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

Filer Identification Number			Report Fil	ed By	Candid	ate X	Committee		Lobbyist
Name of Filing Cor Lobbyist	nmittee, Ca	indidate or	Ryan D. Mc	Gregor	<del></del>				
Street Address			95 Orchard	Beach Driv	/e				
City	North Eas	st		<del></del> -	State	PA	Zip Code	16428	
Type of Report (Pla	ce x under	report type)					· · · · · · · · · · · · · · · · · · ·		
1-6 <sup>th</sup> Tuesday 2- Pre-Primary Pr	2 <sup>nd</sup> Friday e-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tueso Pre-Election		<sup>nd</sup> Friday Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Fric	lay Special 30 Day Post-Election
						X			
Date Of Election (MIM/DD/YYYY)		11/02/2021	Year		2021	Amendment Report		Termination Report	
Summary of Receip	its and	From Date	To	ate			For	Office Use Only	
Expenditures		10/18/2021		11/22/20	)21				
A. Amount Brought			2 (4) 7	11.33		·			153
B. Total Monetary ( (From Schedule I)		ns and Receipts	\$	200.73	3				100 100 100 100 100 100 100 100 100 100
C. Total Funds Avail (Sum of Lines A and D. Total Expenditur	l B)		\$	212.06	;				3
(From Schedule III)  E. Ending Cash Bala			\$	50.94					er soon
(Subtract Line D fro F. Value of In-Kind (	m Line C)		\$	161.12	:				,
(From Schedule II)			\$	0.00	,				iii o
G. Unpaid Debts and (From Schedule IV)		ns	\$	0.00	_	···			
Part 1- (f this is a Comn	niftee renort	trassurer sian her	re Ifthis is a	Af	fidavit Sec	tion			
I swear (or affirm) that	this report, i	ncluding the attacl	hed schedules	оп рарег,	, is to the b	est of my knowled	e and belief tru	ie, correct and com	nplete.
Sworn to and subscribe	ed before me	this							
day of	·	20	1	_		Signature o	f Person Submi	tting report	<del></del>
Signa	ature		٦,		<u> Куа</u>	N.D. WcGregor	Printed Name		
My Commission expires	MO.	DAY YR.			412 Ar	ea Code	708-5 ————————————————————————————————————	825 ime Telephone Nur	mber
front II ICabin in a non-out									
Part II- If this is a report I swear (or affirm) that amended.	to the best of	f my knowledge ar	ommittee, cand belief this p	ndidate sh political co	all sign her mmittee ha	e. as not violated any	provisions of th	e Act of June 3, 19	37 (P.L. 1333, NO.320) as
Sworn to and subscribe	d before me	this							
day of		20	٠,		_				
						Signa	ture of Candida	te	
Signa			. ]	٠		P	rinted Name	-	
My Commission expires		PAY YR.			——Are	a Code	Daytin	ie Telephone Num	 ber

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	 	 
The incitalitation (animot)		
and the second s		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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)	\$ 100.73
All Other Contributions (Part B)	\$ 100.00
Total for the reporting period (2)	\$ 200.73
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)	\$ 0.00
Total for the reporting period (3)	\$ 0.00
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)	\$ 200.73

