

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	1.	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Rose B. Scouten							
STREET ADDRESS 9182 Drown Ave							
CITY McKean		STATE PA		ZIP CODE 16426			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION			FOR OFFICE USE ONLY
				MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY				05	18	2021	2021 MAY 10 AM 11:3 ERIE COUNTY VOTER REGISTRATION
2ND FRIDAY PRE-PRIMARY							
30 DAY POST-PRIMARY							
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
DATES OF REPORTING PERIOD		TO					
MO. DAY YEAR		MO. DAY YEAR					
01 01 21		05 03 21					
CASH BALANCE AT END OF REPORTING PERIOD:				\$ 0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ 0			
AMENDMENT REPORT?		YES	NO				
TERMINATION REPORT?		YES	NO				

**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 TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 10th DAY OF May 2021  
 Signature: Rose B. Scouten  
 Signature: Rose B. Scouten  
 MY COMMISSION EXPIRES 4-3-23 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
 PRINTED NAME: Rose B. Scouten  
 AREA CODE: 814 DAYTIME TELEPHONE NUMBER: 476-1004

**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: \_\_\_\_\_  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

SIGNATURE OF CANDIDATE  
 PRINTED NAME  
 AREA CODE DAYTIME TELEPHONE NUMBER