5, 1-0x-5

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	ote: This report mu	st be clear and	i legible. It sho	uld be typed	1)	
Filer Identification Number	Report Filed ((Mark X)	By Candida	ite	Committee	X	Lobbyist
Name of Filing Committee, Candidate o Lobbyist	Commit	Tee To:	REFleat	Scot	TR. RASTE	TIER
Street Address 5106 Cherry ST FXT			0,100.			<i>/</i>
city ERIE		State	PA	Zip Code	16509	
Type of Report (Place x under report typ	e)		******	 		
1-6 th Tuesday 2- 2 nd Friday 3-30 Da Pre-Primary Pre-Primary Primary	y Post 4-6 th Tuesday	5- 2 nd Friday Pre- Election	6-30 Day Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day
		T T			A SA	rose-Election
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination	
	jeguna ± Bigaru		Report		Report	
Summary of Receipts and From Da Expenditures		31/2021		For	Office Use Only	
A. Amount Brought Forward From Last F	leport \$ 5	17:02	<u> Politika mendidak</u>		rier C	
B. Total Monetary Contributions and Re (From Schedule I)	ceipts \$ 4/	13:02				
C. Total Funds Available	\$	515,00				
(Sum of Lines A and B)	4/7	-				
D. Total Expenditures (From Schedule III)	\$ 67	29.67			g type year in the second the sec	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ = 27	226.65				I
F. Value of In-Kind Contributions Receive (From Schedule II) G. Unpaid Debts and Obligations		2001				
(From Schedule IV)	6/	39.67		·		
Part 1- If this is a Committee report, treasurer	rign hara If this is a Con-	Affidavit Sect	ion			
I swear (or affirm) that this report, including th	e attached schedules on	paper, is to the b	ididate sign here. est of my knowleds	e and belief to	ie, correct and complet	6
Sworn to and subscribed before me this		. , ,	1	1 / L	2	c.
day of20	'1	مر يد	Jusa-	A le	roletten	
		•	Signature o	f Person Sub <u>mi</u>	tting report	ا
Signature				Printed Name		
My Commission expires	•	ક	214	86	6-7390	
MO. DAY	YR.	Ar	ea Code	Dayt	ime Telephone Number	<u> </u>
Part II- If this is a report of a Candidate's Autho	rized Committee, candid	date shall sign her	e.			
I swear (or affirm) that to the best of my knowl amended.	edge and belief this polit	ical committee ha	s not violated any	provisions of th	e Act of June 3, 1937 (F	.L. 1333, NO.320) as
Sworn to and subscribed before me this))		
day of20	'1		J coll	(Kath		
			S. H	Z. ZAS	TETTER.	
Signature	, [P.	rinted Name		
My Commission expires	**	<u>8</u> /	4	73	4 1515	ļ
MO. DAY Y	R.	Are	a Code	Daytin	ne 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 • 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 <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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.

Reporting Gycle Name Cycle 1 Cycle 2 Cycle 3 Cycle 9	Name of Filing Comn	nifitee, Candidate, or	Lobbyjšt	
☐ Cycle 1 ☐ Cycle 2 ☐ Cycle 3 ☐ Cycle 9	Reporting Cycle Nam	e		
Cto Threader Dr. Dr.	·	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	☐ Cycle 9 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.

Signature of Treasurer, Candidate, or Lobbyist Date

Printed Name



Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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.

Signature of Candidate

SouTIR. RASTETTER

Printed Name

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	TSSUSS OFNIG	
Total for the reporting period (1)	\$	Lienter und Kalenger gegen <u>in die der Kalendarde ja</u> g dazum die Hiller (1947) jeden.
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)	\$	1,000,00
All Other Contributions (Part D)	\$	1,000,00 3,000,00 41,000,00
Total for the reporting period (3)	\$	4,00000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		1 " "
LUMW FROM BANDIDATYE (4)	\$	6739.67
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)	\$	6739.67

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:

