

COMMONWEALTH OF PENNSYLVANIA
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		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Mary B Rennie</i>																			
STREET ADDRESS <i>3831 Eliot Rd.</i>																			
CITY <i>Erie</i>		STATE <i>Pa</i>	ZIP CODE <i>16588</i>																
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO. <i>3</i>	PARTY <i>Dem.</i>	DATE OF ELECTION														
6TH TUESDAY PRE-PRIMARY 1.					MO. DAY YEAR														
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD:																		
30 DAY POST-PRIMARY 3.	<table border="1"> <tr> <th>NO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>01</i></td> <td><i>01</i></td> <td><i>21</i></td> <td></td> <td><i>12</i></td> <td><i>31</i></td> <td><i>21</i></td> </tr> </table>		NO.	DAY	YEAR	TO	MO.	DAY	YEAR	<i>01</i>	<i>01</i>	<i>21</i>		<i>12</i>	<i>31</i>	<i>21</i>			
NO.	DAY	YEAR	TO	MO.	DAY	YEAR													
<i>01</i>	<i>01</i>	<i>21</i>		<i>12</i>	<i>31</i>	<i>21</i>													
6TH TUESDAY PRE-ELECTION 4.	<p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>0</i></u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u></p>				FOR OFFICE USE ONLY <i>2022 JAN 27 AM 10:03</i>														
2ND FRIDAY PRE-ELECTION 5.																			
30 DAY POST-ELECTION 6.																			
ANNUAL REPORT 7. <input checked="" type="checkbox"/>																			
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>														
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>														

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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 of the Commonwealth of Pennsylvania, Notary Public in and for the County of Erie, Pennsylvania, on this *20* day of *January*, 2025. My commission expires *July 23, 2025*. My commission number is *1282211*.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
Mary B. Rennie
 PRINTED NAME

MY COMMISSION EXPIRES *07* MO. *21* DAY *2025* YR.

814 AREA CODE *5042082* DAYTIME TELEPHONE NUMBER

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

____ DAY OF _____ 20____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER