


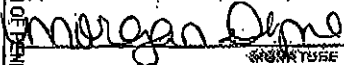
CAMPAIGN FINANCE STATEMENT

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.

PLANS IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Other																
NAME OF FILER (COMMITTEE, CANDIDATE OR COMPANY) Thomas Craig																					
STREET ADDRESS 8505 Shreve Road																					
CITY Union City		STATE PA	ZIP CODE 16438																		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION																	
<input checked="" type="checkbox"/> PRE-ELECTION	Union Township Supervisor		Rep	5	18 2021																
<input type="checkbox"/> ELECTION DAY	DATES OF REPORTING PERIOD		FOR OFFICE TERM																		
<input type="checkbox"/> 30 DAY POST-ELECTION	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>MO</td><td>DAY</td><td>YEAR</td></tr> <tr><td>12</td><td>31</td><td>20</td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>MO</td><td>DAY</td><td>YEAR</td></tr> <tr><td>5</td><td>3</td><td>21</td></tr> </table>		MO	DAY	YEAR	12	31	20	MO	DAY	YEAR	5	3	21	<table border="1" style="width: 100%;"> <tr><td colspan="2">CASH BALANCE AT END OF REPORTING PERIOD: \$ 0.00</td></tr> <tr><td colspan="2">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00</td></tr> </table>			CASH BALANCE AT END OF REPORTING PERIOD: \$ 0.00		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00	
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<input type="checkbox"/> PRE-TURNIN OVER PERIOD	APPROVED REPORT		YES	NO	<input checked="" type="checkbox"/>																
<input type="checkbox"/> 2ND EARLY PRE-ELECTION	TERMINATION REPORT		YES	NO	<input checked="" type="checkbox"/>																
<input type="checkbox"/> POST-ELECTION	2021 MAY -7 PH 5:05 ERIE COUNTY VOTER REGISTRATION																				

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidate'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.

UNION CITY BOROUGH, ERIE COUNTY MY COMMISSION EXPIRES October 2, 2021 NOTARY PUBLIC MORGAN DYER MORGAN DYER MORGAN DYER MORGAN DYER	I SWORN (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR EXPENDITURES 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 30 DAY OF April 20 21	SIGNATURE OF PERSON SUBMITTING REPORT  Thomas Craig PRINTED NAME
	SIGNATURE OF CANDIDATE  MY COMMISSION EXPIRES 10 2 21 MO DAY YR	AREA CODE 814 DAYTIME TELEPHONE NUMBER 923-1893

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here:

I SWORN (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 _____ PRINTED NAME _____
SIGNATURE _____ MY COMMISSION EXPIRES _____ MO DAY YR	AREA CODE _____ DAYTIME TELEPHONE NUMBER _____