

Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5220(4) 15 PM 4: 08

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

ERIE COUNTY

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 | |
|---|---|---|--|
| | ENE A. FEE, | | and the second s |
| Reporting Cycle Nam | ie | | |
| ☐ 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

Printed Name



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2021 JAN 15 PM 4: 08

VOTER REGISTRATION

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 | Date |
|------------------------|------|
| | |

Commonwealth of Pennsylvania - Campaign Finance Report

| | Note: This re | _ | | | It sho | uld be typed |) | <u> </u> |
|--|-------------------|-----------------------|--|--|-------------|-------------------|--|---------------------------------|
| Filer Identification Number | (Ma | ort Filed E ark X) | By Candid | ate | X | Committee | | Lobbyist |
| Name of Filing Committee, Candidate Lobbyist | or | DAN | -LENE | A· | FEF | NEY | | |
| Street Address | * . * . | 390 | 1 STAT | £ 571 | n <i>et</i> | 7 | | |
| City | | ENIE | | PA | | Zip Code | 16508- | 3125 |
| Type of Report (Place x under report to | уре) | | | | | | <u></u> | |
| 1- 6 th Tuesday 2- 2 nd Friday 3- 30 C Pre-Primary Pre-Primary Primar | Pre- I | Tuesday lection | 5- 2 nd Friday Pre- Election | 6- 30 Da Election | y Post | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| | _ | | | | | × | | |
| Date Of Election (MM/DD/YYYY) אוליס/יי | /2017 Year | | 2020 | Amendn Report | nent | | Termination Report | X |
| Summary of Receipts and From I | Date | To Date | : | | | For | Office Use Only | |
| I and a second of the second o | 1/2020 | 12/3 | 1/2020 | | | | S | 282 |
| A. Amount Brought Forward From Las | t Report \$ | - 39 | 18.79 | ······································ | | | m XX | 5 |
| B. Total Monetary Contributions and F (From Schedule I) | Receipts \$ | | | | | | AU SO | JAN 15 |
| C. Total Funds Available (Sum of Lines A and B) | \$ | -36 | 98.79 | | | | SISTEM Y | 2 |
| D. Total Expenditures | \$ | i · | | | | | 70- | |
| (From Schedule III) | | - 3 | 98.79 | | | | | -: O |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | | 0.00 | | | | | 08 |
| F. Value of In-Kind Contributions Rece | ived \$ | | 0.00 | | | | | |
| (From Schedule II) | | | | | | | | |
| G. Unpaid Debts and Obligations | \$ | | | | | | | |
| (From Schedule IV) | | | | ļ | | | | · |
| Part 1- If this is a Committee report, treasur | er sign hara Ifti | ie ie a Cane | Affidavit Sed | ction | horo | | | |
| I swear (or affirm) that this report, including | the attached sc | nedules on | paper, is to the | best of my k | nowleda | re and belief tru | e. correct and comple | ete. |
| Sworn to and subscribed before me this | | | | ۰.۸ | · | _ | O. | |
| day of20 | | • • | | -29_a | v l | en e | teen | erg |
| | | | | | | f Person Submi | tting report | () |
| Signature | | i i | - | Dar! | len | | feeney | _ |
| Signature | | ۱ , | | · | | Printed Name | , | _ |
| My Commission expires | | | | 814 | _ | _8 | 66-245 | 3_ |
| MO. DAY | YR. | | A | rea Code | | Dayt | ime Telephone Numb | er |
| Part II- If this is a report of a Candidate's Aut | horized Commi | tee, candid | late shall sign he | ere. | | | | |
| I swear (or affirm) that to the best of my kno amended. | wledge and beli | ef this polit | ical committee l | nas not viola | ted any | provisions of th | e Act of June 3, 1937 | (P.L. 1333, NO.320) as |
| Sworn to and subscribed before me this | | | | | | | | |
| day of20 | | . 1 | | | | | | |
| | | | | | Signa | ture of Candida | ate | - |
| Signature | | | | | P | rinted Name | | |
| My Commission expires | | | | | _ | | | |
| MO. DAY | YR. | | A | rea Code | | Daytir | ne Telephone Number | r |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Eller Identification Number | | |
|--|--|--|
| 11 Intomized Contributions and beginning for an interest and a | 2,000 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | |
| 1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | The Hill Telephone County Called the Property of the County Count |
| 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) | \dashv | \$ |
| 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) | \dashv | \$ |
| Total for the reporting period (| (3) | \$ |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (| (4) | <u> </u> |
| 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, Repo 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.