#### 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 Ider	Filer Identification Number							
				<u> </u>		Amount		
	me of Contributing			Date [MM/DD/YYYY]	\$			
Commit	ttee	The RDM Committee		11/18/2021		100.73		
House #		Address		Date [MM/DD/YYYY]	\$			
,	95	Orchard Beach Drive	ı		$[\cdot]$	1		
City	North East	State PA	Zip Code 16428	Date [MM/DD/YYYY]	\$			
Full Nar	ne of Contributing	1		Date [MM/DD/YYYY]	\$			
Commit								
House.#	Street A	Address		Date [MM/DD/YYYY]	\$			
					1. 1	1		
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	5			
		· · .			<u>i</u> 1	l		
	ne of Contributing		-	Date [MM/DD/YYYY]	\$			
Committ	tee							
House #	Street A	Address		Date [MM/DD/YYYY]	\$			
	-				$e^{-1}$	· ·		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	1		
		<u> </u>						
Full Nam Committ	ne of Contributing tee			Date [MM/DD/YYYY]	\$			
House #	Street A	Address	<del></del>	Date [MM/DD/YYYY]	- \$	1		
						1		
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
		V						
Full Nam	ne of Contributing	<u> </u>	• • • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY]	\$.			
Committ	tee							
House #	Street A	ddress		Date [MM/DD/YYYY]	\$			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$			
		·						
	e of Contributing			Date [MM/DD/YYYY]	\$	***		
Committ					* .			
House #	Street Au	ddress		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	1 Number:			
Full Name of Co	SEMICOLIAN			P. E. SANDER ENDERS PROPERTY SE
Full Rame of Co.	Guy C. Orton	n		Date IMM/DD/YYYYI \$ 100.00
Juan-su-I				10/24/2021
House # 8455	Street Address	Gulf Road		Date [MM/DD/YYYY] \$
				No.   1
City North Eas	st	State PA	Zip Code 16428	Date [MM/DD/YYYY] \$
and selection		\$ . Av 6.	<b>美型公徽等</b>	The first transport Advantage of the control of the first of the control of the cont
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
	The second of th			
House #	Street Address	ı		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Con	n=524 feer@entc			
Full Name of Con				Date [MM/pD/YYYY] \$
and the same of	A steel Co. Steel St.		<del></del>	
House #	Street Address			Date [MM/DD/YYYY] \$
1 K. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City		State	Zip Code	Date [MM/DD/YYYY] S
Michael Service				
Full Name of Con	itributor a			Date [MM/DD/YYYY] 5
House #	Street Address			Date [MM/DD/YYYY] \$
City	I grow services year	State	Zip Code	Date [MM/DD/YYYY] \$
			200 (10 m)	A A
Full Name of Cont	tributor			Date [MIM/DD/YYYY] \$
是有"康"。 1000 第一条第二条				
House#	Street Address			Date [MM/DD/YYYY] \$
City	Bet a Fire and some a	State	Zip Code	Pate [MM/DD/YYYY] \$
New York				
Full Name of Cont	tributor			Date [MM/DD/YYYY] \$
Tagasana Tagasana				
House#	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] S
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.

Full Name of Contributing C				Date [MM/DD/YYYY] \$	
House #	Street Address	Ş		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/WYY] S	
Full Name of	enty, was sales				
Contributing C				20.0	
House #	Street Address	3		Date [MM/JDD/YYYY] S	
City	Table But services as an over	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	5. A. S. B. S. E. S. E	<u> </u>	Partition on a grant	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$.	
Gty		State	Zip Code	Date [MM/DD/YYYY] .\$	
Full Name of Contributing Co	ommittee.	2 Wh 7 184	Programmes	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Contributing Co	)mmittee			Date [MIM/DD/YYYY] \$	
House #	Street Address			Date [MIM/DD/YYYY) \$	
City	[4354277654 (1966 ) 19	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	militee	<b>1</b> -0		Date [MM/DD/XYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City	<u> </u>	State	Zip Code	Date [MIN/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	n Number:		<del></del>	
Full Name of Co			*	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	1930年1935年(1941年)	Date MM/DD/VVVVI
(II)		Diac	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Provident	Land Anna Anna Anna Anna Anna Anna Anna A	Occupation
Employer Mailin Principal Place o	ng Address / of Business			<u> </u>
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				450
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ıg Address /			
Principal Place of Full Name of Con	of Business			178-2-208468 BER BOUND 177-2016
Full Name of Con	(Tributor			Date [MM/DD/YYYY] S
House#	Street Address			Date [MM/DD/YYYY]\$
				1967年
City	[100:40:30:40:30:41]	State	Zip Code	Date [MM/DD/YYYY] \$
Mome	the two light the mathematics of			
Employer manie	all the second of the second o			Occupation
Employer Mailing Principal Place of	ng Address / of Business			
Full Name of Con	itributor			Date [MM/DP/YYYY] \$
STATE OF THE STATE	Strant Address			
	in a contract can	<del></del>		Date [MM/DD/YYYY] \$
City		State	/Zip Code	Daté [MM/DD/YYYY] \$
Active Control of the		State		Date liming bottoming
Employer Name		<u>. 050 894</u>		Occupation
Employer Mailing				
Principal Place of	r 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 Num	mbers 22.4.4.	
रित्र विकासी क्षेत्र स्वतंत्र के अवस्ति है। स्वतंत्र के अवस्त	ikwisi	
Full Name		
House #	Street Address	
City	State	Zip Date [MM/DD/YYYY] \$ Code
		Code
Receipt Description	\$2.54 \$2.54	
Full Name		
House #	Street Address	
City	State	Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House #	Street Address	
City		Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		e consiste
Full Name		
House #	Street Address	
Gity	State 7	[jp   Date [MM/DD/YYYY]   \$ ode
Réceipt Description		He of L
Full Name		
House #	Street Address	
City	State Z	ip Date [MM/DD/YYYY] \$
Receipt Description		ode
Full Name		
Sold Experience Commence	Street Address	
A CONTRACTOR OF THE CONTRACTOR		ip Date [MM/DD/YYYY] \$
City	Section 1	ip Date [MM/DD/YYYY] \$ ode
Receipt 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. Unitemized in kind contri	IBUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS PER	CONTRIBUTOR	9
TOTAL for the reporting period	(1)	\$		<u> </u>
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART		). X.
TOTAL for the reporting period	(2)	\$		7
WAS STANDARD TO SERVE OF SERVE				
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		7
TOTAL VALUE OF IN-KIND CONTRIBUTION	MS DI IBING THIS BERG	RTING S		
PERIOD (Add and enter amount totals fr				ı
on Page 1, Report Cover Page, Item F)				

