

Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
2021 JAN 15
2021 JAN

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Candidate, or	Lobbyist	
		MLENE A FEEN	
Reporting Cycle Nam	e		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 9 30-Day Post Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist Date

JAMES S FEENLY

Printed Name



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

Printed Name



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

Filer Identification			u legible. It stioui			
Number	Report Filed (Mark X)		ate	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Comm	ITTEE	TO ELECT	THALL	ENE A	FEENEY
Street Address	3901		STREET			
City	EMIE	State	PA	Zip Code	16508-	3/25
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	Sec. 2012/03/03/03/03/03/03/03/03/03/03/03/03/03/	Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
				X		
Date Of Election (MM/DD/YYYY) /11/07/2017	Year	2020	Amendment Report		Termination Report	X
Summary of Receipts and From Date Expenditures	To Date	2		For O	ffice Use Only	
01/01/202		1/2020				
A. Amount Brought Forward From Last Report	- 39	8,19	1			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 39	8.79			4	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00			<u> </u>	2021 JAN 15
D. Total Expenditures (From Schedule III)	\$				2	
E. Ending Cash Balance	\$ \$	0.00			1 * * * * * * * * * * * * * * * * * * *	8 5
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	0.00				Service 1
(From Schedule II) G. Unpaid Debts and Obligations	\$					TY .
(From Schedule IV)					1700	<u></u>
Part 1 If this is a Commission	15:13"	Affidavit Sec	tion			
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	re. If this is a Can	didate report, ca	ndidate sign here.			
Sworn to and subscribed before me this	ited selleddies off	paper, is to the t	Jest of My knowledge	and belief true	, correct and comp	
day of20	- 1			3		1/12/2021
Signature		_	<i>J</i> /		S FEENE	-4
My Commission expires	, 1		0 m	Printed Name	سمود و وسع عاما	,
MO. DAY YR.	-	Ai	ea Code		ne Telephone Num	ber
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 Darlene 1 Teener						
Signature of Candidate A. Feeney Printed Name						
	. 1	· 5	7 14	nted Name	8611	452
My Commission expires MO. DAY YR.	-		ea Code	Daytime	Telephone Numb	195 er
			,,,,,			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1 Uniternized Contributions and Receipts \$	50.00 or Less per Contributor		
	Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (Fro Part A and Part B)	m		
Contributions Received from Political Comm	iittees (Part A)	26.75	\$
All Other Contributions (Part B)	-		\$
	Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C	Cand Part D)		
Contributions Received from Political Commi	ittees (Part C)	A STATE OF THE PASS	\$ and the second section of the section
All Other Contributions (Part D)			\$ 398.79
	Total for the reporting period	(3)	\$ 398.79
4. Other Receipts-Refunds, Interest Farned	Returned Checks, ETC: (From Part E)		
The state of the s	Total for the reporting period	(4)	\$

398.79

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, Report

Cover Page, Item B)

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	5		*Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S.	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	TANK STEERING		*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 House # Street Address			-Date [MM/DD/YYYY1] \$	
		P 法基本经验基本经验的	Date [MM/DD/YYYY] \$	
City	State	Z p Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] S	
Gity	State	Zip Code	Date (MM/DD//YYYY) \$	
Full Name of Contributing Committee House'# Street Address			Date [MM/DD/YYYY] \$ \$ Date [MM/DD/YYYY] \$ \$	
			Term (Figure 1 2 ages) - Construction (1990 of Alley Stay of Black Stay (1991 of God)	
City	"State	Zip Gode	Date [MM/DD/YYYY] S	

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.)

Managan William				
Full Name of Contributor			Date [MM/pD//////]	
House# Street Address			Date [MM/DD/XYYY] \$,
Gity Full Name of Contributors	State	(Zip Code)	@Date [MM/DD//YYYY]) \$	
			Date [MM/DD/YYYY]	
House# Street Address			SDate [MIM/DDY/YYYY] \$5	
Gity.	State	Zip Gode	Date [MM/DD/AYAY] \$	-
Full/Name of Contributor	400		Date (MM/DD/AYYY) \$\$	
House #. Street Address			Date:[MM/DD/MYYV]	
Grty	(State)	Zip.Gode	Date [MM//DD//Y/YY] 383	
FulliName of Contributor			Date (MM/JDD/AWA) S	•
House# Street:Address			Date (MIM/DD/YYYY) = \$.	
(etty)	State	Zip Code)	Pate (MM/DD/M/M/).	
Full Name of Contributor			Date (MM/DD//Y/Y/)	
House # Street Address	100000000000000000000000000000000000000		*Date (MM//DD//YXXX) \$	
City:	State	Zip Code	SDate (MM/DD/AYAYA)	
	····		(Date [MIN/DD/XYXX4] S	
Hodse# Street Address			@Date [MM/DD/YYYY/] %	
(dity	State	Zip:Gode	Date IVIM DD / AYYYY % \$	7

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.

