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

The second secon

	ils report must be clear a	series a destruction of the continuous and providing the man	NAMES OF THE OWNERS OF THE PROPERTY OF THE PRO	
Filer identification : Number	Report Filed By Candi (Mark X)	date	Committee	X Löbbyist
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE	TU ELEZT	DA11515	ELTINOS
Street Address	3901 STATE	··· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
City	EYLIE State	.,	Zip Code /650	8-3125
Type of Report (Place x under report type)	Total Salar Sa			
1-6th Tuesday 2-22th Friday 3-30 Day Post			7-Annual Special 2 nd	
Pre-Primary: Pre-Primary: Primary	Pre-Election Pre-Electio	n Election	Pre-Electio	n Post-Election
			X	American de la Companya de la Compan
Date of Election (IMM/DD/YYYY) 11 07 2017	Year 2 2019	Amendment Report	Terminatio Report	n .
Summary of Receipts and Second Date Expenditures:	To Date		For Office Use Or	ilý
01/01/2019				
A Amount Brought Forward From Last Report	\$ 0.00	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2020
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0 .00			Terro
C. Total Funds Available (Sum of Lines A and B)	دن ۵ کا		70.0	
D. Total Expenditures (From Schedule III)	\$ 0.05			
E. Ending Cash Balance	\$			平 o: 33 众
(Subtract Line D from Line C) + F. Value of in-Kind Contributions Received	\$ 0.00	-		$^{\omega}_{\lambda}$
(From Schedule II) G-Uripald Debts and Obligations	\$ 5			
(From Schedule IV)	398.19		· ·	
Part 1- If this is a Committee report, treasurer sign her	Affidavit Some If this is a Candidate report.		*	
I swear (or affirm) that this report, including the attack			and belief true, correct and	complete.
Sworn to and subscribed before me this	. /			
day of Danuary 20 do	[-	gnature of I	Person Submitting report	·
Signature	<u> </u>		MES S FEEM Printed Name	<u></u>
Commonwealth of Pennsylvania Notary Sea My Commission Reviews, Notary Public	· · · · · · · · · · · · · · · · · · ·	Siy	846 245	-3
Erie CouM9 DAY YR. My commission expires April 3, 2023		Area Code	Daytime Telephone	Number
Part II-GomenissieponuoliseCangidete's Authorized C	ommittee, candidate shall sign but belief this political committee	nere. a has not violated any pi	ovisions of the Act of June	3. 1937 (P.L. 1333, NO.320) as
amended.	•			
Sworn to and subscribed before me this			J. J.	
day of WOOT 20 d()	1	Signatu	re of Candidate	eny
Signature Signature	-	Darlene	A. Fee v	rey
My Commission expires 4-3-23	. •	814	866-2	453
MO. DAY YR.	<u> </u>	Area Code	· Daytime Telephone	
mmonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public				
My commission expires April 3, 2022	•	•		
Commission number 1288912			•	,

Member, Pennsylvania Association of Notaries

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number.				
1:Unitemized Contributions and Receipts=\$50.00 or Less per Contributor		dia a mara		
	10.16		TANKS COOK AND THE	
Total for the reporting period	(1)	\$		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committees (Part A)	- A THE STREET OF THE STREET O	\$		and the second
All Other Contributions (Part B)	<u>`</u>	\$		
Total for the reporting period	(2)	\$		
3. Contributions Over \$250.00 (From Part C and Part D)				
Contributions Received from Political Committees (Part C)		\$	and a state of the properties and an improvement of the state of the s	seems was an and the seems and a seem of the seems while
All Other Contributions (Part D)		\$		
Total for the reporting period	(3)	\$		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part	E)	in dia		
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, R. Cover Page, Item B)		\$		<u> </u>

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.

rpe /genmication Number	· · · · · · · · · · · · · · · · · · ·	,
	haceanar an menanan an belefat harm transfer de kes au de en de antenior an autoritair au au conference	Amount
Full Name of Contributing	Date [MM/DD/YYYY] S	
Committee		
House # Street Address	Date [MM/DD/YYYY] S	
	8.000.000	
Citý State Zip Code	Date [MM/DD/YYYY] \$	
esty state 22p code	Date [[WIW]/DD/]([1]]	
Full Name of Contributing	Date [MM/DD/YYYY] \$	ing the state of t
Committee		THE STATE OF THE S
House # Street Address	Date [MM/DD/YYYY] S	
City Zip Code	Date [MM/DD/YYYY] S	-
	新疆	
Full Name of Contributing	Date [MM/DD/YYYY] * \$	
Committee		
House # Street Address	Date [MM/DD/YYYY] 3 \$\$ 2	
City Zip Code Zip	_Date [MM/DD/YYYY] \$	
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 Contributing	Date [MM/DD/YYYY] \$	
Committee		San June 1
House # Street Address	Date [MM/DD/YYYY] \$	
Clty Zip Code	*Date [MM/DD/YYYY] \$	
	\$ 100 miles	
Full Name of Contributing	Date [MM/DD/YYYY]	
	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY]	
City State Zip Code	Date [MM/DD/YYYY] & S	The state of the s

