



## Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 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)

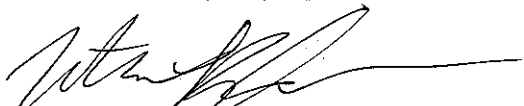
# Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**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                                  |   |  |  |   |
|---|---|--|--|---|
| Nathan Rybner   |   |  |  |   |
| Reporting Cycle Name  |   |  |  |   |
| <input type="checkbox"/> <b>Cycle 1</b><br>6 <sup>th</sup> Tuesday<br>Pre-Primary | <input checked="" type="checkbox"/> <b>Cycle 2</b><br>2 <sup>nd</sup> Friday<br>Pre-Primary | <input type="checkbox"/> <b>Cycle 3</b><br>30 Day<br>Post Primary                      | <input type="checkbox"/> <b>Cycle 4</b><br>6 <sup>th</sup> Tuesday<br>Pre-Election | <input type="checkbox"/> <b>Cycle 5</b><br>2 <sup>nd</sup> Friday<br>Pre-Election |
| <input type="checkbox"/> <b>Cycle 6</b><br>30 Day Post-Election                   | <input type="checkbox"/> <b>Cycle 7</b><br>Annual Report                                    | <input type="checkbox"/> <b>Cycle 8</b><br>2 <sup>nd</sup> Friday Pre-Special Election | <input type="checkbox"/> <b>Cycle 9</b><br>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

Nathan Rybner  
\_\_\_\_\_  
Printed Name

05/07/2025  
\_\_\_\_\_  
Date (MM/DD/YYYY)

Erie, PA, USA  
\_\_\_\_\_  
Location (City/State/Country)

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

**File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.**

|   |  |   |  |                                    |                            |                  |     |      |  |
|---|--|---|--|------------------------------------|----------------------------|------------------|-----|------|--|
| FILER IDENTIFICATION NUMBER   |  | REPORT FILED ON BEHALF OF                                     |  | CANDIDATE                          | COMMITTEE                  | LOBBYIST         |     |      |  |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Nathan Rybner</i> |  |   |  |                                    |                            |                  |     |      |  |
| STREET ADDRESS<br><i>2050 S Shore Dr</i>                                |  |   |  |                                    |                            |                  |     |      |  |
| CITY<br><i>Erie</i>   |  | STATE<br><i>PA</i>  |  | ZIP CODE<br><i>16505 -2246</i>     |                            |                  |     |      |  |
| TYPE OF REPORT (CHECK ONE)  |  | NAME OF OFFICE SOUGHT BY CANDIDATE<br><i>Clerk of Records</i> |  | DISTRICT NO.<br><i>Erie County</i> | PARTY<br><i>Republican</i> | DATE OF ELECTION |     |      |  |
|   |  |   |  |                                    |                            | MO.              | DAY | YEAR |  |
| 6TH TUESDAY PRE-PRIMARY   |  | 1.  |  |                                    |                            |                  |     |      |  |
| 2ND FRIDAY PRE-PRIMARY  |  | 2. <input checked="" type="checkbox"/>                        |  |                                    |                            |                  |     |      |  |
| 30 DAY POST-PRIMARY   |  | 3.  |  |                                    |                            |                  |     |      |  |
| 6TH TUESDAY PRE-ELECTION  |  | 4.  |  |                                    |                            |                  |     |      |  |
| 2ND FRIDAY PRE-ELECTION   |  | 5.  |  |                                    |                            |                  |     |      |  |
| 30 DAY POST-ELECTION  |  | 6.  |  |                                    |                            |                  |     |      |  |
| ANNUAL REPORT   |  | 7.  |  |                                    |                            |                  |     |      |  |

|                           |  |     |  |     |  |      |  |    |  |     |  |     |  |      |  |
|---------------------------|--|-----|--|-----|--|------|--|----|--|-----|--|-----|--|------|--|
| DATES OF REPORTING PERIOD |  | MO. |  | DAY |  | YEAR |  | TO |  | MO. |  | DAY |  | YEAR |  |
|                           |  | 3   |  | 20  |  | 2025 |  |    |  | 5   |  | 5   |  | 2025 |  |

|  |  |             |  |
|--|--|-------------|--|
| CASH BALANCE AT END OF REPORTING PERIOD:   |  | \$ <u>0</u> |  |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: |  | \$ <u>0</u> |  |

|                     |     |  |    |                                     |
|---------------------|-----|--|----|-------------------------------------|
| AMENDMENT REPORT?   | YES |  | NO | <input checked="" type="checkbox"/> |
| TERMINATION REPORT? | YES |  | NO | <input checked="" type="checkbox"/> |

FOR OFFICE USE ONLY

MAY -8 PM 12:06  
 ERIE COUNTY  
 VOTER REGISTRATION

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

|  |             |                                       |                          |
|--|-------------|---------------------------------------|--------------------------|
| SWORN TO AND SUBSCRIBED BEFORE ME THIS |             | SIGNATURE OF PERSON SUBMITTING REPORT |                          |
| ____ DAY OF _____ 20____               |             | _____                                 |                          |
| SIGNATURE                              |             | PRINTED NAME                          |                          |
| ____                                   |             | ____                                  |                          |
| MY COMMISSION EXPIRES                  | MO. DAY YR. | AREA CODE                             | DAYTIME TELEPHONE NUMBER |
| ____                                   | ____        | ____                                  | ____                     |

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 |             | SIGNATURE OF CANDIDATE |                          |
| ____ DAY OF _____ 20____               |             | _____                  |                          |
| SIGNATURE                              |             | PRINTED NAME           |                          |
| ____                                   |             | ____                   |                          |
| MY COMMISSION EXPIRES                  | MO. DAY YR. | AREA CODE              | DAYTIME TELEPHONE NUMBER |
| ____                                   | ____        | ____                   | ____                     |