| at real region of the control | e of New Address of Manager | | | Amoun | t |
|-------------------------------|-----------------------------|--------------------|---|------------------------|---|
| Full Name of Co | ntributing | <u> </u> | | Date [MM/DD/YYYY] \$ | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | on . Win | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | - |
| | | | | 100 A | |
| Full Name of Contributing | | | | Date [MM/DD/YYYY] \$ | |
| Committee | | | | | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Full Name of Co | ontributing | Talkense and S. C. | producers on Trajec 4 | Date [MM/DD/YYYY] \$ | |
| Committee | | | | | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| City | | | | | |
| Full Name of Co | ontributing | 15.5 20 24 | [& e. 20 (s. 2) | Date [MM/DD/YYYY] \$ | |
| Committee | 1 | | | Date [MM/DD/YYYY] \$ | |
| House# | Street Address | | | <u> </u> | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | • | | | | |
| Full Name of Co | ontributing | Harita Pirit | [+] - [(44.47 x + 4.78 x + 7.44 x + 4.78 x + | Date [MM/DD/YYYY] \$ | |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| 119935 7 | Surger Address | | | | |
| | | State | Zip Code | Date [MM/DD/YYYY] S | |
| City | | July | | | |
| Full Name of C | ontributing | 1345 77 14 | Targette State Control | Date [MM/DD/YYYY] \$ | |
| Committee | | • | | 100 | |
| House# | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| | I Mail to My Life I | | | | |
| 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 (denufication Number. | | | | |
|--|-----------------------|---|---------------------------|--------------|
| The state of the s | | | | |
| Full Name of Gontributor. | | | Date (MM/DD/YYYY) \$5 | |
| House# Street Ar | ddress | | Date [MM/DD/YYYYY] \$ | |
| GIVY | State | Zip Code | Date (MM/DD/YYYY) 15 | · |
| Full Name of Contributor | | Form that the control control for the co | Date:[MM/DD///////] | |
| House# Street/Ar | ddress | | Date (MM/DD/YYYY) S | |
| Gryy | State | Zip Code | /Date:(MM/DD/YYYYY);; JS: | |
| Rull Name, of Contributor | 444-terroralis detabl | (2009年) 日かかかから活発の場合まで刊 | Date (MM/DD//YYYY) | |
| House# Street/Ac | ldress | | Date MM/DD/MYYY | - |
| IGity 1 | State | Zip Code | #Date IMM//DD///YYY/I | |
| Full Name of Contributors | (Mea/20)(2013) | 2-0-5-5-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Date MM//DD/AYYV/ | |
| House## Street:Ad | | | Date [MM/DD/YYYY] \$5 | |
| (Gity) | State | Zip Gode. | Date (MM/DD/YYYY) (S. | |
| FUIIName:of:Contributor | | | ,Date [MM/DD/mm] is | 811 |
| House # Street Add | E-3702573147731 | | Date [MM/DD/YYYY] & | |
| (Gity) | State. | Zip Code | [Date [MM/DD/YYYY]] | |
| FUIIName.of. Contributor. | | | Date IMM/DD/YYYYI | |
| House ## Street Add | dress | | Date [MM/DD/YYYY] [5] | |
| (GIT) | 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.

