P.002/002



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

1/12.

(More! Luis tehout wast be clear and regions, it should be taked)							
haziatria.	7 DC 4 10	Report Filed B (Mark X)	Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Car Lobbyist	ndidate or	FRYERO	sto	Elect	Mari	Rennie	~
Street Address		3831	Elist	PD.		'	
City E	27.6		Chate	Pa	Zip Code	16508	۰
Type of Report (Place x under r	eport type)		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *	•		
1-6 th Tuesday 2-2 nd Friday Pre-Primary 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 Z nd Friday Pre-Election	Special 30 Day Post-Election
,				X			
Date Of Election (MM/DD/YYYY)	1) 05/2019	Year 2019.		Amendment Report		Termination Report	
Summarylof Receipts and	From Date	To Date	3		For	Office Use Only	·
Expenditures	1021/20		125/2019.	4141		; ,	
A, Amount Brought Forward F	rom Last Report	\$ 32	406.24				
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$	-0-				
C. Total Funds Available (Sum of Lines A and 6)	···	\$ 32	16.29				
D. Total Expenditures			-0-			· *	~
(From Schedule III) E. Ending Cash Balance						, (C)	2019
(SubtractiLine D from Line C)		32	06.24			ļ -	2019 DEC
F. Value of In-Kind Contribution (From Schedule II)	ons Received	\$ ~	0 -				
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$ 25	588.51				
			Affidavit Se				
Part 1- If this is a Committee repo	rt, treasurer sign he	ere, If this is a Car	ndidate report, c	andidate sign here.	71 11 4		<u> </u>
I swear (or affirm) that this report Sworn to and subscribed before m	.8	ched schedules o	h paper, is to the	Dest of my knowle	age and belief i	TUC, ECITOES and comp	er. O
G day of Dely	20 2017	- '1		Las	31	Cen	
1 double hortenthost		<u> </u>	No.e-	RO be V	of Person Subi	nitting report. Rennie	
Diane R. Fulton, No.	otary Public	1,		814	Printed Nar	#342433	
My Commission Expire	s Ja™AY15,2400271	_		Area Code		ytime Telephone Numi	
Part II- If this is a report of a Cand	CIATION OF NOTAR	ES	didate shall sign F	·			
I swear (or affirm) that to the best amended.	of my knowledge	and belief this po	iltical committee	has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1393, NO.320) as
Sworn to and subscribed before n	ne this			DAA	01	\bigcirc	
day of Ol	20 2019	- 1		Mari	16 6	gui	
MANWEALTH PENN	SYLVANIA	- }.	_	Marzi	Printed Name	Kennie	
MOTARIAL SEAL My Bianning on Light Seal	ublic	, 1	(814	rinked name	504 2082.	
Washington Twp., ⊠ri e Co	oupoAy Yik.	_		Area Code	Dav	time Telephone Numb	ег
My Commission Expires Jan	OF NOTARIES	·	19				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

TOTAL CALL		
Filer Identification Number	833926470	
The state of the s		

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor		
Total for the reporting period (1	.) \$	
total for the reporting period (1	" "	-0
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)	\$	-0
Total for the reporting period (2) \$	-0
3. Contributions Over \$250.00 (From Part C and Part D)	Control of	
Contributions Received from Political Committees (Part C)	\$	-0
All Other Contributions (Part D)	\$	-0
Total for the reporting period (3) \$	-0-
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)	t \$	-67:

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

Filer Identification	Number 83	39264	70.		
					Amount
Full Name of Co Committee	ntributing	None		Date [MM/DD/YYYY]	\$ 0
House #	Street Address	,		Date [MM/DD/YYYY]	\$
Table of the Children Street					
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	: \$
House #	Street Address			Date [MM/DD/YYYY]	
	And Advantage of the Control of the		接着 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000	· · · · · · · · · · · · · · · · · · ·	9.6 9.2 9.6
City		State	Zip Code	Date [MM/DD/YYYY]	1 S.
Full Name of Cor Committee	ntributing	emploment of Eq. 45	non-constantes (CCT)。当教	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntelbuting	Section 5.25	The second secon	Date [MM/DD/YYYY]	\$.
House #	Street Address			Date [MM/DD/YYYY]	
City and a		d State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	ntributing	A second of the		Date [MM/DD/YYYY]	1.3
House #	Street Address			Date [MM/DD/YYYY]	\$.
	数		p		
City		State	Zip Code	Date [MM/DD/YYYY]	- \$
Full Name of Con Committee	ntelbuting	Mindson A Section Co.	reserve and the A	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
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 Identification Number:		
	(ノススイス/ こ)づり	
	0771267 10	