riet dentification Number	·			
No. 24 The obligation of Children & Control Control Control Control Control				
Full-Name of Contributing Committee			Date [MM/DD/XXXX]	\$
Höuse# Street Address			Date [MM/DD/YY/Y]	\$
icity.	State	Zip Code	Date MM/DD/YY/Y/	5.
Full Name of 2			l Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			`Date![MM/DD/YYXY]	\$
Gity ,	Statë	/Zip Code	Date [MM/DD/YYYY]	
Full-Name of Contributing Committee			Date MM/DD/YYYY)	\$
House# Street Address			Date [MM/DD/AYYY]	\$ 1
GiV	State	Zip Gode	Date [MM/DD/YYYYM]	
Hull Name of Contributing Committee			Date [MM/DD/\/\^\]	
House# Street Address			Date(IMM/DD/YYYY)	
diy	State	Zip:Code	Date[MM/DD/AYA4]	
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/AAAA]	\$
House#1 Street Address			Date MM/DD/WW/	
Giv.	State	Zip Gode.	Date [MIVI/DD/YYYY4]	5
Hull Name of Contributing Committee :			Date MM/DD/AYYY	3
(House # Street Address	i		Date [MIV/DD/AWA]	
Gity	State	Zíp:Code	*Date (MM/DD//YYYY)	2

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)

Her dentification (Vimbers

Full Name of Contributor	DAMENE A FEENEY	12/24/2020 \$ 398.79
3901	STATE SMELT	Date [MM/DD/YYYY] \$5
Gity ENIE	State PA Zip code 16508	Date [MM/DD/YYYY] \$
łemployer(Name	RETAEN	(Occupation)
EmployeeWallingAddress/ Pandigal/PlaceroidBusiness		
Full Name of Contributor	-	Date [MM/DD/XXXX]
	: Audress	Date[IMM/DD/YYYY] \$ \$
(Gity	State: Zip:Code	Date [MM/Db/AYYA]
Employer/Name		(Occupation)
HämpibyyaalViailling,Addiass:// PamalpaliPlace.ofBusiness		
Hirll: Verme of Contributor		Date [MIXI/DD/AYAY]
	r/Address	Pate [MM/DD/XYYY]
(etty)	State Zip Gode .	ZDate [MM/DD/YVYY] 25
Jemelove alame		(Occupation)
Tinjologga Weiling Addiass // Pringpa Denesol Business		·
Full Venne of Contributor		Date [MM/DD/AWW]
	Addiress	*Pate [MM/DD/AYAA] \$5
City	State ; Zip. Gode.	· pate [MM/DP/AY/A/]
Employer Name		(9ecupation)
EmployaziValiling/Address// PrincipaliPlaceofddiciness		

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.

File Identification Number	F			
			····	
Füll-Name				
House#	treet Address	- X	·	
City		State	Zip, Code	Pate [MM/DD/XXYY] S
Receipt Description				
Full Name				
	treet/Address			
Gity		State	Zip (Code):	Date [MM/DD/YYYY] 3 \$
Receipt Description				
Fúll Name				
	ireet Address			
Clty		State	Zip., Code	Date [MM/DD/XYYY] \$2
Receipt Description				
Rali Name				
Rouse#	treet/Address		•	
Crity.		State	Zip Code	Date IMM/DD/McMi St
Receipt Description				
ifulidName		· · · · · · · · · · · · · · · · · · ·		
	treet Address			·
Gity	SSEC. 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24.05 24	State	Z(p) Code	ZDate [MM/DD/YYYY] 35
Receipt Descriptions				
FillName			·	
(House # S	treet Address	4		
<u>City</u>		State	Zip Code	Date MM/DD/YYYY]
Receipt Description	1		Code	

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

Hier identification/Numbel:				
1 ANHEMIXED IN KIND CONT	RIBUTIONS RECEIVED: VAIL	UE OF \$50,00 OR LES	SPERGONTRIBUTÓR	
TOTAL for the reporting period	(1)	\$		
2. TN-KIND CONTRIBUTIONS R	EGEIVED-VALUE OF \$5001	(10)5250:00:(FROM)	ARI(E)	
TOTAL for the reporting period	(2)	\$		A CONTRACTOR OF THE CONTRACTOR
34 NEKIND CONTRIBUTION RE	SEIVED-VALUE OVER \$250	eo (Fromipartig)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT	IONS DURING THIS REPOR	ITING \$:	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; als			* <u>.</u>

