407389

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| | - | | | Condidate |
|---|-----------------------------|-------------------|---------------------------|-----------------------------------|
| FILER IDENTIFICATION NUMBER: | 2024C0176 | REPORT FI | LED ON BEHALF OF: | Candidate |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JEN DINTINI | | | | |
| STREET ADDRESS | | | | |
| CITY | STATE | | ZIP CODE 152 | 39 |
| TYPE OF REPORT 30-Day Post-Primary | | | | |
| NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY | | | | |
| DISTRICT CODE 45 PART | | | TY CODE REP | |
| DATE OF ELECTION 11/ | 5/2024 | | | |
| DATES OF REPORTING PERIOD | 4/9/2024 | то | 5/13/2024 | For Office Use Only |
| AMENDMENT REPORT? | NO TERM | IINATION REP | ORT? NO | |
| CASH BALANCE AT THE END OF RE PERIOD: | PORTING | 0.00 | | |
| TOTAL AMOUNT OF FILER'S OUTS DEBTS OR LIABILITIES AT THE EN REPORTING PERIOD: | | 0.00 | | |
| AFFIDAVIT SECTION | | | | |
| PART I - If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here. I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID | | | | |
| NOT EXCEED TWO HUNDRED AND FIFTY DOLLAR | S (\$250.00) AND THIS REPOF | RT IS, TO THE BES | T OF MY KNOWLEDGE AND BEI | LIEF, TRUE, CORRECT AND COMPLETE. |
| SWORN TO AND SUBSCRIBED BEFORE ME T day of | HIS 20 | | | |
| | | | SIGNATURE OF PE | RSON SUBMITTING REPORT |
| SIGNATURE | | | PRI | NTED NAME |
| MY COMMISION EXPIRES MO. | DAY YR. | | AREA CODE | DAYTIME TELEPHONE NUMBER |
| PART II - If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here. | | | | |
| I SWEAR (OR AFFIRM) THAT TO THE BEST OF M 3, 1937 (P.L. 1333, No. 320) AS AMENDED. | KNOWLEDGE AND BELIEF TH | HIS POLITICAL CO | MMITTEE HAS NOT VIOLATED | ANY PROVISIONS OF THE ACT OF JUNE |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS | | | | |
| day of | 20 | | | |
| | | | | RSON SUBMITTING REPORT |

SIGNATURE OF PERSON SUBMITTING REPORT
SIGNATURE
MY COMMISION EXPIRES
MO. DAY YR.
AREA CODE DAYTIME TELEPHONE NUMBER

Department of State . Bureau of Commissions, Elections and Legislation 500 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

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