



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee To RE Elect Scott Rastetter			
Street Address	5906 Cherry St. Ext			
City	State	Zip Code		
ERIE	PA	16509		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	01/01/2021	05/03/2021
A. Amount Brought Forward From Last Report	\$	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	513.02
C. Total Funds Available (Sum of Lines A and B)	\$	
D. Total Expenditures (From Schedule III)	\$	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	513.02

For Office Use Only

2021 MAY - 7 AM 10:48  
ERIE COUNTY  
VOTER REGISTRATION

## 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

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_

MO. DAY YR.

Susan Rastetter  
Signature of Person Submitting report  
SUSAN RASTETTER  
Printed Name

814  
Area Code

866-7392  
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

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_

MO. DAY YR.

Scott R Rastetter  
Signature of Candidate  
Scott R. Rastetter  
Printed Name

814  
Area Code

734 1515  
Daytime Telephone Number



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
Reporting Cycle Name			
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 9</b> 30-Day Post Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Susan Rastetter

Signature of Treasurer, Candidate, or Lobbyist

5-7-2024

Date

SUSAN RASTETTER

Printed Name



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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

A handwritten signature in black ink, appearing to read "Scott R. Rastetter", written over a horizontal line.

Signature of Candidate

A handwritten date "05/06/2021" in black ink, written over a horizontal line.

Date

A handwritten version of the printed name "Scott R. Rastetter" in black ink, written over a horizontal line.

Printed Name

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 488.02
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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)		\$ 513.02

## 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										
Full Name of Contributing Committee								Amount		
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]				\$	
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.)

Filer Identification Number									
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.

Filer Identification Number: P									
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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]		\$	

  

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 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

Full Name of Contributor		Scott R. Rastetter		Date [MM/DD/YYYY]	05/06/2021	\$	488.02
House #	5301	Street Address	RT 6N	Date [MM/DD/YYYY]		\$	
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	05/06/2021
Employer Name		Scott's Carpet		Occupation	owner		
Employer Mailing Address / Principal Place of Business		P.O.B. 797 Edinboro PA / 5301 RT 6N					
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							



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									
Full Name									
Scott R. RASTOTIER									
House #									
5301									
Street Address									
Rt 6N									
City									
Edinboro									
State									
PA									
Zip Code									
16912									
Date [MM/DD/YYYY]									
05/06/2021									
\$									
25.00									
Receipt Description									
Bank Deposit open Committee Account									
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: \_\_\_\_\_

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART B)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)

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)

\$

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

Enter Identification Number

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		
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		

SCHEDULE III  
Statement of Expenditures

filer identification number

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		

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		

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		

**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 Identification Number									
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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						

  

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