

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

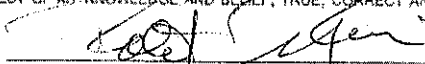
FILER IDENTIFICATION NUMBER	833926470		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends to Elect Mary Rennie							
STREET ADDRESS 3831 Elect Rd							
CITY Erie			STATE Pa	ZIP CODE 16508			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Erie County Council			DISTRICT NO. 3	PARTY Dem Rep		
	DATE OF ELECTION			FOR OFFICE USE ONLY			
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD			MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY	2.	11 25 2019 to 12 31 2019.			MO.	DAY	YEAR
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD:			\$ 3181.24		
6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 02		
2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT?			YES	NO	<input checked="" type="checkbox"/>
30 DAY POST-ELECTION	6.	TERMINATION REPORT?			YES	NO	<input checked="" type="checkbox"/>
ANNUAL REPORT	7.						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.


I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS COMMONWEALTH OF PENNSYLVANIA DAY OF 30 NOTARIAL SEAL 20 20 Diane R. Fulton, Notary Public Washington Twp, Erie County My Commission Expires Jan. 15, 2021 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	SIGNATURE OF PERSON SUBMITTING REPORT 	
	PRINTED NAME Robert F. Rennie	
	AREA CODE 814	DAYTIME TELEPHONE NUMBER 4342433

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 COMMONWEALTH OF PENNSYLVANIA DAY OF 30 NOTARIAL SEAL 20 20 Diane R. Fulton, Notary Public Washington Twp, Erie County My Commission Expires Jan. 15, 2021 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	SIGNATURE OF CANDIDATE 	
	PRINTED NAME Mary B. Rennie	
	AREA CODE _____	DAYTIME TELEPHONE NUMBER _____