure |                            |                  |          |          |          |  |
| LA 70112  |  |       |                            | SERVICE FEE                |                  |          |          |          |  |
| To Whom Paid                                      |  |       |                            | МО                         | DAY              | YEAR     |          |          |  |
| ANEDOT  |  |       |                            | 1-10                       |                  | I Z/IIX  |          |          |  |
| Mailing Address                                   |  |       | 4                          | 26                         | 2024             | \$       | 200.30   |          |  |
| City NEW ORLEANS State Zip Code (Plus 4)          |  |       | Description of Expenditure |                            |                  |          |          |          |  |
|   |  | LA    | 70112                      | SERVICE FEE                |                  |          |          |          |  |
| To Wi   | nom Paid   |       |                            |                            | DAY              | VEAD     |          |          |  |
| AVER  | Y SKIVIAT  |       |                            | МО                         | DAY              | YEAR     |          |          |  |
| Mailin  | g Address  |       |                            | 5                          | 1                | 2024     | \$       | 5,000.00 |  |
| City  | PITTSBURGH   | State | Zip Code (Plus 4)          | Descrip                    | tion of Exp      | enditure |          |          |  |
|   |  | PA    | 15234                      | CONSULTING                 |                  |          |          |          |  |
| To Wi   | nom Paid   |       |                            | MO                         | DAY              | YEAR     |          |          |  |
| CARR  | IE CAMPBELL  |       |                            | МО                         | DAT              | TEAK     |          |          |  |
| Mailing Address                                   |  |       | 5                          | 1                          | 2024             | \$       | 610.00   |          |  |
| City  | City PITTSBURGH State Zip Code (Plus 4)            |       |                            | Description of Expenditure |                  |          |          |          |  |
|   |  | PA    | 15239                      | EVENT DECORATIONS          |                  |          |          |          |  |
| To Whom Paid                                      |  |       | мо                         | DAY                        | YEAR             |          |          |          |  |
| ANEDOT  |  |       | MO                         | DAT                        | TEAR             |          |          |          |  |
| Mailing Address                                   |  |       | 5                          | 2                          | 2024             | \$       | 20.30    |          |  |
| City NEW ORLEANS State Zip Code (Plus 4)          |  |       | Description of Expenditure |                            |                  |          |          |          |  |
|   |  | LA    | 70112                      | SERVICE FEE                |                  |          |          |          |  |
| To Whom Paid                                      |  |       |                            | мо                         | DAY              | YEAR     |          |          |  |
| DTR (   | CONSULTING   |       |                            | МО                         | DAI              | ILAK     |          |          |  |
| Mailing Address                                   |  |       | 5                          | 2                          | 2024             | \$       | 1,000.00 |          |  |
| City  | HARRISBURG   | State | Zip Code (Plus 4)          | Descrip                    | tion of Exp      | enditure |          |          |  |
|   | PA 17102   |       |                            | CONTRIBUTION               |                  |          |          |          |  |
| To Whom Paid                                      |  |       |                            |                            |                  |          |          |          |  |
| ANEDOT  |  |       | МО                         | DAY                        | YEAR             |          |          |          |  |
| Mailing Address                                   |  |       | 5                          | 6                          | 2024             | \$       | 2.30     |          |  |
| City NEW ORLEANS State Zip Code (Plus 4) LA 70112 |  |       | Zip Code (Plus 4)          | Descrip                    | tion of Exp      | enditure |          |          |  |
|   |  |       | SERVICE FEE                |                            |                  |          |          |          |  |
| To Whom Paid                                      |  |       | 140                        | DAY                        | VEAD             |          |          |          |  |
| ANEDOT  |  |       | МО                         | DAY                        | YEAR             |          |          |          |  |
| Mailing Address                                   |  |       | 5                          | 6                          | 2024             | \$       | 0.42     |          |  |
| City  | City NEW ORLEANS State Zip Code (Plus 4)  LA 70112 |       |                            | Descrip                    | l<br>tion of Exp | enditure | 1        |          |  |
|   |  |       |                            | SERVICE FEE                |                  |          |          |          |  |
|   |  |       |                            |                            |                  |          |          |          |  |

|   |          |       |                            |                            |             |               |            | PAGE 14  |  |  |
|---|----------|-------|----------------------------|----------------------------|-------------|---------------|------------|----------|--|--|
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| ANEDOT  |          |       |                            |                            |             |               |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 6           | 2024          | \$         | 0.38     |  |  |
| City NEW ORI  | LEANS    | State | Zip Code (Plus 4)          | Descrip                    | tion of Exp | enditure      |            |          |  |  |
| LA 70112  |          |       |                            | SERVICE FEE                |             |               |            |          |  |  |
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| ANEDOT  |          |       |                            |                            |             |               |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 6           | 2024          | \$         | 0.34     |  |  |
| City NEW ORI  | LEANS    | State | Zip Code (Plus 4)          | Descrip                    | tion of Exp | enditure      |            |          |  |  |
|   |          | LA    | 70112                      | SERVIC                     | E FEE       |               |            |          |  |  |
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| AVERY SKIVIAT   |          |       |                            | 110                        |             |               |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 8           | 2024          | \$         | 2,725.85 |  |  |
| City PITTSBU  | RGH      | State | Zip Code (Plus 4)          | Description of Expenditure |             |               |            |          |  |  |
|   | PA 15234 |       |                            |                            |             | REIMBURSEMENT |            |          |  |  |
| To Whom Paid  |          |       |                            | мо                         | DAY         | YEAR          |            |          |  |  |
| LN CONSULTING, LLC  |          |       |                            |                            |             |               |            |          |  |  |
| Mailing Address   |          |       | 5                          | 8                          | 2024        | \$            | 11,870.54  |          |  |  |
| City HARRISBURG State Zip Code (Plus 4)                                 |          |       | Description of Expenditure |                            |             |               |            |          |  |  |
| PA 17101  |          |       |                            | PRINTING AND POSTAGE       |             |               |            |          |  |  |
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| POSTMASTER  |          |       |                            |                            |             |               |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 9           | 2024          | \$         | 13.60    |  |  |
| City HARRISE  | BURG     | State | Zip Code (Plus 4)          | Description of Expenditure |             |               |            |          |  |  |
| PA 17108  |          |       |                            | POSTAGE                    |             |               |            |          |  |  |
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| ANEDOT  |          |       |                            |                            |             |               |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 10          | 2024          | \$         | 2.30     |  |  |
| City NEW ORI  | LEANS    | State | Zip Code (Plus 4)          | Descrip                    | tion of Exp | enditure      |            |          |  |  |
| LA 70112  |          |       |                            | SERVICE FEE                |             |               |            |          |  |  |
| To Whom Paid  |          |       |                            | МО                         | DAY         | YEAR          |            |          |  |  |
| ANEDOT  |          |       |                            | М                          |             | ILAK          |            |          |  |  |
| Mailing Address   |          |       |                            | 5                          | 13          | 2024          | \$         | 20.30    |  |  |
| City NEW ORLEANS State Zip Code (Plus 4)                                |          |       |                            | Description of Expenditure |             |               |            |          |  |  |
| LA 70112  |          |       |                            | SERVICE FEE                |             |               |            |          |  |  |
|   |          |       |                            |                            |             |               | PAGE TOTAL |          |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |          |       |                            | \$                         | 42,044.71   |               |            |          |  |  |
|   |          |       |                            |                            |             |               |            | ,        |  |  |