| | <u> </u> | | | |
|--|--|--|-------------------------|--|
| Full Name of Contributing Committee | | | Date[MM/DD/YYYY] S | |
| House # Street Address | | | Date [MM/DD/YYYY] (\$ | |
| Gity / | State | Zip'Code | Date [MM/DD/YYYY] 75 | |
| Full Name of Contributing Committee | Brig 680 and order org | (If it is not the device of the second | Date MM/DD/YYYY/ | |
| House #11 Street Address | | | Date [MM/DD/YYYY] \$5. | |
| City (| State | Zip:Gode | Date [MM/DD/MM] SS | |
| Full Name of the Contributing Committee : | | | Date MM/DD/XXXXII. | |
| House# Street Address | | | Date [MM/DD/XXXXI) | |
| Olty !! | State | ,Zip Gode | Date [MM/BD/VYYY) \$5 | |
| Full Name of Contributing Committee | | | Date:[MM/DD/XXXX] 25 | |
| House ## Street Address | The state of the s | herewise spanning to the | Date MM/DD/YYYY | |
| Gry Taulinamegry as sales | State | Zip Code | Date IMM/DD/AYYYI # \$5 | |
| Contributing Committee | | | | |
| House# Street.Address Gity. 1 | State | Zië Code | Date [MM/DD/YYYY] *\$ | |
| FULINAME of | | A-IP SEME | | |
| Gontributing Committee House # Street Address | ·. | | Date IMM/DD/YYYYI \$5. | |
| | State | Zip Code | | |
| (Gity) | | | Date (MM/DD/YYYY) \$ | |

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)

| Filer Identification Number: | | | |
|---|-------|----------|--|
| (Full Name of Contributors | | | Date [MM/DD/YYYY] |
| | | | Date [MM/DD/YYYY] \$ |
| House'# Street Add | dress | | [Date [MM/DD/YYYY] 75 |
| Gity | State | Zip Code | |
| | Scate | Zipcode | Date [MM/DD/YYYY] \$5 |
| Enployer Name | | | Occupation |
| Employer/Mailing/Address // Phinogeli:Place of Business | | | |
| Full Name of Acoustilla (tor | ,,,, | : | Date [MM/DD/YYYY] \$5 |
| Illovse/# Street/Add | liess | - | Date IMM/DD/YYYYII |
| | | | |
| Gity | State | Zip Code | /Date/[MM//DD//YYYY] IS. |
| Employer Namers | | | Occupation |
| (Binpleyer/Meilling/Address// Pitingpel/Placesof/Business | | | |
| Han D. Nerwisson in Government | | | -Date IMM/DD/YYYY/ |
| | | | Charge of a control of the particle of the par |
| ilfouse## Street Add | ress | | Date [MM/DD/YYYY] (\$ |
| CGLyy. | State | Zip Gode | Date IMM/DD/YYYY) 53 |
| | 35.22 | | |
| Employer Name | | | Occupation |
| Tamployer (Mailing/Addiness)/ Chinopel (Piece of Business) | | | |
| Hull(Name of Contributor | 11-11 | |) Date [MM)/DD/YYYY) S. |
| House#1 Street/Add | tëss | | Date [MM/DD/YYYY] \$ |
| | | | |
| Oty : | State | ZipiCode | (Date [MM/DD/YYYY] \$\frac{1}{8}\; |
| Employer Name | | | Occupation |
| Employer Mailing Address / | | | |
| Plincipal 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.

| sile ildentification Num | ben. | | | |
|-----------------------------------|----------------|----------------|-----------------|---------------------------|
| Foll Name | | | | |
| House #3 | Street Address | State | Zip | Date [MM/DD/YYYY] // \$ |
| Receipt Description | | | Code | |
| Evil Name | | | with a constant | |
| House: | Street/Address | State | Zip iGode | Date IMM/DD/XXXXI |
| rgecellar bestatlaggar | | | :Code | |
| (Aulli Name Howste (# | Street/Address | - " | | |
| House:// efty | | State | Zipi Godes | ¿Date (MM/DD/YYYY)) - \$ |
| सिनसम्बद्धाः <u>शक्कतानं</u> गिकः | • | | | |
| Full Meime House## | Street Address | | | |
| Gity. | | State | Zip Gode | Date MM/DD/AYYYI (\$ |
| Receipts Description | | | | |
| Fill Name House## Gity#s | Street/Address | | | |
| Gity In | | State | Zip Gode | /Date [MM/DD/YYYY] ii /\$ |
| Regalpo Description | | [H33545.59035] | <u> </u> | . |
| FulliName Flouse/# | Street Address | | | |
| GiV. | | State | Zip Gode | Date [MM/JDD/XYXY] \$ |
| Receipt 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

