# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Name of Filing Committees Candidate of	THE PERSON NAMED IN COLUMN		Committe			Gobyist	
Lobbyist	PARLENE	AA	-EENEY	<b>/</b>		•	Salantelles
DTreet Address	3901 ST		LEET				- Interested
GIÝ	FRIE Stat	PA	Zip Gode	1650	8-31	25	- Applications
Type of Report (Place x under report type)	With the second				,	- Company of the Comp	
1.16 Juresday 2. 7 Friday 3-30 Day Post 4-6" Id	esday 5-2 <sup>nd</sup> Frid	ay.   6-30 Dáy	Post W.Amnual	Special 270	Eriday - N	pegial 30	Day
Pre-Primary Pre-Primary Primary Pre-Eje	ction Pre Elect	ion Election	and the second	Pre-Electio	n. F	ost-Electi	on .
			X				dkunse
Date Officialin	20/8	Amendme	nt T	alerminatio	n -	一一	- Company
		Report		Report			
Expenditures	o Date 🖖 🔻		Fo	ir Office Use O	ilý –	10年来 10年来第	
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	-348,79	N. Markey Compt.			٠		i
B <sup>N</sup> TOtal Monetary Contributions and Receipts. \$ (Erom Schedule I)	. 00	- Crash turns		,	-4.7 <u>.</u>	<u></u>	
C. Total kunds/Avallable. (Sum of Lines/A and B)	-398.19				Tiles	2019 JEN 30	
D. (Total Expenditures \$					70 m 20 m	TOTAL TOTAL COMMENT	.
(From Schedule (()) E-Endling Gash Batance \$	.00					$\frac{3}{6}$ L	
(Subtract Line D from Line C)	- 398. 19						4
F. Value of In-Kind (contributions (Received \$ (Erom/Schedule III)	. 00		•	•			
G. Unpaid Debts and Obligations \$					$\Box$	<u>.</u>	
(Rrom Schedule IV)	. 00 Affidavit	Soction	···-ua		#1544e	₹	<u> </u>
Part 1- If this is a Committee report, treasurer sign here. If this is	s a Candidate report	candidate sign he	re.				<u>a</u>
Swear (or affirm) that this report, including the attached sched sworn to and subscribed before me this day of Jaway 20 A Company Signature	lles on paper, is to t	Darl	Ire of Person Subn	nitting report	complete.	ALTH OF PENNS	TARIAL SEAL Nexander, Notary Erie, Erle County
My Commission expires 10 31 2019.  MO. DAY YR.		814 Area Code	_ <u>&amp;</u> Day	time Telephone	153 Number	MMONWEA	Kimberly S. Ale
art II- If this is a report of a Candidate's Authorized Committee,	candidate shall sign	here.				-	
swear (or affirm) that to the best of my knowledge and belief th mended.	is political committe	e has not violated	any provisions of t	the Act of June 3,	, 1937 (P.L. 1	1333, NO.3	20) as
worn to and subscribed before me this			:				
day of0	À						
	]	·	Ignature of Candid	date			
Signature	-		Printed Name		<del></del>		
ly Commission explres	•			,			l
MO. DAY YR.	_	Area Code	Dayti	me Telephone N	umber		

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Fileridentification Number	***************************************	FINE DE LITTE	
11:Uriltemized Contributions and Receipts 850 00 or less per Contributor			
Total for the reporting period	(1)	\$	commences of the process of the second of th
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 Pain Cand 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 Farned, Returned Checks, ETG. (From Part E			
Total for the reporting period	(4)	\$	
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 Page 1, ReCover Page, Item B)	eport	\$	·

