

Campaign Finance Report

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

Filer Identification Number : 20240067		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JEN DINTINI										
Street Address: P.O. BOX 143										
City: HARRISBURG			State: PA		Zip Code: 17108					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		4	9	2024	TO	5	13	2024		
A. Amount Brought Forward From Last Report				\$		17,997.95				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		68,131.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		86,128.95				
D. Total Expenditures (From Schedule III)				\$		42,044.71				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		44,084.24				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JEN DINTINI	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 68,131.00
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 B
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: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
DAVID J MAJERNIK					
Mailing Address 932 ROCKLAND DR					\$ 200.00
City PITTSBURGH				4	22
State PA					2024
Zip Code (Plus 4) 15239					

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 FRIENDS OF JEN DINTINI	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
FRIENDS OF CHRIS GEBHARD	1451 QUENTIN RD SUITE 400 BOX 248	LEBANON	5	8	2024	\$ 1,000.00
State PA	Zip Code (Plus 4) 17042					
FRIENDS OF KIM WARD	P.O. BOX 83	HARRISBURG	5	7	2024	\$ 50,000.00
State PA	Zip Code (Plus 4) 17108					
PENNSYLVANIA PROSPERITY PAC	P.O. BOX 1471	CAMP HILL	5	10	2024	\$ 5,000.00
State PA	Zip Code (Plus 4) 17001					

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

PAGE TOTAL
\$ 56,000.00

PART D
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 FRIENDS OF JEN DINTINI	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor JUST ELECTRIC, LLC				MO	DAY	YEAR	\$ 300.00
Mailing Address 520 UNITY CENTER RD				4	19	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15239					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor SHAUN DAVIS				MO	DAY	YEAR	\$ 500.00
Mailing Address 11 KINZUA RD				5	13	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15239					
Employer Name				Occupation INFORMATION REQUESTED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor COREY DEASY				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1059 GIULIA DR				4	15	2024	
City IRWIN	State PA	Zip Code (Plus 4) 15642					
Employer Name MIND DOJO, LLC				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 1059 GIULIA DR			City IRWIN	State PA	Zip Code (Plus 4) 15642		
Full Name of Contributor SCOTT DOLS				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 19822 WETHERBY LN				4	26	2024	
City LUTZ	State FL	Zip Code (Plus 4) 33549					
Employer Name TRUCKS & PARTS				Occupation EXECUTIVE			
Employer Mailing Address/Principal Place of Business 1015 S 50TH ST			City TAMPA	State FL	Zip Code (Plus 4) 33619		

Full Name of Contributor CANDICE KOMAR			MO	DAY	YEAR	\$ 500.00
Mailing Address 941 PENN AVE UNIT 901			5	2	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				
Employer Name POLLOCK BEGG			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 525 WILLIAM PENN PLSUITE 3501		City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		
Full Name of Contributor JOHN LOKAY			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 6557 ANTONIO DR			4	15	2024	
City IRWIN	State PA	Zip Code (Plus 4) 15642				
Employer Name LOKAY LANES, LLC			Occupation OWNER			
Employer Mailing Address/Principal Place of Business 2127 MOSSIDE BLVD		City MONROEVILLE	State PA	Zip Code (Plus 4) 15146		
Full Name of Contributor KIRA WISSMAN			MO	DAY	YEAR	\$ 500.00
Mailing Address 121 BUTTERNUT CT			4	26	2024	
City EIGHTY FOUR	State PA	Zip Code (Plus 4) 15330				
Employer Name KWC CERTIFIED PUBLIC ACCOUNTANTS			Occupation ACCOUNTANT			
Employer Mailing Address/Principal Place of Business 5270 SHAWNEE RDSUITE 250		City ALEXANDRIA	State VA	Zip Code (Plus 4) 22312		

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

PAGE TOTAL
\$ 11,800.00

PART E
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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
					0.00
Mailing Address					
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 FRIENDS OF JEN DINTINI	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JEN DINTINI	From <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
LN CONSULTING, LLC	4	11	2024	\$	12,165.76
Mailing Address 121 STATE ST					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PRINTING AND POSTAGE		
To Whom Paid EVENTBRITE.COM	4	15	2024	\$	1,058.02
Mailing Address 651 BRANNAN ST					
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94107	Description of Expenditure SERVICE FEE		
To Whom Paid LN CONSULTING, LLC	4	16	2024	\$	5,250.00
Mailing Address 121 STATE ST					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure TEXT MESSAGING		
To Whom Paid LN CONSULTING, LLC	4	16	2024	\$	831.50
Mailing Address 121 STATE ST					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure REIMBURSEMENT		
To Whom Paid JEN DINTINI	4	22	2024	\$	731.00
Mailing Address 701 ROSEWOOD DR					
City PITTSBURGH	State PA	Zip Code (Plus 4) 15239	Description of Expenditure REIMBURSEMENT		
To Whom Paid JEN DINTINI	4	22	2024	\$	521.50
Mailing Address 701 ROSEWOOD DR					
City PITTSBURGH	State PA	Zip Code (Plus 4) 15239	Description of Expenditure REIMBURSEMENT		

To Whom Paid ANEDOT			MO	DAY	YEAR	\$	20.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			4	26	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	200.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			4	26	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid AVERY SKIVIAT			MO	DAY	YEAR	\$	5,000.00
Mailing Address 850 BALDWIN ST APT 323			5	1	2024		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15234	Description of Expenditure CONSULTING				
To Whom Paid CARRIE CAMPBELL			MO	DAY	YEAR	\$	610.00
Mailing Address 332 ABERDEEN DR			5	1	2024		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15239	Description of Expenditure EVENT DECORATIONS				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	20.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	2	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid DTR CONSULTING			MO	DAY	YEAR	\$	1,000.00
Mailing Address 210 KELKER ST			5	2	2024		
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure CONTRIBUTION				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	2.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	6	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	0.42
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	6	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				

To Whom Paid ANEDOT			MO	DAY	YEAR	\$	0.38
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	6	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	0.34
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	6	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid AVERY SKIVIAT			MO	DAY	YEAR	\$	2,725.85
Mailing Address 850 BALDWIN ST APT 323			5	8	2024		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15234	Description of Expenditure REIMBURSEMENT				
To Whom Paid LN CONSULTING, LLC			MO	DAY	YEAR	\$	11,870.54
Mailing Address 121 STATE ST			5	8	2024		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PRINTING AND POSTAGE				
To Whom Paid POSTMASTER			MO	DAY	YEAR	\$	13.60
Mailing Address 312 MARKET ST			5	9	2024		
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure POSTAGE				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	2.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	10	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
To Whom Paid ANEDOT			MO	DAY	YEAR	\$	20.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			5	13	2024		
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure SERVICE FEE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	42,044.71

