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

Filer identification	Report Filed By Can	(Change Mark Colors of the Col	Committee	Löbbyist
Number	(Mark X)			
Name of Filing Committee, Candidate or Lobbyist	DALLENE	A. FEE	NEY	
Střeet Address	3901 574	re synect		
City	ENIE Stat		Zip Code 16508	-3125
Type of Report (Place x under report type)				
1-6 th Tuesday 2-2 rd Friday 3-30 Day Post				iday - Special 30 Day
Pre-Primary Primary Primary	Pre-Election Pre-Elect	ion Election	Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) /1/07/26/7	Year 2019	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date	10 To	For Office Use Only	
01/01/2015				4
A Amount Brought Forward From Last Report	\$ -398.19			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$,00			03
C: Total Funds Available	\$ - 398.19		mr	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Sum of Lines A and B) D. Total Expenditures	\$ \$	<u>8</u>		
(From Schedule III)	. 00			
E: Ending Cash Balance (Subtract Line D from Line C) >	\$ - 398.79			3
F. Value of In-Kind Contributions Received (From Schedule II)	٥٠ ، ٢٠٥			3, 2
G. Unpaid Debts and Obligations (From Schedule IV)	\$.00			
		Section		
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac			and belief true, correct and co	omplete.
Sworn to and subscribed before me this		$\left(\begin{array}{c} 1 \\ 1 \end{array} \right)$	DF	
day of 100 NO NO NO LO	-	Signature of	Person Submitting report	
Commonwealth of Hennsylvania - Notary Sear Tonia Fernandez, Notary Public	· [Darlene	Printed Name	
Frie County 2 2 3 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		814	866-24	153
Commission number 1288912 ^{NY}	_	Area Code	Daytime Telephone I	Number
Member, Pennsylvania Association of Notaries Part II- If this is a report of a Candidate's Authorized (Committée, candidate shall sig	n here.		
I swear (or affirm) that to the best of my knowledge a amended,	nd belief this political commit	ee has not violated any p	rovisions of the Act of June 3,	1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this			DI	D
day of20	_ ' 1	_ Darle	Il. Kee	Tes/
_		Darlene	ure of Candidate 4. Feene	,0
Signature	-		nted Name	
My Commission expires MO. DAY YR.	_	Area Code	866-2 Daytime Telephone No	umber 2
				}

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		-	
1.Unitemized Contributions and Receipts-\$50.0	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 Committee	es (Part A)		\$
All Other Contributions (Part B)			\$
	Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and	d Part D)		
Contributions Received from Political Committee	es (Part C)	AND STATE OF THE PARTY OF THE P	\$
All Other Contributions (Part D)			\$
	Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Re	turned Checks, ETC. (From Part E)	
en bestellt ander serverge großen bestellt einer zu in den Leinen zu der bestellt gegennte der Bestellt auf der	Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during enter amount totals from Boxes 1, 2, 3 and 4; als			\$

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.

riler identification N	imber					
						Amount
Full Name of Contr	ibûting			∌Da	ite [MM/DD/YYYY] \$	
Committee						
House#	Street Address			/ Da	ite [MM/DD/YYYY] \$	<u> </u>
				<u> </u>		
City		State	80., 100. 100. 100. 100. 100. 100. 100. 1			意 (5)
City		State	Zip Code	· Da	te [MM/DD/YYYY] \$	
Full Name of Contri	huting			lyna	te [MM/DD/YYYY] \$	
Committee				700	te (MM/DD/T/T/T)	ž
House#	Street Address		•	Dâ	te [MM/DD/YYYY] * .S.	
City	(wastergreen of the abbrevious and a simple	State	Zip Code	 Da	te [MM/DD/YYYY] = S	
Full Name of Contri	buting	The second secon		³ Dá	te [MM/DD/YYYY] 🗟 💲	
Committee						
House#	Střeet Address	· -		 ØDål	te [MM/DD/YYYY] \$	
				<u> </u>		
City		14063-555048		A 2014_17 Sheet		:
City		State/	Zip Code	Dat	e [MM/DD/YYYY] 8	, · · ·
	TWATER medical areas					
Full Name of Contril Committee	outing **	i ·	•	Dat	e [MM/DD/YYYY] s	
		· · ·	***************************************	Salt West		
House#	Street Address			[®] Dat	e [MM/DD/YYYY] / S	
	2.00					
(City)		State	Zip Code	Dat	e[MM/DD/YYYY] & S	
						,° .
Full Name of Contrib	oúting	·		Market and provide the second of the second	e [MM/DD/YYYY]	ang nama and manamara di manamara na ang panamara na ang panam
Committee (1)				355		
House#	Street Address		·	ZDA+	e [MM/DD/YYYY] = \$	
	Sucet Address			Dat	C INNIVIDUAL TITLE 3	•
		Land College Street		<u> </u>		
Gity.		State	Zip Code	Dat	e [MM/DD/YYYY] S	
Marconsultanini Parametranining						
Full Name of Contrib Committee	outing	. *		Date	e [MM/DD/YYYY]	
	The second of the second					
House # 5	Street Address			Date	e [MM/DD/YYYY] .s	
City	* The state time have transmitted weighted against (198)	State	Zip Code	Date	e [MM/DD/YYYY]	
	17 No. 198					وحيان المح