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

riter identification (dimber,				<u></u>
Full Name of Contributor			Date [MM/DD/YYYY]   \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
		- Tomas and Sala		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	The second			
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor	14 D. F. 1864 State State		Date [MM/DD/YYYY] \$	
			for the control of th	
	Address		Date [MM/DD/YYYY] 5.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			*Date [MM/DD/YYYY] *\$	***
			Date [MM/DD/YYYY]	
House # Street	Address	<del></del>	Date [MM/DD/YYYY] \$	
E ST		lage to our time		
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] . \$.	
1996 6 19 No. 1			(144) 5 (7) 13 (8)	
City	State -	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		14 4 1 4 4 1 5 VI		

#### SCHEDULE II Part G

# In-Kind Contributions Received

<u> </u>			VALUE OVER \$250	
Filer Identifica	tion Number:			
San San San San				
Full Name of	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	1 N. N. W. A. MARIN	State	Zip Code	Date [MM/DD/YYYY] \$
		10 Z		
Employer Nar	me		<u>, , , , , , , , , , , , , , , , , , , </u>	Occupation
	iling Address / Principal	\$6.5 1.69		Description
Place of Busin	iess			of Contribution
Full Name of	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			•	
City	Land Salve Mark 18 Section	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nan	ne		1 1 - 1 - 1 - 1	Occupation :
	ling Address / Principal	ON NO.		Description
Place of Busin	ess			of
	40年,《清海· <b>黎</b> 》的中央主义和《	200		Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
ALCOHOLD WITH THE PARTY OF THE				7.7.2. Y.4.3.
House #	Street Address			Date [MM/DD/YYYY] \$
City	[ 1 + 15/28] (2004) F	State	Zip Code	Date [MM/DD/YYYY] \$
		A William		
Employer Nan	1 <b>e</b>	ree Partie		Occupation
Employer Mail	ling Address / Principal	24, 3 1, 3		Description
Place of Busine	ess .	요.취 1964		of Contribution
Full Name of C	ontributor	地位		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	4.46° a. 0° a. 00° a. +4	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ie	Port of the second of the seco	<u> </u>	Occupation
	ing Address / Principal			Description
Place of Busine	<b>35</b>			of
		V: [		Contribution

# Statement of Expenditures

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: Filer Identification Number:			,
Filer Identification Number:			,
1 P. P 1 P. P 1 P 1 P. A 1			
all a figure of the first first of the second section is a second second section of the second section is a second section of the second section is a second section of the section of the second section of the section of			
\$1.46 PM (1997)			
and the contract of the contra			