#### 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.

Triler identification Number				
				Amount
FulliName of Contributing Committee: 4			.Date [MM//DD/YYYY] > .	,
House:# Str	cet.Address		**************************************	
FGIty	State	Zip Gode .	(Date [WIM/DB/YYYY)]	
Full Name of Contributing Committee		nga ya maraka 1902 maraka 1904 maraka 1	(ADates [VINV/DD/AYYAY] } 2.5	one a superior de la companya de la
House# Str	Tet Audress		Date [MMXDD/YYYYY]	
GitV.	State	Zip Code .	Date (MM/DD/YYYY) SS	
Full Name of Contributing Committee			Spate (MIN/App/AAAA)	
House# Stire	et Address		Date   MM/DD/YYW/I	
<u>City</u>	State	Zip Code	Abate (MM/DD/YYW)	
Full Name of Contributing Committee			Date (MIVVIDD/XXXXX)	
	et/Addiess		abate [MM//pib/AAAAA]	
City.	State	Zip Code	[Date][MM/DD//YYYY] . [55]	A CHIEF CONTROL OF THE CONTROL OF TH
Hull Name of Contributing Committee			Date[MW/DD/YYYY]   S	
House# Stre	et Address		Date IMM/DD/AYAYi	
City	States	Zip Code	abate MMM/Pb/AYAAA	
Rull Name of Contributing Committee			Paraimm/pb//wyyj (S)	N T
	Lt/Address	N Assessment of the Control of the C	.Date(MM/DD/AVYY). TS.	Secretary desired
(GIEV	State	Zip Gode	+Date [MM/DD/AYYYY]	

#### 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.)

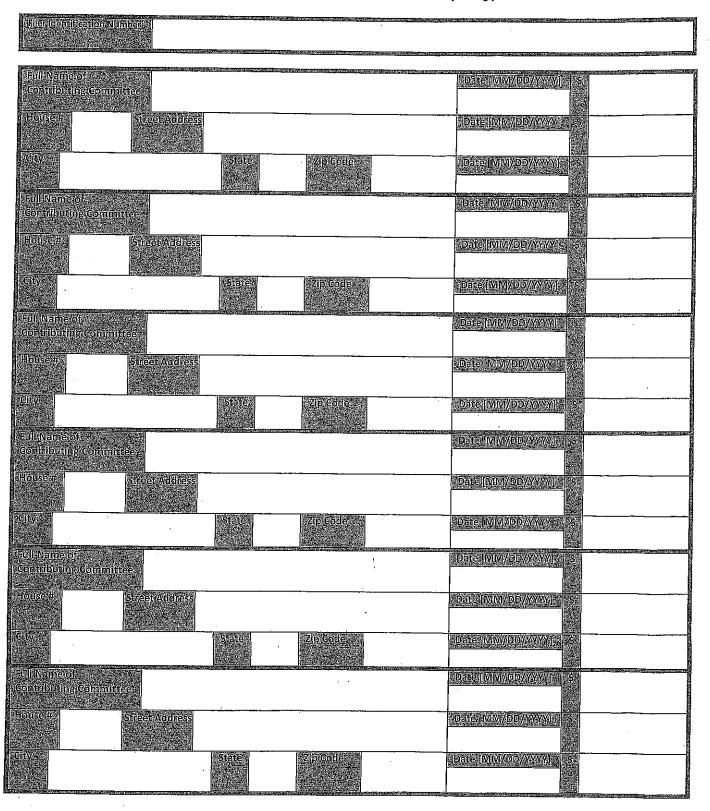
File (Identification/Number		
Null Name of Goatilbutor,		[;Date:[MIN//DD/AYYAY]] = 25
House# Street Address		*Date (MM/DD/AYWY))
Gity: Full Name of Contributors	State Zip Gode	ZDate:[MM/ADD/AYA/45] \$5
House # Street-Address		FDate IMM//bD/YYYWI7 \$\$ Date IMM//bD/YYYYI3 \$\$
Since that the second control of the second	State Zip Gode	Date MM/DD/WAWI \$2
Full Name of Gontilbutor		Date (MM/DD/YMW) \$
House#* Spreet Address	•	apate (MiM/db/XYYY) \$
Gity .	-State Zipreode	Date IMIVI/DD/AVAMES
Full Name of Containutors		Date [MM/DD/AMW] \$
House# Street-Address		Date (MM/DD/AWAY) 15
ECITY 6	State Zip Godes	Date [MW/bD/AYYY/] /\$
##UllName of Gontributors	· · · · · · · · · · · · · · · · · · ·	:Date [MM/PD/AWY]
##Ouser# Stricet/Additiess  ####  Gity*:	/_State	Date (MM//DD/AY/Y)
- Full Name <sub>r</sub> of Contributors		Date MM/DD/YYYY) \$5.
JHOUSE # Street/Addicess		dane (MIM/DD/AYAY)
Ghy T	"State Zip Gode	. Date DyIW/PD/YYYY/13 \$5

