

### Commonwealth of Pennsylvania - Campaign Finance Report

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

Committee Identification Number	1316071226	Report Filed By (Typed Name)	<input checked="" type="checkbox"/> Candidate	Committee	
Name of Candidate	Candidate to be on Tom Spasel				
Street Address	4517 Sycamore (BE)				
City	Eric	State	PA	Zip Code	16507

Type of report (Place x under report type)

1-5 Tuesday Pre-Election Primary	4-30 Day Post Primary	5-31 Tuesday Pre-Election	6-30 Day Post Election	7-Annual	Special Pre-Election	Special Post-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-Amount of Report and Expenses		To Date	
2-Amount of Funds From Last Report			
3-Total Monetary Contributions and Receipts (Lines A and B)			
4-Total Disbursements (Lines C and D)			
5-Amount of Unexpended Funds (Line E)			
6-Amount of Funds Obligated (From Schedule D)			
7-Total Available Funds (Line F)			
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2021 MAY -7 PM 6:06  
ERIE COUNTY  
VOTER REGISTRATION

Part 1- 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: X Thomas A Spasel

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Area Code: 814 Daytime Telephone Number: 434-1655

Part 1- If this is a report of a Candidate's authorized Campaign 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 9, 1987 (P.L. 1987, NO. 320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature: X Thomas A Spasel

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Area Code: 814 Daytime Telephone Number: 434-1655

# PART A Contributions Received From Political Committees

Use this Part to itemize only contributions received from Political Committees  
\$50.01 TO \$250.00  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Identifier Number		Amount	
[REDACTED]			
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		
Full Name of Contributing Committee	Street Address	Date [MM/DD/YYYY]	Amount
House #	City	Date [MM/DD/YYYY]	
State	Zip Code		

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

1. Filer Identification Number 
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2. Unitemized Contributions and Receipts \$50.00 or Less per Contributor Total for the reporting period (1) \$	
3. Contributions of \$50.01 or \$250.00 (From Part A and Part B) Contributions Received from Political Committees (Part A) All Other Contributions (Part B) Total for the reporting period (2) \$	
4. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period (3) \$	
5. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4) \$	
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) \$	



Description of Debt		Outstanding Balance of Debt	
Name of Creditor	DATE DEBT INCURRED (MM/DD/YYYY)		
Address	State	ZIP Code	
City	Description of Debt		



### 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)

1316071206

Filing Unit/Transaction Number/ID										
Full Name of Contributor										
House #		Street Address			City		State	Zip Code	Date [MM/DD/YYYY]	Occupation
Employer Name										
Employer Mailing Address/ Principal Place of Business										
Full Name of Contributor										
House #		Street Address			City		State	Zip Code	Date [MM/DD/YYYY]	Occupation
Employer Name										
Employer Mailing Address/ Principal Place of Business										
Full Name of Contributor										
House #		Street Address			City		State	Zip Code	Date [MM/DD/YYYY]	Occupation
Employer Name										
Employer Mailing Address/ Principal Place of Business										
Full Name of Contributor										
House #		Street Address			City		State	Zip Code	Date [MM/DD/YYYY]	Occupation
Employer Name										
Employer Mailing Address/ Principal Place of Business										





SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

<b>Reportable Name</b>	1316071206
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<b>1. UNREMOVED IN-KIND CONTRIBUTIONS RECEIVED</b>	<b>VALUE OF \$500 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED</b>	<b>VALUE OF \$501 TO \$5000 (GROUP PART F)</b>	
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTIONS RECEIVED</b>	<b>VALUE OVER \$5000 (GROUP PART F)</b>	
TOTAL for the reporting period	(3)	\$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b>	
(Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, item F)	
	\$

SCHEDULE II  
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Identification Number 1316071206

Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contribution				
Full Name of Contributor		Date (MM/DD/YYYY)		\$
House #	Street Address	Date (MM/DD/YYYY)		\$
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contribution				

SCHEDULE II  
Part 6  
In-Kind Contributions Received  
VALUE OVER \$250

Identification Number

1316071206

Full Name of Contributor		Date (MM/DD/YYYY)	Occupation	Description of Contribution
House #	Street Address			
City	State	Zip Code		
Employer Name	Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	Street Address			
House #	Street Address			
City	State	Zip Code		
Employer Name	Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	Street Address			
House #	Street Address			
City	State	Zip Code		
Employer Name	Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	Street Address			
House #	Street Address			
City	State	Zip Code		
Employer Name	Employer Mailing Address / Principal Place of Business			





**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)

2021 MAY -7 PM 6:03

**UNSWORN DECLARATION IN LIEU OF SWORN STATEMENT FOR**  
**CAMPAIGN FINANCE REPORTS**

ERIE COUNTY

**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.*

<b>Name of Filing Committee, Candidate, or Lobbyist</b>				
<b>Reporting Cycle Name</b>				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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.**

*Thomas A. Szagec*  
Signature of Treasurer, Candidate, or Lobbyist

05052021  
Date (DD/MM/YYYY)

Thomas A. Szagec  
Printed Name

Erie PA  
Location (City/State/Country)



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5230 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stampa@finance.pa.gov](mailto:ra-stampa@finance.pa.gov)

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

3/5/21

Date (DD/MM/YYYY)

ROBERT CASILLO

Printed Name

ERIE PA

Location (City/State/Country)