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:

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Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City,	State	Zip Code	Date [MM/DD/YYYY] S	
				ta versionale de la company
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gty Property of the Control of the C	State	Żip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
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] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House# Street Address			Date [MM/DD/YYYY] \$2	
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.

the roundination number:				
Full Name of	THE WAS A PROPERTY OF THE PROP		· Date[MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	· · · · · · · · · · · · · · · · · · ·	•	Date [MM/DD/YYYY] 5	
Gty .	State	Zip Code	Date [MM/DD/YYYY] \$	
				, i
Full Name of Contributing Committee	The state of the s	en e	Date [MM/DD/YYYY] \$	THE RESIDENCE OF THE PROPERTY
House# Street Address	·		Date [MM/DD/YYYY] \$	
City	State -	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] SS	
Contributing Committee				:
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY]	
(Füll Name of Contributing Committee			Date [MM/DD/YYYY] s	
House # Street Address			Date [MM/DD/YYYY] 25	
City	State:	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	(SEE ASSESSMENT)		Date [MM/DD/YYYY] S	
House# Street Address				
Screet Address		·	Date [MM/DD/YYYY] \$	· .
City	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of			Date [MM/DD/YYYY] S	
Contributing Committee			Share LIMIMNDD (AAAA) \$2	Senior Se
House # Street Address		·	*Date [MM/DD/YYYY] \$	
City	State	Žip Code		1
		LIK-COUS	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)

Full Name of Contributor Date [MM/DD/YYYY] S	Filer Identification Number	TO MATERIA OF PROTEST AND			
City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Employer Name Occupation Date [MM/DD/YYYY] S Employer Name Date [MM/DD/YYYY] S Employer Name Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Principal Place	Full Name of Contributor				PROPERTY OF A PROPERTY OF
Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor City State Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City City State Date [MM/DD/YYYY] S City City Date [MM/DD/YYYY] S City City State Date [MM/DD/YYYY] S City City City State Date [MM/DD/YYYY] S City City City City Side City Side City C	House # Street Address				
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$		State	Zip Codé		
Füll Name of Contributor Date [MM/DD/YYYY] S	Employer Malling Address /	:			14-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
City State Zip Code Date [MM/DD/YYYY] 5: Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] 5:		Alle o Marie Carpa fair agus ea e a sta ar meantail ga taogas ean			
Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$	House # Street Address				
Employer Mailing Address / Principal Place of Business Full Name of Contributor. Date [MM/DD/YYYY] \$		State	Zip Code		
Full Name of Contributor	Employer Mailing Address /				
House:# Street Address Date [MM/DD/YYYY] \$	Control of the Contro	and the second of the second s		Date [MM/DD/YYYY] \$	Secretaria estados
	House# Street Address				
City State Zip Code: Date [MM/DD/YYYY] \$		State	Zip Code		
Employer Name Employer Malling Address / Principal Place of Business	Employer Mailing Address / s				
Füll Name of Contributor S	The state of the s	SI Attimorie suma antimorie didigina ma cana a vida		Account of the second of the s	
House # Street Address Date MM/DD/YYYY] \$2	House # Street Address				
Cjty State Zip Code Date [MIM/DD/YYYY] \$		State	Zip Code		
Employer Name Employer Mailing Address 7		ACCONTRACTOR		Occupation #	,

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. Fileridentification Number 3

			and the second of the second o	
Full Name	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				
Full Name House#1 Str	eet Address			
City Receipt: Description		State	Zip Code	Date:[MM/DD/YYYY] \$
Full Name House # Street	et Address			
Receipt Description		State:	Code	¿Date [MM/DD/YYYY] \$.
Full Name. House # Stre City	et Address			
Receipt Description		State 3	^{(Z} ip Code	*Date [MM/DD/YYYY] \$
Full Name House # Stree City	et Addiress		Annual state of the state of th	
Receipt (Description		State	Zip Code	Date [MW/DD/XYYYX] \$
	t Address			
eceipt Description	(377-cm) 278-70 (378-1)	State	Zip Code	Pate:[MM/DD/YYYY] = 5

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 UNITEMIZED 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	DO (FROM PARTE)
TOTAL for the reporting period (2)	\$
3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM	1 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

