

Commonwealth of Pennsylvania - Campaign Finance Report

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

1916071226	<input checked="" type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee
Candidate Name: <u>Commonwealth of Pennsylvania Tom Spasel</u>				
Address: <u>4517 Summers (SE)</u>				
PA		State	PA	Zip Code: <u>16507</u>

Type of Report (Place x under report type)

1-5 Tuesday Pre-Primary	6-10 Friday 8-30 Day Post-Primary	11-15 Tuesday Pre-Election	16-20 Friday 5-8 Pre-Election	21-25 Saturday 8-30 Day Post-Election	26-30 Friday 5-8 Pre-Election	31-35 Sunday 8-30 Day 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 money received from contributions and receipts (from individuals) \$ <u>10,000</u> 2. Amount of money received from contributions and receipts (from unions and 501(c)(6) organizations) \$ 3. Total amount received from contributions and receipts \$ 4. Amount of money paid for campaign expenses (from individuals) \$ 5. Amount of money paid for campaign expenses (from unions and 501(c)(6) organizations) \$ 6. Total amount paid for campaign expenses \$ 7. Net amount (Total received minus total paid) \$						

2021 MAY -7 PM 6:04
ERIE COUNTY
VOTER REGISTRATION

Affirmation Section

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: [Signature]
 Printed Name: Thomas Spasel
 Area Code: 814 Daytime Telephone Number: 434-1655


Part 2- 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 2, 1967 (P.L. 3093, NO. 23) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____.

Signature: [Signature]
 Printed Name: Thomas Spasel
 Area Code: 814 Daytime Telephone Number: 434-1655

SCHEDULE I Contributions and Receipts

Detailed Summary Page

1. Filer's Identification Number 	
2. Unitemized Contributions and Receipts \$0.00 or Less per Contributor	Total for the reporting period (1) \$
3. Contributions of \$50.01 to \$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 Earnings, 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		County	
Name of Creditor		Outstanding Balance of Debt	
Address	Date Debt Incurred (MM/DD/YYYY)	City	State
City	State	ZIP Code	
Description of Debt			

PART C
Contributions Received From Political Committees

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

13607806

Full Name of Contributing Committee		Date (MM/DD/YYYY)
House #	Street Address	Date (MM/DD/YYYY)
City	State	Date (MM/DD/YYYY)
City	Zip Code	Date (MM/DD/YYYY)
Full Name of Contributing Committee		Date (MM/DD/YYYY)
House #	Street Address	Date (MM/DD/YYYY)
City	State	Date (MM/DD/YYYY)
City	Zip Code	Date (MM/DD/YYYY)
Full Name of Contributing Committee		Date (MM/DD/YYYY)
House #	Street Address	Date (MM/DD/YYYY)
City	State	Date (MM/DD/YYYY)
City	Zip Code	Date (MM/DD/YYYY)
Full Name of Contributing Committee		Date (MM/DD/YYYY)
House #	Street Address	Date (MM/DD/YYYY)
City	State	Date (MM/DD/YYYY)
City	Zip Code	Date (MM/DD/YYYY)
Full Name of Contributing Committee		Date (MM/DD/YYYY)
House #	Street Address	Date (MM/DD/YYYY)
City	State	Date (MM/DD/YYYY)
City	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)

File No: 1316071206

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			
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			
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			
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			

PART E
Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Identification Number 1316071806

Full Name		Street Address		State	ZIP Code	Date (MM/DD/YYYY)
House #						
City						
Receipt Description						
Full Name						
House #		Street Address		State	ZIP Code	Date (MM/DD/YYYY)
City						
Receipt Description						
Full Name						
House #		Street Address		State	ZIP Code	Date (MM/DD/YYYY)
City						
Receipt Description						
Full Name						
House #		Street Address		State	ZIP Code	Date (MM/DD/YYYY)
City						
Receipt Description						
Full Name						
House #		Street Address		State	ZIP Code	Date (MM/DD/YYYY)
City						
Receipt Description						

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

Identify the Contribution	1316071206
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1. UNREMOVED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF PERIOD (ENTER PER CONTRIBUTOR)		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE (ADD TO \$500 FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE (OVER \$500 FROM PART F)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

1316071206

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

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

1316071206

Identification Number		1316071206	
Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Date [MM/DD/YYYY]	\$
Zip Code	Occupation		
Employer Name	Employer Mailing Address / Principal Place of Business	Description of Contribution	
Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Date [MM/DD/YYYY]	\$
Zip Code	Occupation		
Employer Name	Employer Mailing Address / Principal Place of Business	Description of Contribution	
Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Date [MM/DD/YYYY]	\$
Zip Code	Occupation		
Employer Name	Employer Mailing Address / Principal Place of Business	Description of Contribution	



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 • ra-stcampaignfinance@pa.gov

2021 MAY -7 PM 6:04

FRYE COUNTY
 VOTER REGISTRATION

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				
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 checked="" 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 1 - 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

07 05 2021
 Date (DD/MM/YYYY)

ERIE, PA
 Location (City/State/Country)

Printed Name



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 • ra-stcampaignfinance@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

Thomas A. Stagec

Printed Name

07052021

Date (DD/MM/YYYY)

ERIE, PA

Location (City/State/Country)

**PART 8
All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Full Name of Contributor	Street Address	City	State	Zip Code	Date (MM/DD/YYYY)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**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.

Item Identification Number	Name of Creditor	Street Address	City	State	Zip Code	Date Debted (MM/DD/YYYY)	Amount	Outstanding Balance (Debit)
1316071806	Thomas Spack	SUNNYVALE	PA		16597	3/17/21	10,000 ⁰⁰	
	ERIK							