| | · · · · · · · · · · · · · · · · · · · | | | |
|--|---------------------------------------|------------------------------|----------------------------------|-----------|
| Fileridentilisation Number: | | | | |
| | | | | <u></u> - |
| (1 : JUNITEMIZED IN KIND CONTRIBI | UTIONS RECEIVED VAI | UE OF \$50:00 OR LESS PER GO | ONTRIBUTIOR 1771 | |
| TOTAL for the reporting period | (1) | \$ | | |
| Z INKINDIGONTRIBUTIONS RECEI | VEDAVANUE OE \$500 | TIO)\$250YOOYIEROIMPARTIEY | and a large of the second second | |
| TOTAL for the reporting period | (2) | \$ | | |
| To me to porting period | (2) | | | |
| 3 IN KINDIGONTRIBUTION REGEIN | ED VAIUE/OVER \$250 | (00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ | | |
| | | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from | | | | |
| on Page 1, Report Cover Page, Item F) | | | | |
| | | | | |

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| File I dentification Number | <u></u> | | | |
|--|------------|--|---------------------------------------|-------------|
| | | | | |
| Full Name of Gontributor | | | Date [MIM/DD/YYYY]//;\$ | |
| iHouse# Street Add | ress | | Date [MM/DD/YYYY] \$ | |
| (City) | State | Zip Godé | Date [MM/dD/YYYY] | |
| Description of Contribution | | · | [as(x,y;)] | |
| Fill Name of Gontributor. | | | Date (WM/DD/XXXX) | |
| Horseff Street Addi | ress | | Date [MM/DD/YYYY)] \$5 | |
| | State | Zip Code | Date [MM/DD/YYYY] 76 | |
| Description of Contribution | | Time to confirm the Marie and Tree and the | (Provide | |
| Full Name of Contributors | | | / Date [MIVI/DD/YYYYY] / \$ | |
| triouse## Street Addr | ess | | / Date [MM/DD/XXW]; es | <u> </u> |
| (Gity) | State | Zip Cöde | Date [MM/Db/yyyyy] | |
| Description of Contribution | | | | |
| RulliName@ontributor/ | | | Date (MM/DD/YYYY)) (S | |
| House :: Street Addr | | | Date:[MM/Db/YYYY]] S | |
| Gity Description of Contribution | State | Zip Gode | Date[MM/DD/YYYY]] As | |
| The state of the s | | | | |
| Full Name of Contributor | | | Pate [MM/DD/YYYM], \$ | |
| (Flousey) Street Addi | ess () | | .Date[MM/DD/XXXM] [*]] \$ | |
| Ofty Description of Contribution | State | Ziń Code | Date [MM/DD/XYYY] (35 | |
| Accompany of Courtlention | 3. A.F | | | |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number | | | |
|--|----------------------|-------------------------------------|---|
| | | | |
| Full Name of Contributo | | | Date [MM/DD/YYYY] \$ |
| House# S | itreet Address | | Date IMM/DD/YYYYI S |
| Giry : | Sfate | Zip Code | Date (MM/DD/YYYY) |
| Employer/Name Employer/Mailing Addre | | Table state with the entertring and | Occupation (|
| Place of Business | | | of Contribution |
| Full Name of Contributo | | | Date IMM/DD/YYYY) |
| | reet Address | | Date (MM/DD/YYYY) |
| lefty. | State | Zip@ode | Date [MM/DD/YYYY] 4 S |
| Employer Name/ | | | Occupation (|
| BandoyerMailinevAdore RisperofBusiness | SS //Principalls | | NDESCRIPTION () of Contributions (|
| Full Nemerof Contributor | % ! | | Poate IMM/DD/YYYYI \$ \$ |
| House## Sti | reet Address | | Date [MM/DD/YYYY] \$ |
| GIY | State | Zip Code | Date [MM/DD/YYYM] S |
| Gmployer Name | | | (Occupation) |
| | | | a Description : or |
| ສົນຟ (Vaine of Contributo) | | | CDate [MM/DD/YYYY] \$ |
| House# | eet/Address | | Date [MM/DD/YYYY] 55 |
| Giry Giry Employer Name | State | Zip:Göde | Date [MM/DD/YYYY] 75 |
| | | | Occupation |
| Employer Mailing Addres Place of Business | | | Description of Contribution |

