

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	86-262360	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTED TO ELECT TOM SPAGEL							
Street Address	4517 Sunnydale Blvd							
City	2nd	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/18/21		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/1/21	7/31/21	
A. Amount Brought Forward From Last Report	\$	29280.12	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,000.-	
C. Total Funds Available (Sum of Lines A and B)	\$	30280.12	
D. Total Expenditures (From Schedule III)	\$	28147.28	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2132.84	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	10,000.-	

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.

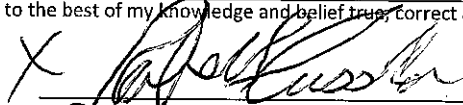
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

X 

Signature of Person Submitting report

Robert Cassano

Printed Name

814

Area Code

864-1703

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

Printed Name

Area Code

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 • ra-stcampaignfinance@pa.gov

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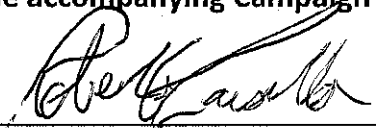
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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 type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input 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 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.

X 
Signature of Treasurer, Candidate, or Lobbyist

ROBERT S. CASILLO
Printed Name

21/06/2021
Date (DD/MM/YYYY)

ENCL, PA 16509
Location (City/State/Country)



Pennsylvania Department of State

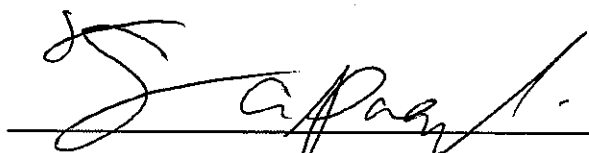
Bureau of Campaign Finance & Civic Engagement

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.

X 

Signature of Treasurer, Candidate, or Lobbyist

Thomas A. SPAGLIN
ROBERT CASILLO

Printed Name

21 / 06 / 2021

Date (DD/MM/YYYY)

ERIE, PA

Location (City/State/Country)

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		86-2622360
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 1,000.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	- 0 -
All Other Contributions (Part B)	\$	- 0 -
Total for the reporting period	(2)	\$ - 0 -
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	- 0 -
All Other Contributions (Part D)	\$	1,000.00
Total for the reporting period	(3)	\$ 1,000.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ - 0 -
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)		\$ 1,000.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

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

Filer Identification Number						Amount	
86-2622360							
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	-0-
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]	\$	
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]	\$	-0-

PART B

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.)

Filer Identification Number	86-2622360
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	-0-
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	-0-
House #		Date [MM/DD/YYYY]	\$	
City		Date [MM/DD/YYYY]	\$	

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		86-2622360			
Full Name of Contributing Committee		Date [MM/DD/YYYY]		-0-	
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]		
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]		-0-	
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)

Field Identification Number	86-2622360
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Full Name of Contributor				Date (MM/DD/YYYY)		\$
NATE BURTT				05/10/2011		500.00
House #	Street Address			Date (MM/DD/YYYY)		\$
10213	Route 98					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
Edinboro,	PA	16412				
Employer Name				Occupation		
Unknown				Logistics		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		\$
Richard Weber				05/27/2011		500.00
House #	Street Address			Date (MM/DD/YYYY)		\$
5338	NORMIS Rd					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
Edin	PA	16509				
Employer Name				Occupation		
None				Retired		
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.

Filer Identification Number:	86-2622360
------------------------------	------------

Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$ -0.
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$
Receipt Description					
Full Name					
House #		Street Address			
City		State		Zip Code	
Date (MM/DD/YYYY)					\$ -0.
Receipt Description					

SCHEDULE II

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

Filer Identification Number

86-2622360

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

0.

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)

TOTAL for the reporting period

(2)

\$

0.

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

0.

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)

\$

0.

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	86-2622360
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Full Name of Contributor				Date (MM/DD/YYYY)		S	0-
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							
Full Name of Contributor				Date (MM/DD/YYYY)		S	0-
House #	Street Address			Date (MM/DD/YYYY)		S	
City	State		Zip Code	Date (MM/DD/YYYY)		S	
Description of Contribution							

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

Filer Identification Number	86-2622360
-----------------------------	------------

Full Name of Contributor				Date (MM/DD/YYYY)		\$	-0-	
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				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)			\$
Employer Name				Occupation				
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		Zip Code		Date (MM/DD/YYYY)			\$
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date (MM/DD/YYYY)		\$	-0-	
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				Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **86-2622360**

To Whom Paid	UPS			Date [MM/DD/YYYY]	05/20/2021	\$	638.65
House #	707	Street Address	W. 38	Description of Expenditure			
City	ENCL	State	PA	Zip Code	16508	PRINTED MATERIAL	
To Whom Paid	VDLg CONSULTING			Date [MM/DD/YYYY]	05/10/2021	\$	18,000
House #	307	Street Address	4TH AVE	Description of Expenditure			
City	PITTSBURGH	State	PA	Zip Code	15222	media consulting	
To Whom Paid	Melanie Brewer			Date [MM/DD/YYYY]	05/21/2021	\$	2,000.00
House #	617	Street Address	USCIA DRILL	Description of Expenditure			
City	ENCL	State	PA	Zip Code	16509	MANAGEMENT CONSULTING	
To Whom Paid	VDLg CONSULTING			Date [MM/DD/YYYY]	05/26/2021	\$	7151.13
House #	307	Street Address	4TH AVE	Description of Expenditure			
City	PITTSBURGH	State	PA	Zip Code	15222	media consulting	
To Whom Paid	CREATE IMPRINT			Date [MM/DD/YYYY]	06/07/2021	\$	330.50
House #	2670	Street Address	WEST 11TH	Description of Expenditure			
City	ENCL	State	PA	Zip Code	16505	T-SHIRTS	
To Whom Paid	US POST OFFICE			Date [MM/DD/YYYY]	05/24/2021	\$	27.00
House #	1401	Street Address	STATE STREET	Description of Expenditure			
City	ENCL	State	PA	Zip Code	16501	STAMPS	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			

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:	86-2622360
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Name of Creditor: THOMAS SPAGEL					Outstanding Balance of Debt:	
House #:	4517	Street Address: Sunnydale BLVD	DATE DEBT INCURRED [MM/DD/YYYY]	\$	10,000.00	
			03/24/2021			
City:	ENID PA	State:	PA	Zip Code:		
Description of Debt: LOAN TO CTE Tom SPAGEL						
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:						
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:						
Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:	DATE DEBT INCURRED [MM/DD/YYYY]	\$		
City:		State:		Zip Code:		
Description of Debt:						

