

## Commonwealth of Pennsylvania - Campaign Finance Report

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

File Identification Number		Report Filed By (Mark X)		Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist		DARLENE A FEENEY								
Street Address		3901 STATE STREET								
City	ERIE	State	PA	Zip Code	16508-3125					
Type of Report (Place x under report type)										
1-6 <sup>th</sup> Tuesday Pre-Primary	2-2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5-2 <sup>nd</sup> Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date of Election (MM/DD/YYYY)		11/07/2017		Year	2018		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	01/01/2018		To Date	12/31/2018		For Office Use Only		
A. Amount Brought Forward From Last Report		\$	-348.79		2019 JAN 30 AM 11:19 ERIE COUNTY VOTER REGISTRATION /4					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	.00							
C. Total Funds Available (Sum of Lines A and B)		\$	-348.79							
D. Total Expenditures (From Schedule III)		\$	.00							
E. Ending Cash Balance (Subtract Line D from Line C)		\$	-348.79							
F. Value of In-Kind Contributions Received (From Schedule II)		\$	.00							
G. Unpaid Debts and Obligations (From Schedule IV)		\$	.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 on paper, is to the best of my knowledge and belief true, correct and complete.										
Sworn to and subscribed before me this										
30 <sup>th</sup> day of January 2019										
Signature					Signature of Person Submitting report					
Kimberly S. Alexander					Darlene A. Feeney					
My Commission expires					Printed Name					
10 31 2019					Darlene A. Feeney					
MO. DAY YR.					Area Code					
					814					
					Daytime Telephone Number					
					866-2453					
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					Signature of Candidate					
My Commission expires					Printed Name					
MO. DAY YR.					Area Code					
					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

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor</b>	
---	--

Total for the reporting period	(1)	\$	
--------------------------------	-----	----	--

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
---	--

Contributions Received from Political Committees (Part A)	\$	
---	----	--

All Other Contributions (Part B)	\$	
----------------------------------	----	--

Total for the reporting period	(2)	\$	
--------------------------------	-----	----	--

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
--	--

Contributions Received from Political Committees (Part C)	\$	
---	----	--

All Other Contributions (Part D)	\$	
----------------------------------	----	--

Total for the reporting period	(3)	\$	
--------------------------------	-----	----	--

<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
---	--

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.

Filer 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)		
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.)

File Identification Number	
----------------------------	--

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address			Date (MM/DD/YYYY)	\$		
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: <input type="text"/>					
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>
Full Name of Contributing Committee: <input type="text"/>				Date: MM/DD/YYYY	<input type="text"/>
House #: <input type="text"/>	Street Address: <input type="text"/>			Date: MM/DD/YYYY	<input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>	Date: MM/DD/YYYY	<input type="text"/>	<input type="text"/>

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)

Filed 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)	S
Employer Name		Occupation		
Employer Mailing Address/ Principal Place of Business				
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				
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				
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				
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				

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.

Filer Identification Number	
-----------------------------	--

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	
--------------------------------	--

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

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

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 FROM PARTIES</b>		
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)		\$
---	--	----

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number	
-----------------------------	--

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

Full Identification Number	
----------------------------	--

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

SCHEDULE III  
Statement of Expenditures

File Identification Number	
----------------------------	--

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.

File Identification Number	
----------------------------	--

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