Statement of Expenditures

| | _ | | |
|--|------|------|-----|
| | | | 4.4 |
| Filer Identification Number | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| AND AND ADDRESS OF A LANGE DATE OF A LANGE DATE OF A STATE OF A ST | | | |
| | | | |
| | | | |

| To Whom Paid | COMMITTEE PANLEW | E TO ELECT | | Date [MM/DD/YYYY] /2/24 /2020 | -398, 19 |
|----------------------|--|--------------|--------------|----------------------------------|--|
| House # 3401 Street. | Address 6700 | SMEET | | Description of Expendit | ure Ure |
| en, | State | PA Zip Code | <i>16208</i> | LOAN FOR | 610 GNESS LIN BACK) |
| ToWhom Paid | | | | Date [MM/DD/XXXX] | 5 5 °/ |
| House# Street/ | | | | Description of Expenditu | re |
| Gity | State | Zip ∖Code | | | |
| IID/Whom/Paid | | | | Pate [MM/DD/YYYY); | |
| House# Street/A | | | É | Jescription of Expenditu | re. |
| (e)ty) | State | Zip Gode | | | |
| lio WitemiRaid | | | | late [MM/DD/YYYY] | |
| (House ## Street # | | | D | escription of Expenditu | re . |
| (City) | State | ·Zip Gode | | | |
| Tio WhomiPaid | | | E COLOR | ate [MM/DD/YYYY] // | Š. |
| House# Street/A | | | 1000 | escription of Expenditu | re |
| lefty: | State | Zip Code | | | |
| (e)WhomRaid | | | | ate[MM/DD/M/Y/];; | |
| House# Street A | | | Ď | escription of Expenditu | Mark Control of the C |
| G fty. | State | .Zip Gode | | | |
| llo Whom Páid | El-Yes Block Mari | | | | |
| House# Street A | ###################################### | | D | escription of Expenditui | |
| House # Street A | State | Žip Gode | | | |
| NetWhom Paid | | | , | ate:[MM/DD/YYYY] | |
| House # Street A | | | D | escription of Expenditur | e C |
| SCI tV | State | Ζίρ 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.

| Gity Description of Debts | eet Address | 1/2006 - DM CC 200 | ATE DEBT (NGURRED [MM/DD/YYYY] Zip "Code | Outstanding Balance of Debt |
|---|-------------|------------------------|--|-----------------------------------|
| City Description of Debty | et Address | | ATE DEBT (NOURRED ([MM/pb/xyyyy] Zip Code | ©utstanding Balance of Debt. |
| City Description of Debt | et Address | | ATIE DEBIT INCURRED : - 2 [MM/DD/YYYYY] Zip] Code | Outstanding Balance of Debt \$ 1 |
| City Description of Debt | et Address | [3/2/2/2] 可以是 1900 (A) | TEIDEBT INGURRED () MM/DD/WYYYI ZIB Gode () | Outstanding Balance of Debt : "" |
| Mameroi Greditor (House: III Street Gity Description of best | et Address | State | TEDEBT INGURRED [MM/DD/YYYY] Zipj Gode | Outstanding Balance of Debt. |
| Name of Greditor House # Stree Git Description of Debt | et Address | 19928220268888 | TEJDEBT (INCURRED [MM/DD/YYYY] Zip Code | Outstanding Balance of Debt |

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

Larlene A. Feeney 12/29/20