#### 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.



#### 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)

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Full Name of Contril	Ütor	ende 1897 med 1724 kan benede krimmer Neperla Henrich		Date (MM//ob/AYYY). \$	
House#	Street/Address		Ale Code:	idata (NINI/DD/4YYYY) \$	4
Employer Name		State	A PROPERTY	20cctipation	, ,
Enteloyer Malling Ac Principal Place of Bu				Process and Control of the Control o	
EuliName of Contill		Tables in Early Developed to the Colonial Coloni		Date IMM/DD/YYYYY]	
Housest	Street Address		<b>ZipsGode</b>	Date MM/DD/YYYYI	
ZCINY	Aliant Market Street Control Control	State.	Alpedae		
Employer Name : Employer/Walling Ad	diress//		,	10 cetipations	
Principal Riace of Bu Full Name of Contrib	iness: 1			Spate MM/MDD/AYAMIS TO S	
CAUTINATE OF CONTIN	urei				
House#v	Street:Address			iDateshvijv//DD/AYYV/]	
SCHY. 7		State	Zip Gode	Date MMMD/WYY	
Employer Name				(Occupation)	
Æmployer Mälling Ad Principal Place of Bus	iness				
Hull Name or Contrib				Date   IVIM/ DD/ YYYW	
Houself.	Street/Address		[Lewis (1) Prof.   Lewis (1) P	-Date [MW/DD/WYYV]	
City .		Statie	Zip Gode	Date:  VIM//DD///YXY  c	
Employer Name				Agasthanialis	
Employer Malline Ad Principal Place of Bus				·	

#### **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. sedmin/indinshirmebleship Full Name House# Street/Address Päte (MW/DD/YYYY) Receipt Description Full Name Date [WW/DD/YYYYY] Receipt Description Street Addies Zip = Godes Dates MW/DD/AVYW/ Receipt Description Full Namer 1997 Striget/Address PDate [MIM/DD/YYYY/] Receipt Description Full Name Date [MIMMDD/WYW] \$ 45 Receipt Description Full Name House# Date MINI/DD//YVV/J = 15 Zip Code eceipt Description

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Election internation in the second se				
TOTAL for the reporting period	NONSRESEIVED VAN EIGE	\$0.00 0.7 1.	SS PER (CONTRIBUTION)	
TOTAL for the reporting period	(2)	\$0.90X(ERO)(M		
TOTAL for the reporting period	DAVACUE OVERS 250700 HERO (3)	MAP RIG		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	DURING THIS REPORTING boxes 1, 2, and 3; also enter	\$		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

