

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee To ReElect Scott R. Rastetter							
Street Address		5706 Cherry St Ext							
City		ERIE		State	PA		Zip Code	16509	

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>

Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report
		<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		05/13/2021	05/31/2021	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     2021 JUN -2 AM 11:47                      ERIE COUNTY                      INFORMATION                 </div>
A. Amount Brought Forward From Last Report	\$	513.02		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,000.00		
C. Total Funds Available (Sum of Lines A and B)	\$	4,513.02		
D. Total Expenditures (From Schedule III)	\$	6,739.67		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	= 2,226.65		
F. Value of In-Kind Contributions Received (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	6,739.67		

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  
 SUSAN K. RASTETTER  
 Printed Name  
 814 \_\_\_\_\_ Area Code  
 866-7392 \_\_\_\_\_ 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  
 SCOTT R. RASTETTER  
 Printed Name  
 814 \_\_\_\_\_ Area Code  
 734 1515 \_\_\_\_\_ Daytime Telephone Number



**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 Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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 and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
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 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.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Susan Rastetter  
Signature of Treasurer, Candidate, or Lobbyist

5-7-2024  
Date

SUSAN RASTETTER  
Printed Name



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

**By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.**

*Scott R Rastetter*

Signature of Candidate

*05/06/2021*

Date

*Scott R. Rastetter*

Printed Name

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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### 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	
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### 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period	(2)	\$	
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### 3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	1,000.00
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All Other Contributions (Part D)	\$	3,000.00
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Total for the reporting period	(3)	\$	4,000.00
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### 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	6739.67
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*LOAN FROM CANDIDATE*

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)	\$	10739.67
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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:	
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Full Name of Contributing Committee	COMMITTEE TO ELECT CARL ANDERSON				Date [MM/DD/YYYY]	\$	1,000.00
House #	3830	Street Address	PARADE Blvd		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16504	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]	\$	
Dale R. McBrier				05/20/2021	\$	1,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
144	Holly DR.				\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Fairview	PA	16515-1719				\$
Employer Name				Occupation		
McBrier Properties				real estate		
Employer Mailing Address / Principal Place of Business						
3939 Ridge Rd. 16506 Erie						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
T.B. Hagen				05/20/2021	\$	1,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
410	FRENCH ST.				\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
ERIE	PA	16507				\$
Employer Name				Occupation		
SKIF				INSURANCE		
Employer Mailing Address / Principal Place of Business						
410 FRENCH ST. ERIE						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Roger W. Richards				05/20/2021	\$	1,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
230	W6th St.				\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
ERIE	PA	16507-1319				\$
Employer Name				Occupation		
SKIF				ATTORNEY		
Employer Mailing Address / Principal Place of Business						
230 W6th ERIE						

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						

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:	
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Name of Creditor		Scott R. Rastetter			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	488.02	
5301	Rt. 6W	04/09/2021				
City	Edinboro	State	PA	Zip Code	16412	
Description of Debt		YARD SIGNS FROM Victory STORE Advertising				

Name of Creditor		Scott R. Rastetter			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	5500.00	
5301	RT 6W	05/10/2021				
City	Edinboro	State	PA	Zip Code	16412	
Description of Debt		FLYER ADVERTISING Gohrs PRINTING				

Name of Creditor		Scott R. Rastetter			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	726.65	
5301	Rt 6W	05/17/2021				
City	Edinboro	State	PA	Zip Code	16412	
Description of Debt		PRINT ADVERTISING CARRY JOURNAL				

Name of Creditor		Scott R. Rastetter			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	25.00	
5301	Rt 6W	05/19/2021				
City	Edinboro	State	PA	Zip Code	16412	
Description of Debt		CASH DEPOSIT TO CAMPAIGN ACCOUNT				

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State		Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State		Zip Code		
Description of Debt						