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

restanció de constitución de			- LEGISIC: 15 SHO			
Filer Identification Number	Report Filed B	- !	TE	Committee		Lobbyist
Name of Filing Committee, Candidate or	Ryan D. McGrego		<u> [f]</u>	<u> </u>	· ·	<u>r </u>
Lobbyist Street Address						
	95 Orchard Beac	ch Drive				
City North East		State	PA	Zip Code	16428	
Type of Report (Place x under report type)			,	_		
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary 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
Date Of Election 11/02/2021	Year	2021	Amendment Report		Termination Report	
	1 7 7					
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
06/08/2021	10/	/18/2021				
A. Amount Brought Forward From Last Report	", 	13.80	, , ,	<u></u>	·	· · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 9	915.40			ار میں انجین انجین	195 3 1954 1954 1954
C. Total Funds Available (Sum of Lines A and B)	ু \$	929.20				The second secon
D. Total Expenditures (From Schedule (III)	\$.	917.87				1145 1145 1147
E. Ending Cash Balance (Subtract Line D from Line C)	\$	11.33	;	•	1.14 ***********************************	17591 17591 17593 17593 17593
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00			5. .₹7. ?=1.	The second secon
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00			(, ,) W13 1	k9 (m)
	1 1	Affidavit Sec		<u></u>		
Part 1- If this is a Committee report, treasurer sign he	re. If this is a Cano	didate report, ca	ndidate sign here.			
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	nea scheaules on	paper, is to the i	Dest of my knowled;	ge and belief tr	ue, correct and comple	te.
						
day of20	-	2	Signature o	f Person Subm	itting report	_
Signature	·	Rya	an D. McGregor			
Signature	, 1		_	Printed Name		
My Commission expires	_	413		708-5		
MO. DAY YR.		A	rea Code	uay	time Telephone Numbe	PF .
Part II- If this is a report of a Candidate's Authorized C						
I swear (or affirm) that to the best of my knowledge a amended.	nd belief this polit	ical committee h	as not violated any	provisions of t	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	• •					
		·	Signa	ture of Candid	ate	 -
Signature			F	rinted Name	<u>-</u> 41	
	, ,		,			•
My Commission expires MO. DAY YR.	-	Ar	ea Code	Dayti	me Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	-	
- silet jacitaticatoji Najiber		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	• .*	
		<u>to serio de la primera de la </u>
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	165.40
Total for the reporting period (2)	\$	165.40
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	750.00
Total for the reporting period (3)	\$	750.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0.00
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)

915.40

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.

, riier:joentincation					
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				'.	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co				Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
	Ja sat Addiesa			British mad + 1914 Tr.	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MIVI/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				·.	
Full/Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
<u> </u>					
Full Name of Cor Committee		· '	•	Date [MIM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	ott cot Audi e23				į
City		State	Zip Code	Date [MM/DD/YYYY] \$	
F. II N					
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u></u>	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 Sally Murray	Date:[MM/	47.70

Full Name of Contributor		Date [MM/DD/YYYY] / \$	e e e e e e e e e e e e e e e e e e e
Sally Murray		10/08/2021	47.70
House# Street Address		Date [MM/DD/YXXY] \$	6.
	ekmont Street		
City North East	State PA Zip Code 16428	Date [MM/DD/YYYM] \$) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Full Name of Contributor	[25.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	Date [MM/DD/MYY] \$	#
Robert Cline		10/12/2021	50. 00
House## Street Address		Date MM/DD/YYYY)	A
	rtchinson Drive		
Gity North East	State Zip Code 16428	Date [MM/DD/M/YY] S	**************************************
			<u> </u>
Full Name of Contributor		Date [MM/DD/YYYY] \$	r es
Allan Turner		10/13/2021	47.70
House # Street Address		Date [MM/DD/YYYY] S	
19 Pe	rshing Avenue		
City	State: Zip Code	Date [MM/DD/YYYY] \$	1 W 2
" North East	PA 16428	2.13 6.4.5 8.3.5	
Full Name of Contributor		Date [MM/DD/WYY] \$	- -
Brian Rasmusse	n	10/15/2021	18.90
House # Street Address		Date [MM/DD/YYYY] \$	
3119 Lit	erty Street		
(City/:	State ZIp Code 16508	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] \$	
		W.	3 3
Full Name of Contributor.		Date [MM/DD/YYYY] \$	23,444
House# Street Address		Date [MM/DD/YYYY] \$	·
City	State Zip Code	Date [MM/DD/YWY] \$	