VALUE OF \$50.01 TO \$250

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A WEST DAY WEET DE SEA CONTRACTOR	and decreased the state of the		TO DESCRIPTION TO A TOTAL PRODUCT TO THE SECOND SEC
Full Name of Contrib			Date [MM/DD/YYYY]
House#	Street Address		Date[MM/DD/YYYY] \$
City	State:	Zip Code	Date [MM/DD/YYYY] 35
Description of Contri	bution .	[20] 25 (20) 1	
Full Name of Contrib	itor:		Date [MM/DD/YYYY] : \$5.
House#	Street Address		Date [MM/DD/YYYY] \$1
City."	State	Zip Gode.	Datë [MM/DD/YYYY] . \$
Description of Contrib			
Full Name of Contribu			Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City Description of Contrib	State	Zip Code	Date [MM/DD/YYYY] *\$
		ent f 3 salation on Nige, and which for foreign or security cases is transposed by the configuration of the security states of the configuration of the conf	
Full Name of Contribu			Date IMM/DD/YYYY]
	Street Address		Date [MM/DD/YYYY] \$
City Description of Contrib	State	Zip Code	¿Date [MM/DD/YYYY)] (\$
Full Name of Contribu			Date [MM/DD/YYYYY] \$5
	Street Address		Date [MM/DD/YYYY] \$,
ity Pescription of Contribi	State	Zip Gode	Date [MM/DD/YYYY] \$

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
A CONTRACT OF THE PROPERTY OF		
Full Name of Contributor		Date [MM/DD/XYYY]
House # Street Addr	GCC	Date [MM/DD/YYYY] \$
	E33	
Gty D	State Zip Code	"Date [MM/DD/YYYY] \$
		\$2.00 P. 10
Employer Name		Occupation Description
Employer Mailing Address / Princi Place of Business	pal /	of Contribution
Full Name of Contributor	t page this transfer and the service and page good government the page property of against a page to the page t	Date [MM/DD/YYYY] \$
House # Street Addre	PSS	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princi	pal (Description of
Place of Business		Contribution
Full Name of Contributor:		Date [MM//DD/YYYY] \$
House # Street Addr	ess	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation -
Employer Mailing Address / Prince Place of Business	pal.	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addr		Date [MM/DD/YYYY]
Gity .	State Zip Code	©Date [MM/DD/YYYY] \$
Employer Name		:Occupation
Employer Mailing Address / Prince Place of Business	ipal .	Description of Contribution

Statement of Expenditures

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Filer Identification Number			:			

				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Transport Creams are an experience of the species and the species of the species
To Whom Paid		Control of the Contro		Date [MM/DD/YYYY] \$	16 (20 (18 cm) 18 cm) 18 cm 18
House #	Street Address			Description of Expenditure	
Gty :		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] - S	
House#	Street Address		i i i i i i i i i i i i i i i i i i i	Description of Expenditure	
City		State	Žip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	erroscorios de la companya della companya de la companya della com
House#	Street Address			Description of Expenditure	general grant and a second
City		State	Zip Code		
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House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		and the second of the second o	The State of the S	Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code:		
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House#	Street Address			Description of Expenditure	
City		State	Zip Gode		pour autre a contra social en libra (mario de la contra de
To Whom Paid	· ·	4		Date [MM/DD/YYYY] S	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		.		*Date [MM/DD/YYYY] \$	
House #	Street Address	\$ TANKS 18 18 18 18 18 18 18 1	h Siza vor Simale dan'	Description of Expenditure	
City	PRODUMENTO DE L'OUXURE INVESTIGATION DE L'ORIGINATION DE	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.

COMMITTEE TO ELECT PALLOW FROMEY

Name/of/Craditor, V	PARLENE A FEENET	Outstanding Balance of Debrate
House# 34o1 Stre	## DATE SMEET DATE DESTINGUERRED	398.79
Description of Debty	LOAD FOR CAMPAILN EXPENSES	7669
NamevonGraditor		Ortistanding Balance of Dest.
	et Address (DATERDER) INGURRED: (IMM/ADD/AW/YI)	
Chy *	-Sfates Zipa- 	
Description of Debri		• •
Name of Greditor		(Quistanding Balance of Debt
House: Sties	# Address DATE DEFTANGURRED? FINITI/EDD/AYYYM.	
(Gliv)	State Zip	
Description of Debts		
Name of Greditor House #3	. Addities DATE DESTINGURRED.	Ourstanding Balance of Death
	### IMMY/DD/YYYY/Pass	
Gibya ali ang aliang a	State Zip Gode	
Description of Dabt		
Name of Oreditor		Outstanding Balance of Debt.
	traditiness D'AITE DEBT INGURRED. INTIVI/DDWAYLYI]	
CIV	State (Alb.) (Goole)	
Description of Daba		
Name of Graditor 2	· Re	Ouistanding Balance of Debt
House H Street	ZAGGRESS DATE DEBIT NIGURRED.	
	Asstates Zipk -	
Description or Dest	States Zipk	·