

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	86-2622360	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	THOMAS SPAGEL							
Street Address	4517 SUNNYSIDE BLVD							
City	ERIE	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
A. Amount Brought Forward From Last Report	4 May 21	7 Jun 21	<p>2021 JUN 21 PM 2:14</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 29,280.12	
C. Total Funds Available (Sum of Lines A and B)		\$ 30,280.12	
D. Total Expenditures (From Schedule III)		\$ 28,147.28	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2,132.84	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ -0-	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 10,000.00	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

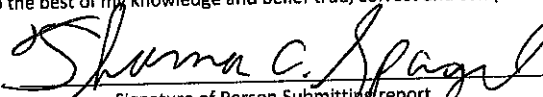
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature _____

My Commission expires _____ MO. _____ DAY _____ YR.


 Signature of Person Submitting report
 THOMAS A. SPAGEL
 Printed Name
 814 434-1655
 Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

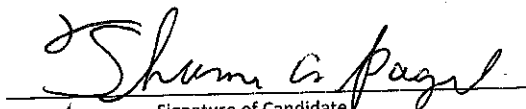
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature _____

My Commission expires _____ MO. _____ DAY _____ YR.


 Signature of Candidate
 THOMAS A. SPAGEL
 Printed Name
 814 434-1655
 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

may 4 -
7:07

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.

Thomas A. Spagel
Signature of Treasurer, Candidate, or Lobbyist

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

Thomas A. Spagel
Printed Name

ERIP PA
Location (City/State/Country)

DSEB-502R
Updated 1/22/2021

**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.

Thomas A. Spagel
Signature of Treasurer, Candidate, or Lobbyist

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

THOMAS A. SPAGEL
Printed Name

ERIE, PA
Location (City/State/Country)

DSEB-502R
Updated 1/22/2021

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number:	86-2622360
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	1,000.00
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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	86-2622360
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						Date (MM/DD/YYYY)	\$	Amount
Full Name of Contributing Committee								-0-
House #	Street Address					Date (MM/DD/YYYY)	\$	1
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)	\$	1
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)	\$	1
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)	\$	1
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)	\$	1
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)	\$	-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 #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	-0-

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)

Filer 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]		\$	
Edinboro	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 RECEIVED

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

Filer Identification Number	86-2622360
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	0.
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	0.
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	0.
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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.
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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]		\$	0.	
House #				Date [MM/DD/YYYY]		\$		
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 #				Date [MM/DD/YYYY]		\$		
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 #				Date [MM/DD/YYYY]		\$		
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 #				Date [MM/DD/YYYY]		\$		
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]		\$	0.	
House #				Date [MM/DD/YYYY]		\$		
Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

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

Filer Identification Number	86-2622360
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	-C-
House #	Street Address			Date (MM/DD/YYYY)		\$	
City			State		Zip Code		
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		
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		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		\$	-C-
House #	Street Address			Date (MM/DD/YYYY)		\$	
City			State		Zip Code		
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		CREATILE IMPRINT		Date (MM/DD/YYYY)	06/01/2021	\$	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	STAIR 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
City	ENCL PA	State	PA	Zip Code	03/24/2021 16509	
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						