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:

		e secretar y manufacture de la compactició de la compactició de la compactició de la compactició de la compact		
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		THE STATE OF THE S	Date [MM/DD/YYYY] \$	e ang menganangan penggangan dalah penggan penggan penggan penggan penggan penggan penggan penggan penggan pen
House# Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$\$	· · · · · · · · · · · · · · · · · · ·
Treet Address			pate (MM/DD/M1111 s 2 s	
		Lorent to office of Automotive periodical		:
City	State	Zip Code	Date [MM/DD/YYYY] \$	
The state of the s				- Water Land Co. V. Co. (Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.
Full Name of Contributor			Date [MM/DD/YYYY] \$	
A CONTRACTOR OF CONTRACT				
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	SPACES STANGER STANGER STANGER
			Date (MIM/DD/11111) 3	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	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] S	MATERIAL PROPERTY OF THE PROPE
House # Street Address			Date [MM/DD/YYYY] \$	
Gitý	State '	Zip Code	-Date [MM/DD/YYYY] \$	
	4. 1. 1.			

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.

elenoentingator-Number:				
Full Name of	arran and the Constitution of the second of the second second second second second second second second second			
Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City (»Staté	Zip Còde	Date [MM/DD/YYYY]	\$1
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee		a e	Date [MINI/DD/3444]	
House# Stre	et Address		Date [MM/DD/YYYY]	
City .	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee	The Control of the Co		Date [MM/DD/YYYY]	
House # Stree	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of				
Contributing Committee			.Date [MM/DD/YYYY] s	
House# Stree	t Address		Date [MM/DD/YYYY] S	
City		Zip Code	Date [MM/DD/YYYY] s	
Full Name of Contributing Committee		Part Committee (1997)	Date [MM/DD/YYYY] 5	
House # Stree	t'Address		#Date*[MM/DD/YYYY] \$	
City.		Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] S	
Contributing Committee	Walter for Marian			
	. Address		Date [MM/DD/YYYY]	
Gity	State	Zip Code	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

	en e	nun annang tagan kanggi na annang tagan kang annang kang annang at dalam tagan k		romania de
Full Name of Contributor	managanga kemalangan di pengangan managan di pengangan pengangan kemalangan pengangan pengangan pengangan penga	२००२ महिन्दुवारा स्टब्स संस्था केंद्रुवारा स्टब्स्य क्रूब्स प्रिकारक स्टब्स्य संस्था है। इस स्टब्स स्टब्स्य के	Date [MM/DD/YYYY] 5	
House # Street A	ddress		*Date [MM/DD/YYYY] \$	
		New York Care Care Care Care Care Care Care Care	AND VOVVI	
City	State	Zip Code	Date [MM/DD/YYYY] \$	e.
Employer Name			Occupation	
Employer:Mailing Address /				
Principal Place of Business		कार्तुत्रकानस्यतः स्थापनंदान्यदेव स्थापनः १३ मानव्यवेषु <mark>विकासः प्रशासन्तरः च तृदेव ११</mark> २ अवश्यनमञ्जूते १९८ अर्थनानद	Date [MM/DD/YYYY] \$	aniconario especialista de
Full Name of Contributor				
House # Street 7	Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation (
The state of the second state of the second				
Employer Mailing Address / Principal Place of Business		de acces para un model de la constanta por la constanta de la		area and a second
Full Name of Contributor		•	Date [MM/DD/YYYY] \$	
	What is good to be		Date [MM/DD/YYYY] \$	
¡House # Street	Address			
Gity C	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			, Occupation	
Employer Mailing Address /	- Table 14			
Principal Place of Business Full Name of Contributor			Date (MM//DD/YYYY) \$	
House:# Street	Address		Date [MM/DD/YYYY] \$	
		Landing and Account	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date India/PROTOTAL 22	
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.

			general de la companya de la company		
Full Name					
iHouse#/	Street:Ad	dress	TWFEREXX		
			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name					15.0051
House:#	Street Ado	dress		· .	
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		COULC SERVICE	
FülkName		and a second			
House # City	Street Add	ress	State :	Zio	Terminological production (1912 1913 2017 2019 1017 2019 1017 2019 1017 2019 1017 2019 1017 2019 1017 2019 1017 2019 1017 2019 2019 2019 2019 2019 2019 2019 2019
			2.0.6	Code	Date [MM/DD/YYYY]
Receipt Description Full Name		and the second of the second o	Example control of		
#ruii (vame: House:#:	Street Addi	ress			
City			State	(Zip) Code	Date [MM/DD/YYYY]
Receipt Description		<u> </u>		CODE	
Full Name					
	Street Addr		tuase the more say	EVOLUTION DE SANCORDO	
		,	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			and the second s		
House#	Street Addre	ess			
Zi ty			State	Zip Code	/Date [MM/DD/YYYY] \$
Receipt: Description	26 (36) 24 (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

