

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT DARLENE FEENEY			
Street Address		3901 STATE STREET			
City	State	Zip Code			
ERIE	PA	16508-3125			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/07/2017		2018	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	01/01/2018	12/31/2018		
A. Amount Brought Forward From Last Report	\$	0.00	2019 JAN 30 AM 11:19 ERIE COUNTY VOTER REGISTRATION Key	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00		
C. Total Funds Available (Sum of Lines A and B)	\$	0.00		
D. Total Expenditures (From Schedule III)	\$	0.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00		
F. Value of In Kind Contributions Received (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	398.79		

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30th day of January 20 19
 Kimberley S. Alexander
 Signature

My Commission expires 10 31 2019
 MO. DAY YR.

Signature of Person Submitting report

Printed Name

814

Area Code

866-2453

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

30th day of January 20 19
 Kimberley S. Alexander
 Signature

My Commission expires 10 31 2019
 MO. DAY YR.

Signature of Candidate

Printed Name

814

Area Code

866-2453

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

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.

File Identification Number										Amount		
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)					\$		
House #		Street Address			Date (MM/DD/YYYY)					\$		
City		State			Zip Code		Date (MM/DD/YYYY)				\$	

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number									
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #					Street Address		Date (MM/DD/YYYY)		S
City					State		Zip Code		Date (MM/DD/YYYY)

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 over \$250.00 in the reporting period.

Filer Identification Number	
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Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		S	
House #		Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code			

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Election Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		\$			
House #				Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor				Date (MM/DD/YYYY)		\$			
House #				Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor				Date (MM/DD/YYYY)		\$			
House #				Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor				Date (MM/DD/YYYY)		\$			
House #				Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									
Full Name of Contributor				Date (MM/DD/YYYY)		\$			
House #				Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)		\$	
Employer Name				Occupation					
Employer Mailing Address/ Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Client Identification Number	
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY) S		
Receipt Description					

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

Election Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 FROM PARTIES		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 FROM PARTY		
TOTAL for the reporting period	(3)	\$

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, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor		Date: MM/DD/YYYY		
House #	Street Address	Date: MM/DD/YYYY		
City	State	Zip Code	Date: MM/DD/YYYY	
Description of Contribution				
Full Name of Contributor		Date: MM/DD/YYYY		
House #	Street Address	Date: MM/DD/YYYY		
City	State	Zip Code	Date: MM/DD/YYYY	
Description of Contribution				
Full Name of Contributor		Date: MM/DD/YYYY		
House #	Street Address	Date: MM/DD/YYYY		
City	State	Zip Code	Date: MM/DD/YYYY	
Description of Contribution				
Full Name of Contributor		Date: MM/DD/YYYY		
House #	Street Address	Date: MM/DD/YYYY		
City	State	Zip Code	Date: MM/DD/YYYY	
Description of Contribution				
Full Name of Contributor		Date: MM/DD/YYYY		
House #	Street Address	Date: MM/DD/YYYY		
City	State	Zip Code	Date: MM/DD/YYYY	
Description of Contribution				

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

Enter Identification Number	
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To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Alter Identification Number COMMITTEE TO ELECT DANLENE FEEVEY
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Name of Creditor		DANLENE A FEEVEY			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	398.74
3401	STATE STREET	03/29/2017			
City	State	Zip	Code		
	EARLE	PA	16504	3125	
Description of Debt					
LOAN FOR CAMPAIGN EXPENSES					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip	Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip	Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip	Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip	Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip	Code		
Description of Debt					