

Commonwealth of Pennsylvania - Campaign Finance Report

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

1/13

Filer Identification Number	833926476	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends To Elect Mary Rennie				
Street Address	3831 E/1st RD.				
City	Erie	State	PA	Zip Code	16588

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2019	Year	2019			Amendment Report	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2019 OCT 25 PM 9:05 ERIE COUNTY VOTER REGISTRATION CW
A. Amount Brought Forward From Last Report	6/21/19	10/2	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 3801.19	
C. Total Funds Available (Sum of Lines A and B)		\$ 3980.00	
D. Total Expenditures (From Schedule III)		\$ 7791.19	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 4574.95	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 3206.24	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	
		\$ 2588.51	

Affidavit Section

Part I- 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

23 day of Oct 2019
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane R. Pulton, Notary Public
Washington Twp., Erie County
My Commission Expires Jan. 15, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report
Robert F. Rennie
Printed Name
814 Area Code
4392433 Daytime Telephone Number

Part II- 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

23 day of Oct 2019
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane R. Pulton, Notary Public
Washington Twp., Erie County
My Commission Expires Jan. 15, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate
Mary B. Rennie
Printed Name
814 Area Code
504 2082 Daytime Telephone Number

2/13

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	833924-170		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 1230.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	450.00
All Other Contributions (Part B)		\$	300.00
Total for the reporting period		(2)	\$ 750.00
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)		\$	1000.00
Total for the reporting period		(3)	\$ 2000.00
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	3980.00

3/13

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					
-----------------------------	--	-----------	--	--	--	--	--

							Amount	
Full Name of Contributing Committee		Great Lakes Building Trade Political Action Fund				Date [MM/DD/YYYY]	\$	200.00
House #	185	Street Address		Pennbair Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Erie Firefighters Local 293				Date [MM/DD/YYYY]	\$	250.00
House #	3507	Street Address		Peach St		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16508	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
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.)

4/13

Filer Identification Number:	833926470
------------------------------	-----------

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Helen L. Rennie					10/08/2019		100.00
House #	3831	Street Address			Date [MM/DD/YYYY]		\$
		E 1st Rd					
City	Erie	State	Pa	Zip Code	16588	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Michael S. Rahnei					07/10/2019		200.00
House #	4620	Street Address			Date [MM/DD/YYYY]		\$
		Stephettania Rd.					
City	Erie	State	Pa	Zip Code	16506	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]	\$

5/13

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:	833926470
------------------------------	-----------

Full Name of Contributing Committee	Committee to Elect Carl Anderson				Date [MM/DD/YYYY]	\$	1000.00
House #	3830	Street Address	Parade Blvd		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16504	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

6/13

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:	833926470.
------------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Thomas B Hagen					09/09/2019		1000.00
House #	Street Address				Date [MM/DD/YYYY]		\$
100	Erie Insurance Plaza						
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Erie	Pa		16530				
Employer Name					Occupation		
Erie Insurance Co					Checkman Erie Insurance		
Employer Mailing Address / Principal Place of Business							
100 Erie Insurance Plaza Erie Pa 16530							
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]		\$
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]		\$
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							

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 Number:	833926470.
------------------------------	------------

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							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

8/13

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	833926470
------------------------------	-----------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	<i>None</i>
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 II

Part G

In-Kind Contributions Received

VALUE OVER \$250

9/13

Filer Identification Number:	833926476
------------------------------	-----------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	<i>None</i>
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				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]	\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]	\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]	\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

10/13

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:	8339 26470
------------------------------	------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ None

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

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)		\$
---	--	----

Statement of Expenditures

11/13

Filer Identification Number:

833926470

To Whom Paid	Act Blue				Date [MM/DD/YYYY]	\$	2.56
House #		Street Address	Internet		Description of Expenditure		
City	Internet	State		Zip Code	Fee To Process Fundraising		
To Whom Paid	County of Erie				Date [MM/DD/YYYY]	\$	10.00
House #	140	Street Address	West 14th St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16501	Fee To File for Appeal	
To Whom Paid	CMH Strategie				Date [MM/DD/YYYY]	\$	500.88
House #	2625	Street Address	East 28th		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16518	Campaign Manager	
To Whom Paid	Act Blue				Date [MM/DD/YYYY]	\$.50
House #		Street Address	Internet		Description of Expenditure		
City	Internet	State	Internet	Zip Code		Fee To Process Fundraising	
To Whom Paid	Speedy Buttons				Date [MM/DD/YYYY]	\$	134.99
House #	-	Street Address	County RD. 26		Description of Expenditure		
City	Plainville	State	MA	Zip Code	05964	Campaign Buttons	
To Whom Paid	Glass Growers Gallery				Date [MM/DD/YYYY]	\$	26.50
House #	10	Street Address	East 5th St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16501	Thank You Cards	
To Whom Paid	U.S. Postal Service				Date [MM/DD/YYYY]	\$	140.00
House #	2108	Street Address	East 38th		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16515	Postage	
To Whom Paid	McCarthy Printing				Date [MM/DD/YYYY]	\$	2700. ⁰⁰
House #	246	Street Address	East 7th St		Description of Expenditure		
City	Erie	State	Pa	Zip Code	16583	Post Card Mailing	

Statement of Expenditures

12/13

Filer Identification Number:	833926470.
------------------------------	------------

To Whom Paid	Erie County Democratic Party	Date [MM/DD/YYYY]	10/01/2019	\$	300.00
House #	1305	Street Address	State St	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16501
Annual Dinner					

To Whom Paid	Desaut's Signs	Date [MM/DD/YYYY]	10/10/19	\$	59.24
House #	540	Street Address	West 18th St	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16502
Campaign Cards					

To Whom Paid	Rory's-	Date [MM/DD/YYYY]	10/11/19.	\$	372.70
House #	1518	Street Address	Walnut St	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16502
Food Fund Raiser					

To Whom Paid	Walmart	Date [MM/DD/YYYY]	10/15/2019.	\$	40.46
House #	574	Street Address	Buffalo Rd.	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16521
Office Supplies					

To Whom Paid	Novus Aurora Club	Date [MM/DD/YYYY]	10/21/19	\$	298.10
House #	1518	Street Address	Walnut St	Description of Expenditure	
City	Erie	State	Pa	Zip Code	16502
Bar Fund Raiser					

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	

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:		833926470			
------------------------------	--	-----------	--	--	--

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
246	East 7th St	05/29/2019		2588.51		
City	State	Zip Code				
Erie	Pa	16513				
Description of Debt						
Post Card Mailer (Waiting for postcard objects on orders for duplicates)						

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						