Full Name of Contributor	None		Date [MM/DD/YYYY]	-0-
	, •			6 (*) (*) (*) (*) (*) (*) (*) (*) (*) (*)
House # Street	Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
		A		The first of the second
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street	Address		Date [MM/DD/YYYY]	
ecty	. State	Zip Code 🔛	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date (MM/DD/YYY)	
对连续				The state of the s
House # Street	Address		Date [MM/DD/YYYY]	
	STANCE			To the state of th
City	State	Zip Code	Date [MM/DD/YYYY]	
			100	13.00 Comment 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributor			Date [MM/DD/YYYY]	
			1.5	
House # Street	Address		Date [MM/DD/YYYY]	4
			A	
City	Stare_	Zip Code	Date [MM/DD/YYYY]	
Abec 1			10 A C C C C C C C C C C C C C C C C C C	Carlotte
Full Name of Contributor			Date [MM/DD/YYYY]	CONTROL MANUAL M
House # Street	Address		Date [MM/DD/YYYY]	
				1
City	State	¿Zip Code	Date [MM/DD/YYYY]	\$60 \$50

Full Name of Contributor			Date [MM/DD/YYYY]	
			5.4 5.5 9.7 9.7	
House # Street	Address		Date [MM/DD/YYYY]	
	<u> </u>			
City	State	Zip Code	Date [MM/DD/YYYY]	
	200-37 2017 for 100-2017			
				EELEG

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.

Filer Identification Number

Filer identification Number	8339264	170		
Full Name of			- Seferial mayorvi ()	
Contributing Committee	Nose		Date [MM/DD/YYYY] \$	-o- '
House # Street Add	•		Date [MM/DD/YYYY] \$	
City	State	Zip Code	.Date [MM/DD/YYYY] \$	
		14.5		
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
Flouse # Street Add	Jress		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
House # Street Add	iress		Date [MM/DD/YYYY] \$	
City #	State	Zip Code	Date [MM/DD/YYYY] \$	
			The second secon	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	ZIp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYY) \$	
House # Street Addr	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	<u> </u>
House # Street Addr	Yess		Date [MM/DD/YYYY] \$	
Clty	State	Zipacode	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)

			· p · · · · · · · · · · · · · · · · · ·	
Filer Identification Number:	83392647	<i>'</i> هٔ		

Full Name of Contributor None	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
	r saletin
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business / Principal	
Full Name of Contributor	pate MM/DD/YYYY
	The state of the s
House # Street Address	Date [MM/DD/YYYY] \$
State Audios	
	왕 55 전 왕조년 왕조년
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] \$
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code	
City - Zip Code Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address /	
Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
	The second section of the section of th
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	
The state of the s	

PART E

Other Receipts

REFUNDS, INTEREST 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 Num	8339	924470			
Full Name		Nore			
House #	Street Address				
City	/St. 12111	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description	300 - 2	- 32 223			•
House #	Street Address				
City production		Sinte	Z/p; €ode	Date [MM/DD/YYYY] \$	
Receipt Description				Story Story	
Full Name					
House 4	Street Address				
City		State	Z)p Code	Date [MM/DD/YYYY] \$	
Receipt Description				5 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	
Full Name					
House #	Street Address				
City.		State	Zip Code	Date [MM/DD/YYYY] 5	
Receipt Description			Couc	200 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Full Name					
House #	Street Address				
City		State	Zip Code in	Date [MM/DD/YYYY] \$	
Receipt Description			A Paris		
Full Name		·			
House #	Street Address				
City		State	ZIÞ	Date [MM/DD/YYYY] \$	
Receipt Description			Code		

