



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 • ra-stcampaignfinance@pa.gov

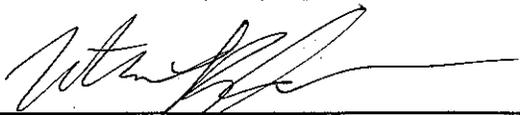
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd 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 nd 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

05/07/2025

Date (MM/DD/YYYY)

Nathan Rybner

Printed Name

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	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>																																				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Nathan Rybner</i>																																												
STREET ADDRESS <i>2050 S Shore Dr</i>																																												
CITY <i>Erie</i>			STATE <i>PA</i>		ZIP CODE <i>16505 -2246</i>																																							
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION																																						
6TH TUESDAY PRE-PRIMARY 1.		Clerk of Records <table border="1" style="margin: auto;"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">TO</th> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td><i>3</i></td><td><i>20</i></td><td><i>2025</i></td> <td><i>5</i></td><td><i>5</i></td><td><i>2025</i></td> </tr> </table> <table border="1" style="margin: auto;"> <tr> <td colspan="2">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td>\$</td> <td><i>0</i></td> </tr> <tr> <td colspan="2">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td>\$</td> <td><i>0</i></td> </tr> </table> <table border="1" style="margin: auto;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR	<i>3</i>	<i>20</i>	<i>2025</i>	<i>5</i>	<i>5</i>	<i>2025</i>	CASH BALANCE AT END OF REPORTING PERIOD:		\$	<i>0</i>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	<i>0</i>	AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	<i>Erie County</i>	<i>Republican</i>	MO.	DAY	YEAR
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TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>																																								
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30 DAY POST-ELECTION 6.																																												
ANNUAL REPORT 7.																																												
FOR OFFICE USE ONLY																																												
																																												

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	
_____ DAY OF _____ 20____	_____ SIGNATURE OF PERSON SUBMITTING REPORT
_____ SIGNATURE	_____ PRINTED NAME
MY COMMISSION EXPIRES _____	_____ AREA CODE _____ DAYTIME TELEPHONE NUMBER
MO. DAY YR.	

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	
_____ DAY OF _____ 20____	_____ SIGNATURE OF CANDIDATE
_____ SIGNATURE	_____ PRINTED NAME
MY COMMISSION EXPIRES _____	_____ AREA CODE _____ DAYTIME TELEPHONE NUMBER
MO. DAY YR.	