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 20 | 024C017 | 76 | | | | port ed B | | CA | NDI | DATE | √ | CC | MMITTEE | | LOB | BYIST | | |
|--|-----------------------------|--------------|-------|-----------------------|-----------|--------|--------------|----------------|---------|--------|----------|----------|-------------|---------------------|----------------|--------------|---------|-----------|----------|
| Name of Filing C | Committee, Can | didate o | or Lo | bbyist: | | JEN | I DIN | ITINI | • | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State | e: | | | | Zip Code | e: 15 | 239 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | 2ND FRIDA PRIMARY | AY PRE | - | 2. | 30 DA PRIMA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | N | 0 | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | 2ND FRIDA ELECTION | AY PR | E- | 5. X | 30 DA | | Р | OST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | N | 0 | / |
| report type) | ANNUAL REPO | RT 7. | | Year 2024 | ļ | | | FILIN | IG ME | | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office S | Sought by Cand | idate: | _ | | | | | | DAT | ΈО | F ELE | CTI | ON | District Number | Office Code | Par | ty Cod | Code | |
| | | | | | | | | | МО | | DAY | ١ | YEAR | 45 | STS | REF | 1 | 1 | |
| SENATOR IN TH | HE GENERAL A | SSEMBL | LY | | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTI | ONS FOR | CODES | 6) |
| Summary of | | ı MO |) | DAY | YEAF | ₹ | | | МО | | DAY | • | YEAR | FOF | OFFIC | E USE | ONLY | , | |
| Expenditures | from: | | | 9 17 | 7 2 | 024 | Т | 0 | | 10 | : | 21 | 2024 | | | | | | |
| A. Amount Bro | ught Forward F | rom Las | st Re | port | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contributio | ns And I | Rece | eipts (Fro | n Sche | edule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum | of Line | es A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From S | Schedule | e III |) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subt | ract Line | e D F | rom Line | C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contributi | ions Rec | eive | d (From S | Schedu | ıle I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | ons (Fro | m S | chedule I | V) | | | \$ | | | | | 0.00 | | | • | | | |
| | | | | | AFF | FID, | AVI | ΓSE | CTI | NC | | | | | | | | | |
| PART I - If this is | s a Committee | report, t | treas | surer sign | here. | If th | nis is | a Car | ndida | te re | port, o | cano | didate sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | including | g the | attached s | chedule | s file | ed on | paper | or by | electr | onic m | ediu | m, are to t | the best of | my knov | vledge | and be | lief , tr | rue |
| Sworn to and subs | cribed before me day of | this | | 20 | | | | | | | | | Signature | of Person | Submit | ing Re | ort | | _ |
| | Sign | nature | | | | | | - - | | | | | | Printe | ed Name | 1 | | | - |
| My Commission Ex | _ | iacai c | | | | | | | | • | | | | Email | | | | | - |
| | мо | | DA | Y | YR | | | _ | | , | Are | ea C | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a c | andidat | e's a | uthorized | Comr | nitte | ee, C | andid | ate s | hall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | of my kno | owle | dge and be | lief this | s poli | itical | comm | ittee l | nas no | ot viola | ted a | any provis | ions of the | act of J | ıne 3,1 | 937 (P. | L. 133 | з, |
| Sworn to and subsc | | :his | | | | | | | | | | | s | ignature of | Candida | ate | | | - $ $ |
| | day of —— ——— | | | | | | | _ | | | | | | Printed | Name | | | | - |
| | Signatu | | | | | | | - | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Email | | | | | |
| | МО | | DA | Y | YF | ₹ | | • | | | Area | Code | e | Day | ytime T | elephor | e Num | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | | | | | |
|--|-----------|----------|--------------|------------|--|--|--|--|
| Name of Filing Committee or Candidate | Reporting | g Period | | | | | | |
| JEN DINTINI | From: | 9/17/202 | <u>4</u> То: | 10/21/2024 | | | | |
| 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 | \$ | 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

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 Candidat | Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--------------------------------------|---------------------------------------|-------------------|--|------------------|-----------|----|--------|--|--|--|
| | Fron | | | | From: To: | | | | | |
| | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Committee | | | | 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.

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 Committe | e or Candidate | Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--------------------------|----------------|---------------------------------------|----------|----|------------------|------------|----|--------|--|--|--|
| | | | From: To | | | o : | | | | | |
| | | | | | DATE | | | AMOUNT | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | |
| 1 | | | | | | | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | | |
| Mailing Address City | State | Zip Code (Plus 4 | 1) | | | | \$ | 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 Co | andidate | | Reporting Period | | | | | |
|--------------------------------|------------------------|--------------|------------------|------|-----|------|----------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Com | mittee | | | МО | DAY | YEAR | | 0.00 |
| Mailing Address | | | | | | | * | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C | on Schedule I, Detaile | d 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 | | | | Repo | orting Pe | riod | | | | | |
|--|---------------|-----|------------|---------|------------|-------|------|-----|--------|------------|------|
| | | | | Fron | n: | | 1 | Го: | | | |
| | | | | | D | ATE | | | AN | MOUNT | |
| Full Name of Contributor | | | | | МО | DAY | YEAR | 2 | \$ | | 0.00 |
| Mailing Address | | | | | | | | | | | |
| City | State | Zip | Code (Plus | 4) | | | | | | | |
| Employer Name | | | | | Occupation | | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zi | ip Cod | e (Plus 4) |) |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page | | | | Section | on 3. | | | | P | AGE TOTA | \L |
| | | | | | | | | \$ | | C | 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 of | or Candidate | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|--------|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | \neg | |
| City | State | Zip Code (I | Plus 4) | | | | | |
| Receipt Description | • | • | | | 1 | • | • | |
| Futor Coand Total of Bank | Cabadula I Detailed | Commence De | Cookie | | | | | PAGE TOTAL |
| Enter Grand Total of Part I | 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 Perio | d | | | | | | |
|--|-----------------|-----------------------------|------------|--|--|--|--|--|
| JEN DINTINI | From: | <u>9/17/2024</u> To: | 10/21/2024 | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Car | ndidate | | Reporting Period | | | | | |
|---------------------------------|----------------------|------------------------|------------------|---------|------|-------------|------------|------|
| | | | From: | | | To | : | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | C | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | • | | |
| | | | | | - | | | |
| Enter Grand Total of Part F o | n Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pa | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 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 | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | | e Zi _l | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | | Reporting Period | | | | |
|--|--------------------------------------|-------------------|-------------------------------|------|------------------|----|------------|--|--|
| | From | | | То: | | | | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid | МО | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | 4) Description of Expenditure | | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | ` | | | | PAGE TOTAL | | |
| Lines Grand Total of Expenditures (| ni rage 1, kepoit C | over rage, Item I | <i>.</i> | | | \$ | 0.00 | | |