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:	833924	470			
					Children and a gradual in
1. UNITEMIZED IN-KIND CONTI	ABO HONS RECEIVED-VA	EUF OF \$50.00 OR LE	35 PER CONTRIBUTOR	Caller Laginther See Tel. 1657	
TOTAL for the reporting period	(1)	\$	None	•	
2. IN-KIND CONTRIBUTIONS RE	(aleuvernavauru) – gytatara	ita kakana arawa	DADE EL		
E THE RESIDENCE OF THE PARTY OF		10 3 30 10 11 10 11	TANCE		
TOTAL for the reporting period	(2)	\$			
3. IN-KIND CONTRIBUTION REC	SENZEDAVANSSEKANZERŠĖJE	on (Spanspaping)			e de la
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)					

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Eller Identification Number:	833926470	·

Full Name of Contribu	tor	Nose		Date [MM/DD/YYYY]	5
PA-R-13		1001			
House #	Street Address			Date [MM/DD/YYYY]	
Cly:		Staté	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	utlon				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
eley		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ütlon 🤄	7			数·ジ
Full Name of Contribu	tor			Date [MM/DD/YYYY]	4. X
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	OF CASE OF CAS
City		State	Zip Code	Date [MM/DD/YYYY]	manipularity
Description of Contrib	ution -				
Full Name of Contribu	tor.	v		Bate (MM/DD/XYYY)	
House #	Street Address			Date [MM/DD/YYYY]	
City i		State	Zip Code	Date [MM/DD/NYYY]	
Description of Contrib	ution()				
Full Name of Contribut	or .			Date [MM/DD/YYYY]	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
Edity		See L	Zip Code		\$
Description of Contribu	utlon.				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
	933924470		
· 花	0==-/,,,,		
			

		Projection of the Control of the Con
Full Name of Contributor	None	Date [MM/DD/YYYY] \$
House # Street Address		Date (MM/DD/YYYY) \$
City:	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Control of the contro	Occupation
Employer Malling Address / Principal		Description
Place of Business		of Contribution
Full Name of Centributor		Date (MM/DD/YYYY) \$
House # Street Address		THE THE TAKE ARROW!
House # Street Address		Date [MM/DD/YYYY] \$
city	State Z(p Code	Date (MM/DD/YYYY) \$
		12.25 12.25 12.25
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	T. A.	Description of
	THE STATE OF THE S	Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
		2003 1006 2465
House # Street Address		Date [MM/DD/YYYY] \$
City City	keesen ke	
City	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name		
	771111111111111111111111111111111111111	Occupation
Employer Mailing Address / Principal Place of Business	reading	Description of
	The state of the s	Contribution -
Full Name of Contributor		Date (MM/OD/YYYY) \$
		G 125
House # Street Address		Date [MM/DD/YYYY] \$
City		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Parallel (27 2 5 annual	Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution

Statement of Expenditures

Filer identification Number:	833924470.	

To Whom Paid		Noul		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	- New York Control of the Control of	State	Zip: Code:	The second secon
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip= Cade	56 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
To Whom Paid				Date [MM/DD/YYYY]
House #	Street Address			Description of Expenditure
City		State.	Ziji Code	
To Whom Paid		Mary and administration behind		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
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
elty		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] S
House#	Street Address	-		Description of Expenditure
City		State	Zip (Cade	
To Whom Paid.				Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City		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.

		•	 	
Filer (dentification Number:	83392447)		

Name of Creditor	Mc Cepty Printing	Outstanding Balance of Debt
House # 244	Street Address East 7Th St. IMM/DD/ 05/09/	(mm) 2588,51
city,	Ein State Pa Zip Code Post Coul Mila Company has port reger	16503 modey lost
Description of Debt	Post Card Mailar Company has not reger	race with marly lost
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT: I	
Gity	State Zip Code	
Description of Debt		Metel 1 200031
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT II	
City	State Zip Code	Exercise Section 1. S
Description of Debt		<u> </u>
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT IN	
City 1	Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
Höüse #	Street Address PATE DEBT IN [MM/DD/	
Cly	State Zip Code	
Description of Debt		end the fact of
Name of Creditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT IN [MM/DD/	
City 5	State Zip Code	
Description of Debt	CORE	