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	n Nümber:				
Full Name of	Carriell Secondary (19)				
Contributing Co	ommittee			Date [MM/DD/XYXYI] 5	
	\$ - 1629 B			66. \$4 82.99	
House#	Street Address			Date [MM/DD/YYYY] 5	
9/62/6		Face-Cartificity	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5.40	<u></u>
City		State	Zip(Code:	Date [MM/DD/YYYY] \$	
	0 10 10 10 10 10 10 10 10 10 10 10 10 10			安	
Full Name of Contributing Co	/mmittee			Date [MM/DD/WWV] \$	
House#	Street/Address			Date:[MM/DD/YYYY]] (\$)	
	StreetAddress			nate Timini not initial see	
City	<u> </u>	.State ₃	Zip Code	Date [MM/pb/yyyy] 3	
				Secretaria de la companya del companya del companya de la companya del la companya de la company	
Full Name of	14 (Astronomics)	Fr.	The second second	Date [MM/DD/M/M] \$	
Contributing Cor	nmittee				
House#	Street Address			Date [MM/DD/YYXY] \$	
City,	Property of the Control of the Contr	State	ZipCode	Date [MM/DD/YYYY] \$	
				(2) (2) (2) (3)	
Full Name of Contributing Con	mmittee			∂Date [MM//DD/YYYYY] ※ S	
House#	Street: Address			Date MM/DD/WYY) \$	
				2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Citŷ,	(p. m) or dw leave the soul	State	Zip Code	Date[MM/DD/YYYY] 35	
Full Name of Contributing Con	nmittee	<u> </u>		<pre>#</pre>	
House:#	Street Address			Date [MM/DD/XXXXI] S	
City		State	Zip Code:	Date [MM/DD/XXXX]	
Full Name of	· · · · · · · · · · · · · · · · · · ·			Section and second second second	
Contributing Com	nmittee			Date [MM/DD/VWY] 5	
House #	Street Address			Date[MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] Si	

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			Date [MM/DD/XXYY] \$	
Ryan McG	Gregor		06/01/2021	
House# Street Addres			Date [MM/DD/Y/YYY] \$	
	· · · · · · · · · · · · · · · · · · ·	1 1. (a. a. a	07/01/2021	
City North East	State: PA	Zip Code 16428	Date [MM/DD/YYYY] S 150,00	
Employer Name	Logistics Plus	1 00 1000 00 00 00 00	Occupation Director of Business Intelligence	.e
Employer Malling Address / Principal Place of Business	1406 Peach Street, Eri	ìe, PA 16501		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	2.1			
			Date MM/DD/YYYY] \$	
City	State	Zip:Code	Date [MM/DD/YYYY] \$	
Employer Name	700 0000	[100010 600 (1000)]	Occupation	
Employer Mailing Address / Principal Place of Business			And the second Annual A	•
Full Name of Contributor	<u> </u>		Date [MIVI/DD/YYYY] \$	
	.a.)			
House# Street/Address	on the contract of the contrac		Date [MM//DD/WWY] \$	
City	State	Zip)Code	Date [MM/DD/YYYY] \$	
Employer Name	10° 2380001 80 80	[62 (1) 460 (2) 400 (2)	Gccupation	
Employer: IValling Address / Principal Place of Business	à		1 (2012) 1 (2012) 12 (2012)	
Füll Name of Contributor			.Date [MIVI/DD/YYYY] \$	
House # Street Address			Date [MM/DD/WYYY]	
Schi)	State	Zip Code	Pate [MM/PD/Y/YY]	
Employer Name	\$9.5x2000 3 4	A12000000000000000000000000000000000000	Occupation	
Employer Mailing Address / Principal Place of Business	100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m		1946 \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\	