Filer identification Number:	
1 JUNITEMIZED 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 \$250.0	io (FROM PART F)
TOTAL for the reporting period (2)	\$
TOTAL for the reporting period	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	PART G)
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

		V /	ALUE OF \$50.01 10 \$2	230			
Filer Identification Number							
						SSAM (1975)	-
Füll Name of Contributo		Total Supplement		D	ate [MM/DD/YYYY]	\$	Secretaria de la constanta de
/House#	reet Address			ξĎ	ate [MM/DD/YYYY]	\$3	
Gity		tate	Zip Code	D	ate [MM/DD/YYYY]	S	
Description of Contributi				274000000000000000000000000000000000000			- Control to 15
Full Name of Contributor				*D	ite [MM/DD/YXYY]	\$	
House # Str	reet Address			(Da	ite [MM/DD/YYYY]		
Gity		tate	Zíp Code	Da	ite [MM/DD/YYYY]	\$	
Description of Contribution	on (*)	September 1	A LONG TO A COLUMN	1			
Full Name of Contributor		·: .		Da	të [MM/DD/YYYY]	\$	
House:#	eet Address			Da	te [MM/DD/YYYY]	\$	
City		ate:	Zip Code	Da	te [MM/DD/YYYY]	\$	
Description of Contribution Full Name of Contributor			and a supply the first of the same was a supply to the supply the same supply to the s	i Anterna			
4.14		er .			te:[MW/DD/YYYY]	\$ 	
	eet Address	* • 		Da	te [MM/DD/XXXX]	S	
Chy.		ate .	Zip Code	Da	te [MM/DD/YYYY]		
Description of Contribution	on - W						
Full Name of Contributor		Augustia (1930) and an ann an		Dâi	e [MM/DD/YYYY]		71.5-14.F
House # Stre	eet Address			Dat	e [MM/DD/YYYYI]		
City	Sta	itė (ip Code	#Dat	ė [MM/DD/YYYY)]		
Description of Contributio	in .	y and a second	and the state of t	<u> </u>	Pass		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number.		
		PATTS CHAVRAVAWWI boyan 1944
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/XYYY] \$ \$
Street Address		
GitX	aState Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Öccüpatión)
Employer Mailing Address / Principal Place of Business		Description of
The first		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Street Address		Section 1997 Annual Property Control of the Control
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
	a nasawan ka da di waki ka mangaanga ana ana ana kada an kaking da ka ka kada an mana anawa si waka si ka ka s	Contribution
Full Name of Contributor		Date [MM/DD/YYYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City .	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	LANGE CONTRACTOR CONTR	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYY] \$
House # Street Address		Date [MM/DD/YYYY] \$5
City	State Zip Code	Date [MM/DD/YYYY] \$5
Employer Name	particular results (See 1995)	Occupation.
Employer Mailing Address / Principal (1997) Place of Business		Description of Contribution

schedule III Statement of Expenditures

	Statement of Expenditures			
Filer Identification Nu	imber /			
To Whom Paid		Date (MM/DC	D/YYYYI \$	
- 4-75-66954V August (900)	in high country find with further standard country and the standard country in	The Political and Marie Community Co	the second secon	

To Whom Paid (*Date [MM/DD/YYYY] * \$
∃House # Street Address	Description of Expenditure
City State Zip Scode	
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] 4 \$
House # Street Address	Description of Expenditure
Crty Zip Code	
Tổ Whôm Paid')	Date [MW/DD/YYYY] \$
House # Street Address	Description of Expenditure
Gity State Zip Gode	
To Whom Paid	Date [MM/DD7YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House #. Street Address	Description of Expenditure
City	

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.

Filer Identification Number:

Name of Creditor	NOTES AND		Outstanding Balance of Debt > \$
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City (State Zip Code	
Description of Debt		表现。1996年2000年 [1996年30日 1996年30日 1996年3	(1088272)
Name of Creditor			Outstanding Balance of Debt
		DATE DEBT INCURRED	S.
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
	220.35	161212535 No. 125555554	
City		State Zip Code	
Description of Debt			
Name of Creditor	The state of the s	Section of the sectio	Outstanding Balance of Debt
House #	Street Address	DATE:DEBT INCURRED [MM/DD/YYYY]	\$
		The group of the second se	
City	·	State Zip Code	
Description of Debt		Ecoue Est	念藝
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT/INCURRED	S
	an ect Addices	[MM/pd/yyyy]	
City		State Zip	-
		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
		State Zip	
City		Code C	
Description of Debt			_
Name of Creditor		erii firii iyo gaaraa ah aa a	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED.	\$
	SWEE WARTESS	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		Low a conduction of Long as well as well as the conduction of the	