



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

10 Pages

10618

Filer Identification Number	83392470	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends To Elect Mary Rennie							
Street Address	3831 Eliot Rd.							
City	Erie	State	Pa	Zip Code	16508			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/05/2019	06/20/2019	
A. Amount Brought Forward From Last Report	\$	4066.69	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1150.00	
C. Total Funds Available (Sum of Lines A and B)	\$	5216.69	
D. Total Expenditures (From Schedule III)	\$	1415.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3801.19	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5288.51	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

18 day of June 2019

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane R. Fulton, Notary Public
Washington Twp., Erie County
My Commission Expires Jan. 16, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report
Robert F. Rennie
Printed Name
814
Area Code
4342433
Daytime Telephone Number

Part 1- 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

18 day of June 2019

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane R. Fulton, Notary Public
Washington Twp., Erie County
My Commission Expires Jan. 16, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate
Mary Rennie
Printed Name
814
Area Code
5042082
Daytime Telephone Number

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SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	833926470	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	100.00
Total for the reporting period	(2)	\$ 100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	1000.00
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
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)		\$ 1150.00

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	833926470
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						Amount	
Full Name of Contributing Committee		None.			Date [MM/DD/YYYY]	\$	0-
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		

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.)

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Filer Identification Number:	833926470
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Full Name of Contributor: Kathleen Rennie				Date [MM/DD/YYYY]: 05/13/2009	\$ 100.00
House #: 5220	Street Address: La Rae Dr.		Date [MM/DD/YYYY]:		\$
City: Erie	State: Pa.	Zip Code: 16586	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]:	\$
House #:	Street Address:		Date [MM/DD/YYYY]:		\$
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]:		\$
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]:	\$
House #:	Street Address:		Date [MM/DD/YYYY]:		\$
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.

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Filer Identification Number:	833926470
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Full Name of Contributing Committee		ERIE Refocused PAC.		Date [MM/DD/YYYY]	\$	1000.00
House #	1001	Street Address	State St. Suite 323	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16501.	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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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.

Filer Identification Number:	833926478
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Full Name		None.					
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	833926478
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	<div>(1)</div> <div>None</div> <div>\$</div> <div>0.</div>

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	<div>(2)</div> <div></div> <div>\$</div> <div></div>

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period	<div>(3)</div> <div></div> <div>\$</div> <div></div>

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)	<div>\$</div> <div></div>
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SCHEDULE II


PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Filer Identification Number:	833926470
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
None							
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	833926470
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To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	82.48
House #	1902	Street Address	Keystone Drive		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16509	Office Supplies	
To Whom Paid		Act Blue			Date [MM/DD/YYYY]	\$	5.01
House #		Street Address	Internet		Description of Expenditure		
City	Internet	State		Zip Code		Fee to Process Fundraising	
To Whom Paid		Times News			Date [MM/DD/YYYY]	\$	390.00
House #	205	Street Address	West 15th		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16534	Ad.	
To Whom Paid		Panera Bread			Date [MM/DD/YYYY]	\$	13.33
House #	4014	Street Address	Peach St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16589	Meeting Poll assignments	
To Whom Paid		Lavery Brewing			Date [MM/DD/YYYY]	\$	384.12
House #	128	Street Address	West 15th St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16501	Election Night Party	
To Whom Paid		CAM Erie			Date [MM/DD/YYYY]	\$	50.00
House #	142	Street Address	West 12th St.		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16501	Interview	
To Whom Paid		Desantis Signs & Graphics			Date [MM/DD/YYYY]	\$	460.04
House #	546	Street Address	West 18th St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16502	Pushing	
To Whom Paid		Upick & Publichouse			Date [MM/DD/YYYY]	\$	30.52
House #	4575	Street Address	West Ridge Rd		Description of Expenditure		
City	Erie	State	Pa.	Zip Code	16506	Campaign Meeting	

SCHEDULE IV

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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:	833926476
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Name of Creditor		McCarty Printing				Outstanding Balance of Debt	
House #	246	Street Address	East 7TH ST		DATE DEBT INCURRED [MM/DD/YYYY]	\$	5288.51
City		Erie	State	PA	Zip Code	16513	
Description of Debt							
Post Card Mailer							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Debt							