To Whom Paid				Date [MM/DD/YYYY] \$			
	Copy King			11/08/2021	18.55		
House # 1162	Street Address	8th Street		Description of Expenditure			
City Erie State PA Zip Code 16502				Copies			
To Whom Paid Rite Aid				Date [MM/DD/YYYY] \$	3,39		
		<u></u>	11/09/2021				
House # 916	Street Address State Street			Description of Expenditure			
.City Erie		State PA	Zip Code 16501	Envelopes			
To Whom Paid	United States Postal S	awilaa		Date [MM/DD/YYYY] \$	22.00		
		ervice		11/18/2021	29.00		
	Street Address Sta	ate Street		Description of Expenditure			
<b>City</b> Erle		State PA	Zip Code 16501	Stamps			
To Whom Paid		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$:			
House #	Street Address			Description of Expenditure	the first of the first term of the supplies of the		
City		State	Zip Code		<u>and the second of the second </u>		
To Whom Paid		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Tests of the Constant of Tri	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City		State	Zip Code		, , , , , , , , , , , , , , , , , , ,		
To Whom Paid				Dâte [MM/DD/YYYY] \$			
House#	Street Address			Description of Expenditure			
City	1 - 8 1 <u>- 18 2 - 2 - 2   1</u>	State	Zip Code	Take a stage of the following the results of Danderson S	<u>i Pijoga toli ogazyek tibo azertak</u>		
To Whom Páid		To the Angles of	1 - 15 0 - 24 7 7 251	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City	t or german, a	State	Zip Code	20 000 000 000 000 000 000 000 000 000	<ul> <li>A. J. (1995) Society of Society (1995).</li> </ul>		
To Whom Paid			<u> </u>	Date [MM/DD/YYYY] \$			
House #	Street Address		<del></del>	Description of Expenditure			
CITY	<u>  1955   1999 (1911)                                   </u>	State	Zip Code		g received and Marie.		
JS2 + 3/1 - 1/2		1-27-4 and	LETTER LO				

#### **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:

Name of Credit	on Tay and	Outstanding Balance of Debt
House #	Street Address	DATE DEBTINCURRED \$ [MIM/DD/YYYY]
City		State Zip Code
Description of C	Æbt	
Name of Credito	Or.	Outstanding Balance of Debt
House #	Street Address	DATE DEBTINCURRED \$
City		State Zip Code
Description of D		
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ \$ [MM/DD/YYYY]
City		State Zip Code
Description of D		The second secon
Name of Credito		Outstanding Balance of Debt  DATE DEBTINGURRED \$
"House #	Street Address	[MM/QD/YYY]
City		State Zip
Description of D	ebt	Code
Description of D	All the Control of th	
Name of Credito	or.	Outstanding Balance of Debt
Name of Credito	All the Control of th	Outstanding Balance of Debt  Outstanding Balance of Debt  Outstanding Balance of Debt  Outstanding Balance of Debt
Name of Credito House # City	Street Address	Outstanding Balance of Debt
Name of Credits House #  City  Description of D	Street Address	Outstanding Balance of Debt  DATE DEBTINGURRED  State  Zip Code
Name of Credito House # City Description of D	Street Address	Outstanding Balance of Debt    DATE DEBT INCURRED   \$     [MM/DB/YYYY]       State   Zip       Code       Outstanding Balance of Debt
Name of Credits House #  City  Description of D	Street Address	Outstanding Balance of Debt  DATE DEBTINGURRED \$ [MM/DD/YYYY]  State   Zip   Code  Code  Outstanding Balance of Debt  DATE DEBT INCURRED \$ [MM/DD/YYYY]
Name of Credito House # City Description of D	Street Address  Elot Street Address	Outstanding Balance of Debt  Outstanding Balance of Debt  (IMIN/DD/YYYY)  State Zip Code  Outstanding Balance of Debt  DATE DEBT INCURRED \$ [MIN/DD/YYYY]



#### 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

7021000-1 212:32

## 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 D.	McGiegor	didate, or Lobby			
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> Т	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ <b>Cycle 7</b> Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	_	cle 9 ost-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

30/11/2021 Date (DD/MM/YYYY)

Tlyan D. Mc Gregor
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) <a href="https://www.dos.pa.gov/campaignflnance">www.dos.pa.gov/campaignflnance</a> • <a href="mailto:rases-

**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)		