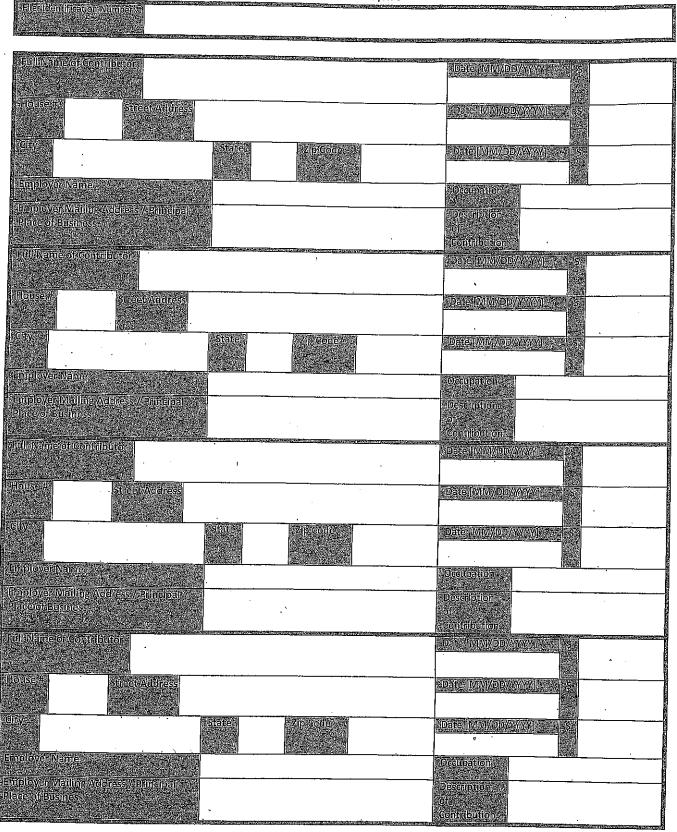
VALUE OF \$50.01 TO \$250

		VALUE OF \$50.01 TO \$	250	
Fleridentrication Number				
Full Name of Contributor			Date IMM/DD/MYWOL is .	
	et.Address	hace processes the processes t	(Date (MW/DD/WYWI)) \$	
letty Description of contributio	State	Zip Gode	ZDate I MINI/DD/YYYY)	
<b>"在我们是不是我们是不是是</b>				
Full Name of Contributor	A CONTRACT OF THE PROPERTY OF		adarejiviivi/ddd/wyw/j= ss	,
	et Address	program Company and Program Company	;Date([MiM//Db/\\\\\); \$	
City  Description of Contribution	Stare	Zip Code	ADATEHMIN/DP/MYYAH	<u> </u>
Description(of Contribution				
Full/Name of Contribution.			Date NVN/DD/AYAYI	
#House# Street	et Addiness		Pate MINIDD/MYY) 2 St	
Gity	State	ZipiCode	Date   Myy/DD/YYYYY  \$	
Hull Name of Gorodbuton			Date [MW/DD/A/(V/) 3 5	
	≘t-A0driess		pate (MVV/PP/AX/YY)	
Gity:	States	ZipyCode	Date IMWIDD/AYYYI	
Compared to the compared to th				
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	et Address		edate (MM/dd/AMA)	
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PPescription of Consilbution				

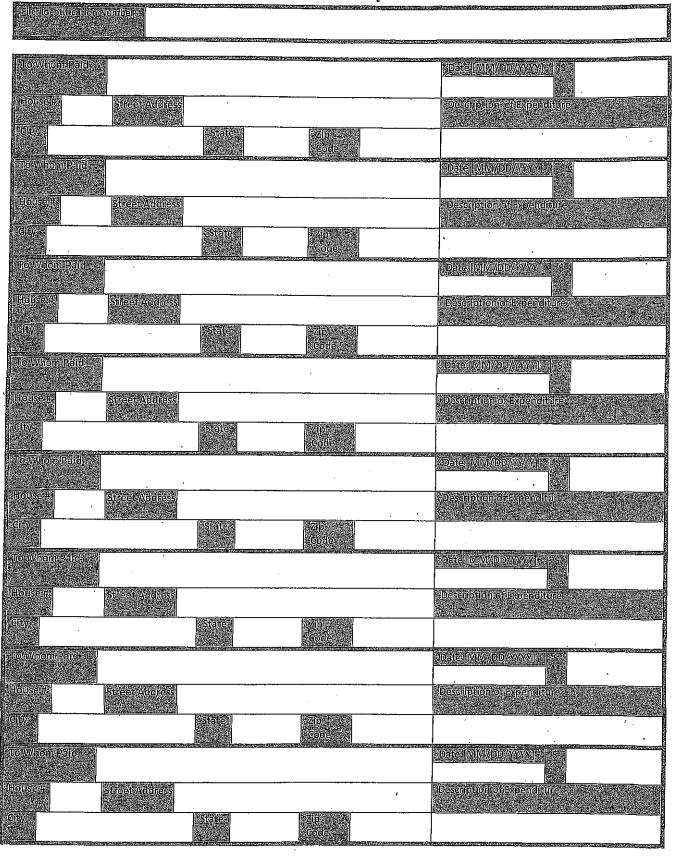
### SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 



## Statement of Expenditures



#### 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.

Rileviden viication Number	
Name of Greditor	(Outstanding Balance of Dahi
House#	et/Address LUDATE/DEBT-IN/CURRED\: A
Giby	State Zip Zip 46000
Description of Debri	FIRST CONTROL
Name of Greditor	Outstanding Balance on Debt
GitV	
Description of Debr	State Zip
Name or gradnor	©etstanding/Balance,oftDebt
Whouse # Stree	FAddress   DATEDEBTINGURRED   S     MVI/DD//YY/YT
Gity	
Description of Debt	State Zip
Name of Greditor  House # Street	VOUIStanding Balance of Debraic Additions  Additions  Additions
	FINANT/JOD/ANY/VI]
Gity (a. 4.)  Description of Debt. 4.	State 719 Gode 1
Name on Greditor 21: 31:	
House # Stree	PAddress   PATE DEBTHIGUERED   ST
Giý	States 215 25
Description of Debt	Code 2
Name of Greditor, 1977 House #   Sincet	OVISEANDINGBAIANCE OF DEBT AND AND DEBT OF DEB
Itiva Pësaliption of (bab)	State Zip : T