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 toentrication Num				
Füll Name	P5C088			
House#	Street Address			
City		State	Zip	Date [MM/DD/WYY] S
			Code	vote any opy and
Receipt Description		<u> </u>	Alexander See	W.A.
Full Name		· 		
House #	Street Address			
City		State	Zip' Code	Date [MM/DD/YYYY] \$
Réceipt Description				
Full Name				
House#	Street Address			
Gity		/State	Zip	Date [MM/DD/WYY] \$
City Control of the Control of the C			Code	Date [MM/DD/WYY] \$
Receipt Description		P. C. C. J. S. C. S. L.	1.500 (2.000.31)	_I
Full Name				
House:#	Street Address			· • · · · · · · · · · · · · · · · · · ·
City		State	Zip ,Code⊭	Date [MM/DD/WYY] \$
Receipt Description				
Eull/Name!				
201-14-1-14-14-14-14-14-14-14-14-14-14-14-	Street Address			
Gity 3		State	Zib	Date [MM/DD/YYYY] \$
Nation of all the second		548470 - 3 7000	Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name		<u>, </u>		
	Street Address			
Gity		State	Zip Code	Date [MIM/DD/YYYY] \$
Receipt Description	602.00 경우: 142.03	P. SECTO	b 1000	
necelpt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer identification Number:				
1. SUNITEMIZED IN KIND CONTRIE	BUTIONS RECEIVED WA	ALUE OF \$50,00 OR LESS PERICG	INTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
	**************************************		Suffering and the second control of the seco	en e
2. IN-KIND CONTRIBUTIONS REC	EIVED=VALUE OF \$50 (11.TO/\$250:00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$	·	
\\		manufacture and the second section	mana and one of the control of the c	
3. IN:KIND:CONTRIBUTION.REGE	IVED:VALUE OVER:\$25	SUIDU (FRUIVIPARI U)		
TOTAL for the reporting period	(3)	\$		
	4/4 DUIDN'S TUE 3555	ADTING 16		_
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from				
on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:			
One characters of conse	A RESIDENCE DE CONTROL			2 p. c. stages from Konney (* 201
Full Name of Co	intriputor			Date [MM/DD/XYYY]] \$
House#	Street Address			Date:[MM/DD/YYYY]
Gity		State	Zip:Code	Date [MM/DD/YYYY]
Description of C	ontribution		The second secon	Jave 1
Full Name of Co				Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	6,000 - 2,000 - 2001	State	Zip Code	Date [MM/DD/YYYY] \$
Service Committee	ontribution			
Full Name of Co				Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
*Gty		State	Zip Code	Date [MM/DD/YYYY]
	ontribution	<u> </u>		
Full Name of Co	ntributor/			Date MINVDD/YYYY]
House#	Street Address			Date [MIVI/DD/XYYY] \$
(City	4	State	Zip Code	Date IMM/DD/YWYY] \$
Description of C	ontribution			

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY], \$

Full Name of Contributor

Description of Contribution

Street Address

State

House #

City

SCHEDULE !I Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Nu	imbef: 4	******		
Maria di Maria di Kabupatan Maria da M Maria da Maria da Ma				
Full Name of Contr	butor			Date [MM/DD/YYYY] : \$
House:#	Street Address	<u></u>		Date [MM/DD/YYYY] \$
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
CRY		State	Zip Code	Date [MM/0D/XYYY]
Employer Name		25	The first and th	Occupation.
Employer Mailing A Place of Business	Address / Principal			Description of Contribution
Full Name of Contri				Date [MM/DD/YYYY] \$
	Act to the extended			
House #	Street/Address			Date[MM/DD/YYYY] \$
City,	W	State	Zip:€ode:	Date:[MM/DD/YYYY] S
新疆的特别的最高的最高的最高的。1984年1985年1986年1986年1986年1986年1986年1986年1986年1986		1	1.00	Occupation
Employer/Mailing A Place/of Business	ddress/Principal			Description of Contribution
Full Name of Contri		!		Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/WYY] \$
Gity		State	Zip Code	Date [MIVI/DD/YYYY] \$
Employer Name		Marie and a second	Box Serve	Occupation
Employer Mailing A Place of Business	idress/Principal	· · · · · · · · · · · · · · · · · · ·		Description of Contribution
Full Name of Contri		<u> </u>		Date [f/M//DD/YYYY/] S
House #	Street Address			Date[MM/DD/YYYY] \$
City	(1) (2) (1) (1) (2) (2) (3) (4) (4)	State	Zip/Code:	Date[MM/DD/YYYY] \$
Employer Name			Process on the same of	Occupation
Employer Mailing Ad Place of Business				Description of Contribution