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]]	
	t/Address		/Date [MM/DD/YYYY] 35	
Gity.	State	Zip Code	Date [MM/DD/AYYY] 35	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] S	
	/Address		Date [MM/DD/YYYY) \$	
City	State	Zip Code	*Date:(MM/DD/XYYY)	
Description of Contribution				
All Name of Gontributor			pate (MM/DD/YYYY); \$	
	Address	Experience in the control of the con	Date [MM/DD/YYYY] - \$1	
(City) (Description of Contribution	State	Zip code	Date:[MM/DD/\YYYY]	
Full Name of Contributor			WDate [MM//DD//Y//Y4]	
	Address	Property and a linear single-contained	(Date [MM/DD/YYXXX)]	
City,	State :	Zip Gode	Date (IMM/DD/)/////) \$1	
Full Name of Contributor.	FSSACRACH-PRINGALCE		(Date [MM/DD/XX/XX])	
	Address	1400-Marahan Cara	Date MM/DD//4/4/13 55	
Gity, Description of Contribution	/State	Zip;Code	Date:[MM/DD/YYYY] \$	
The state of the s				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	 ,	*		
	e			

And the second s		
Full Name of Contributor		Date MM/DD/YYYY]
House # Street Address		Date [MM/bb//үүү/] \$
lorty.	State 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/YYYYI
Hpuse#: Street Address		Date [MM/DD/YYYY] \$.53
City	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation (
Employer Mailing Address / Jerincipal (Place of Business	CCV Interest Control of Control o	(Pescription) of (Gontribution)
Full Name of Contributor		spates (MM/DD/YYYYY)
(House:#) Street Address	The state of the s	Date:[MM/DD/WWY] .\$
[Gity]	State Zip Gode	Pate [MM/DD/AYYY) \$
Æmpløyer Name		Occupation
Employa: Mailing Address / Principal: Place of Business		Description Of Secontribution
Full Name of Contributor		Date MM/DD/YYYY \$
House'# Street'Address	Encount programme and the state of the state	Date [MM/DD/Y//Y/] \$5
(Gity) L Employer Năme	State Zip code	-Date (MM/DD/YYYY) s
Employer Mailing Address / Principals		Occupation
Place of Business		Description Off Gontribution

Statement of Expenditures

Filer Identification Number:			-		 	
Englishment						
A STATE OF THE PROPERTY OF THE			,			
·		 			 	

ACCUPATION OF THE PARTY OF THE PARTY OF THE PARTY.	-		•	
To Whom Paid				*Date [MM/DD/YYYY] = \$
House#	Street Address	*****		Description of Expenditure
City		State	Zip Code	The state of the s
To Whom Paid			***	spate:[MM/DD/XYYY] \$
House #	Street Address	19.4.		Description of Expenditure
City/		.State	Zip Code	
To Whom Paid			:	iDate (MM/DD/yyyy) (5)
House#	Street Address			Description of Expenditure
Gity		State	Zip Code	
To Whom Paid	SECTION CONTROL OF THE CONTROL OF TH	•		Date (MM/DD/AYXY)
House#	Street Address			Description of Expenditure
City		State	Zip (Code	
Po Whom Paid			· ·	Date [MM/DD/XXXXX) ('\$
House#	Street/Address			Description of Expenditure
(Gity)		State	Zip Code	
To Whom Paid			·	*Date MM/DD//YYYY] S
House#	Street Address	****		Description of Expenditure
enty.		State	Zip Code	The state of the s
ro:Whom Paid			<u> </u>	Date MM/DD/YYYY] & S.
House#	Street-Address			Description of Expenditure
Gity		State	Zip Code	
iro:Whom(Pajja)			-	(Date MM/DD/MAYY)
House #	Street Address			Description of Expenditure
(Glty)		State	Zip Gode	

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.

Name of Greditor				Outstanding Balance of Debt
House #	reet Address		E DEBTUNCURRED MM/DD/YYYY]	S 5.
City				
Description of Debt		State	Zip Code	
Name of Greditor House #		The state of the s	on the state of th	Outstanding Balance of Debt
Nonze t	reet Address		E/DEBT/INCURRED MM/DD/YYYY]	is:
ligity.		State	Zip Göde	
Description of Dabi	<u></u>		Gode	
Nameor@editor				*Outstanding Balance of Debt
and the second second	eet Address	DAT	E DEBTINGURRED	**Sustanding balance of Dept. **
			VIM/DD/YYYY)	
Ciγ		State	Zip. Gode	
Description of Debt		技術的 高級		
Name of Greditor				Outstanding Balance of Debt 2
House#) Str	eet Address		ADEBITINGURRED MINI/DD/AYYYM	
Gliv		State	Zip	
Description of Debt			Code	
Name of Greditor				Outstanding Balance of Debt
House# Str	eet Address	DATE	DEBICINGURRED	Market and the second s
			AMVDDVYYYYI SARA	
Giby Zarostos veettas		State	Zip Code	
Description of Debi				
NameofCrafficia	St. Control of the Co			Outstanding Balance of Debt
House# Str	et Address	DATE	DEBT INGURRED (M/DD/YYYY)	\$
Giy		State 5	Zin	
Diesanghen of Delak			Zip Code	

To the Committee to Elect Darlene Feeney,

Dear Sir,

The intent of the letter is to forgive the remaining balance of \$ 398.79 owed to me by the Committee. The Committee is hereby forgiven, and does not owe me anything.

Sincerely,

Darlene A. Feeney

12/29/20