


# Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b>		<b>Report Filed By</b> (Mark X)	<input checked="" type="checkbox"/> <b>Candidate</b>	<input type="checkbox"/> <b>Committee</b>	<input type="checkbox"/> <b>Lobbyist</b>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		Ryan D. McGregor			
<b>Street Address</b>		95 Orchard Beach Drive			
<b>City</b>	North East	<b>State</b>	PA	<b>Zip Code</b>	16428

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday</b> <b>Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday</b> <b>Pre-Primary</b>	<b>3- 30 Day Post</b> <b>Primary</b>	<b>4- 6<sup>th</sup> Tuesday</b> <b>Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday</b> <b>Pre- Election</b>	<b>6- 30 Day Post</b> <b>Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday</b> <b>Pre-Election</b>	<b>Special 30 Day</b> <b>Post-Election</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Of Election</b> (MM/DD/YYYY)		11/02/2021	<b>Year</b>	2021	<b>Amendment</b> <b>Report</b>	<input type="checkbox"/>	<b>Termination</b> <b>Report</b>	<input type="checkbox"/>

<b>Summary of Receipts and Expenditures</b>	<b>From Date</b>	<b>To Date</b>	<b>For Office Use Only</b>
	06/08/2021	10/18/2021	
<b>A. Amount Brought Forward From Last Report</b>	\$	13.80	
<b>B. Total Monetary Contributions and Receipts</b> (From Schedule I)	\$	915.40	
<b>C. Total Funds Available</b> (Sum of Lines A and B)	\$	929.20	
<b>D. Total Expenditures</b> (From Schedule III)	\$	917.87	
<b>E. Ending Cash Balance</b> (Subtract Line D from Line C)	\$	11.33	
<b>F. Value of In-Kind Contributions Received</b> (From Schedule II)	\$	0.00	
<b>G. Unpaid Debts and Obligations</b> (From Schedule IV)	\$	0.00	

## 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.

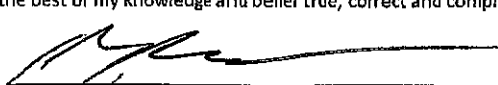
Sworn to and subscribed before me this

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

\_\_\_\_\_  
Signature

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

MO. DAY YR.

  
Signature of Person Submitting report

Ryan D. McGregor

Printed Name

412

Area Code

708-5825

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.

\_\_\_\_\_  
Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	750.00
Total for the reporting period	(3)	\$	750.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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.

Filer Identification Number	
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										Amount	
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 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:	
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Full Name of Contributor		Sally Murray		Date [MM/DD/YYYY]	\$	47.70
				10/08/2021		
House #	160	Street Address	Oakmont Street	Date [MM/DD/YYYY]	\$	
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]
Full Name of Contributor		Robert Cline		Date [MM/DD/YYYY]	\$	50.00
				10/12/2021		
House #	126	Street Address	Hutchinson Drive	Date [MM/DD/YYYY]	\$	
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]
Full Name of Contributor		Allan Turner		Date [MM/DD/YYYY]	\$	47.70
				10/13/2021		
House #	19	Street Address	Pershing Avenue	Date [MM/DD/YYYY]	\$	
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]
Full Name of Contributor		Brian Rasmussen		Date [MM/DD/YYYY]	\$	18.90
				10/15/2021		
House #	3119	Street Address	Liberty Street	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	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]
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									
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Ryan McGregor					06/01/2021		\$	300.00
House #	95	Street Address			Date [MM/DD/YYYY]		\$	
		Orchard Beach Drive			07/01/2021		\$	300.00
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]	\$	
						09/16/2021	\$	150.00
Employer Name		Logistics Plus				Occupation	Director of Business Intelligence	
Employer Mailing Address / Principal Place of Business		1406 Peach Street, Erie, PA 16501						
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, INTEREST 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:									
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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									

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:	
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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 F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
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)		\$
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## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code		
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		
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		
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		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

**SCHEDULE III**  
**Statement of Expenditures**

<b>File Identification Number:</b>	
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<b>To Whom Paid:</b>		USA Signs & Services			<b>Date [MM/DD/YYYY]</b>	\$	310.00
					06/11/2021		
<b>House #</b>	2264	<b>Street Address</b>	Buffalo Road		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510	Yard Signs	
<b>To Whom Paid:</b>		Brenda Shank			<b>Date [MM/DD/YYYY]</b>	\$	15.00
					07/15/2021		
<b>House #</b>	412	<b>Street Address</b>	Cambridge Road		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16511	Campaign Buttons	
<b>To Whom Paid:</b>		The Teacher's Apple Basket			<b>Date [MM/DD/YYYY]</b>	\$	75.00
					08/12/2021		
<b>House #</b>	9	<b>Street Address</b>	W Main Street		<b>Description of Expenditure</b>		
<b>City</b>	North East	<b>State</b>	PA	<b>Zip Code</b>	16428	T-Shirts	
<b>To Whom Paid:</b>		Community Access Media			<b>Date [MM/DD/YYYY]</b>	\$	50.00
					09/15/2021		
<b>House #</b>	142	<b>Street Address</b>	W 12th Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	'Access to the Candidates' Recording	
<b>To Whom Paid:</b>		United States Postal Service			<b>Date [MM/DD/YYYY]</b>	\$	174.00
					09/21/2021		
<b>House #</b>	1401	<b>Street Address</b>	State Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Postage Stamps	
<b>To Whom Paid:</b>		CVS			<b>Date [MM/DD/YYYY]</b>	\$	27.81
					09/23/2021		
<b>House #</b>	118	<b>Street Address</b>	W Main Street		<b>Description of Expenditure</b>		
<b>City</b>	North East	<b>State</b>	PA	<b>Zip Code</b>	16428	Envelopes	
<b>To Whom Paid:</b>		C&C Printing			<b>Date [MM/DD/YYYY]</b>	\$	60.42
					09/24/2021		
<b>House #</b>	23	<b>Street Address</b>	S Lake Street		<b>Description of Expenditure</b>		
<b>City</b>	North East	<b>State</b>	PA	<b>Zip Code</b>	16428	Copies	
<b>To Whom Paid:</b>		Haines Printing			<b>Date [MM/DD/YYYY]</b>	\$	205.64
					10/08/2021		
<b>House #</b>	10575	<b>Street Address</b>	W Main Street		<b>Description of Expenditure</b>		
<b>City</b>	North East	<b>State</b>	PA	<b>Zip Code</b>	16428	Hand Cards	



**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)

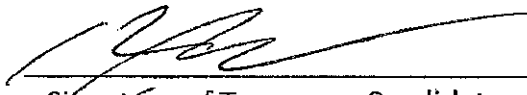
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**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.**

Name of Filing Committee, Candidate, or Lobbyist				
Ryan D. McGregor				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> 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

19/10/2021  
Date (DD/MM/YYYY)

Ryan D. McGregor  
Printed Name

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



**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)

*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.**

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Signature of Treasurer, Candidate, or Lobbyist

---

Date (DD/MM/YYYY)

---

Printed Name

---

Location (City/State/Country)