Schedule III Statement of Expenditures

A 151	of the safety and the same the same to	1		
File	Identification Number:			
	SCHOOL SERVICE STANDARD CONTRACTOR	4		
	事。如此是他们是10年的一个一个一个			
6 13.5	W. Mark Distriction and the History Williams A.	,I		
\$ 1.4.5	Fig. 2. 200 (1981) 122 (1982) 132 (1982)	<u> </u>		
ar all the	CONTRACTOR OF THE PROPERTY OF	31		

To Whom Paid			·	Date [MM/DD/YYYY]	(\$)	
	USA Signs & Services			06/11/2021	310.00	
House# 2264	Street Address Bu	ffalo Road		Description of Expend	lture.	
City Erie State PA Code 16510				Yard Signs		
To Whom Paid	Brenda Shank		Date [MM/DD/XYXX] 07/15/2021	\$ 15.00		
House# 412				Description of Expendi	ture	
City Erie	Cai	State PA	Zip Code: 16511	Campaign Buttons		
To Mhoro Paid			Woode, so	 - Date MM/DD/YYYY		
To:Whom:Paid: The Teacher's Apple Basket				08/12/2021	75.00	
House# 9	Street Address W (Vain Street		Description of Expendit	ure Vii	
City North East		State PA	Zip Code 16428	T-Shirts		
Towns Paid			Date [MM/DD/YYYY]	50.00		
	•			09/15/2021		
House # 142	Street Address w 1	12th Street		Description of Expendit		
City Erie State PA Code 16501				'Access to the Candidates' Recording		
To Whom Paid	Jnited States Postal Se	ruico		Date[MM/DD/YY/W]	174.00	
				09/21/2021		
House # 1401	Street Address Stat	te Street		Description of Expendit	ure	
City Erie		State PA	Zip Code 16501	Postage Stamps		
To Whom Paid	cvs			Date [MIN/DD/YYYY] 09/23/2021	(\$) 27.81	
40041, 4004720- 370- 15 F.	Street Address W N	Vain Street		Description of Expendit	ŭre	
City/ North East		State PA	Zip Code 16428	Envelopes		
To Whom Paid		A Control of the Cont	e de la companya de l	Spiral straight material	3/A·∞	
	C&C Printing			Date MIV/DD/YY/Y) 09/24/2021	50.42	
House# 23	Street/Address S L	ake Street		Description of Expendit	ure Kin	
City. North East		State PA	Zip Code 16428	Copies	V VATA (1970 - 1970	
ItolWhom Raid			Date [MM/DD/YYYY]	\\$\\		
	laines Printing			10/08/2021	205.64	
House # 10575	ise # Stroot Addroce			Description of Expendit	üře	
City North East	es ser second felicial	State PA	Zip Code 16428	Hand Cards	<u>a og same til til statisk i kun statisk statisk i statisk i statisk i statisk i statisk i statisk i statisk i</u>	



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 Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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. This form must be signed by hand where a signature is required.

Ryan I	Mc Grego	didate, or Lobbyi			
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	□ Cycle 3 30 Day Post Přimary	□ (6 th T	Cycle 4 Tuesday Election	Z Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	□ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ 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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

MeGrego

North East PA USA
Location (City/State/Country)



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

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)		
Printed Name	Location (City/State/Country)		