	,			
Full Name of	TT - 1. 4	12 10 11 11 11) Date [MM/DD/YYYY] : \\$	<u>्रा</u>
	11188 7015	Tect Carl Audenson	05/20/2021	1,000.00
House # 3850 Street Address	PARADE	Blod	Date [MM/ĎD/YYYY] S	
city ERIE	State PA	Zip Code 16504	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	[Section 1991]	Regressionality and a	Date [MM/DD/YYYY] \$	2 等 6 以 3
House'# Street Address			Date [MM/DD/YYYY] \$	
City :	State	Zip Code	Date [MM/DD/YYYY] 5	See
Full Name of Contributing Committee	Printer (Market)		Date [MM/DD/YYYY] \$	Service of the servic
House # Street Address			Date [MM/DD/YYYY] \$	0.000 Miles (1000)
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	Constant Con
Full Name of Contributing Committee	Later on a becomes	El-Ellisferantistration rolescop	Date [MM/DD/YYYY] . \$	CE TO THE PROPERTY OF THE PROP
House # Street Address			Date [MM/DD/YYYY] \$	E AL CONTROL OF THE C
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	BANATA, U.S.
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	Elizabeth Pictor - 1 - 1 - 1
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	A constitution of the cons
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Ciry	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 Dale R. McBrier House # Street Address / / /	08/20 / 2021 1,000.00
House # 144 Street Address Holly DR.	Date [MM/DD/YYYY] \$
City FAIRVIEW State PA Zip Code 16515-1719	Date [MM/DD/YYYY] \$
Employer Name McBrier Properties	real Estate
Employer Mailing Address / 3939 Ridge Rd. 16506	ERIE
Full Name of Contributor T.B. HAGEN	US/ZU/ZUZI 1,000.00
House # 410 Street Address FRENCH St.	Date [MM/DD/YYYY] \$
City EQIE State 7A Zip Code 16507	Date [MM/DD/YYYY] 25
Employer Name SE/F	Occupation ZNSURANCE
Employer Mailing Address / 4/0 FRENCH St. ENIE	
Full Name of Contributor Roger W. Richards	Date [MM/DD/YYYY] 5 1, 000.00
Full Name of Contributor Roger W: Richards House # 230 Street Address Weth St.	Date [MM/DD/YYYY] 5
Roger W. Richards House # Street Address	Date [MM/DD/YYYY] \$ \$ Date [MM/DD/YYYY] \$ \$ \$ 79
Roger W. Richards House # 230 Street Address With St. Gity State C. Zip Code	Date [MM/DD/YYYY] \$ \$ \$ Date [MM/DD/YYYY] \$ \$ \$
Roger W. Richards House # 230 Street Address With St. Gity ERIE State PA Zip Code 16507-18 Employer Name	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Roger W. Richards House # 230 Street Address Whith St. Gity ERIE State PA Zip Code 16507-13 Employer Name SKIF	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Roger W. Richards House# 230 Street Address Why St. Gity ERIE PA Zip Code 16507-B Employer Name 5KIF Employer Malling Address / Principal Place of Business 230 WGH ERIE	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation ATTORNEY
Roger W. Richards House # 230 Street Address With St. Gity ELIE State PA Zip Code 16507-18 Employer Name SKIF Employer Malling Address / Principal Place of Business Full Name of Contributor. Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation ATTORNEY Date [MM/DD/YYYY] \$ \$
Roger W. Richards House# 230 Street Address Whith St. City ERIE PA Zip Code 16507-B Employer Name SKIF Employer Malling Address / Principal Place of Business 230 WGH ERIE Full Name of Contributor Gity State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation ATTORNEY Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

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.

O3C (1113 Section to recinize an anhara ac		
Carbon Hard Company of A Child age should		
Filer Identification Number:		
Effici delitification Namber:		
Alabaga 1.5 1.5		
THE STATE OF		
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		
COMPANY OF PRINCE OF COMPANY CONTRACTOR OF CONTR		

Name of Creditor	Scott R. RasteTTER	Outstanding Balance of Debt	t 🔐
House # 5301 Stre	et AddressDATE	DEBT INCURRED. \$ 191/DD/YYYY] 488.07 109/202/	res successions
City the dispersion of the control o	Edwboro State PA	216 Code 16417	
Description of Debt	YARD SIGNS FROM Victory ST	tore Advertising	
Name of Creditor	SCOTT A. RASTETTER	Outstanding Balance of Debi	t (1964) (2064)
5301	RT 6N IN	DEBT INCURRED \$ 5500,000 IM/DD/YYYY) //0/2021	
City Date of the control of the cont	Edmboro state PA	Zip Code 16412	
Description of Debt	FIYER ADVERTISING GOV	irs Printing	
Name of Creditor	Scott R. RASTETTER	Outstanding Balance of Deb	t / (1)
House #	et Address DATE	DEBT INCURRED \$ 726.65 IM/DB/YYYYI	
City	Ecliubono State PA	Code (16412	
Description of Debt	PRINT AdvERTISING (ORRY JOURNA	
Name of Creditor	Seo HR. Rastetten	Outstanding Balance of Deb	t
House # 530 1 Stre	et Address RT GN [N	DEBT INCURRED \$ 25.00 1M/DD/YYYY] 25.00	
City	Edinberd State PA	Code 16412	
Description of Debt	CASH DEPOSIT TO CAMPAIGN	Account	
Name of Creditor		Outstanding Balance of Deb	t
House # Stre	ECHOOLED)	DEBT INCURRED \$	
City	State	Zip Code	
Description of Debt	[Age time Land of]		
Name of Creditor		Outstanding Balance of Deb	yt F
House # Stre	[Market Market Ma	DEBT INCURRED \$	
City	State	Zip Code	
Description of Debt :			