ommonwealth of Pennsylvania - Campaign Finance Report The same of the sa (Note: This report must be clear and legible. It should be typed) Candidate (Mark X) Committee ate or Lobbyist STASZOUSKI neport (Place x under report type) State 1-6th Tuesday 2-2nd Friday 3:30 Day Post 4-6th Tuesday Zip Code 5- 2nd Friday 6-30 Day Post 7-Annual Primary Pre-Election Pre-Election Special 2nd Friday Election Special 30 Day Date Of Election Pre-Election Post-Election (MM/DD/YYYY) asa1-wA Summary of Receipts and Amendment : 201 Report Termination **Expenditures** From Date To Date Report A. Amount Brought Forward From Last Report 05-06-2019 For Office Use Only 12-10-2019 B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E/Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer sign here. If this is I swear (or affirm) that this report, including the attached schedu ဖို့ Affida it Section Sworn to and subscribed before me this paper of the best of my knowledge and belief true, correct and complete. My Commission expires 16510 Part II- If this is a report of a Candidate's Authorized Committee candidate 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 My commission expires April 3, 2023 Commission number 1288912 Erie County Signature of Candidate THOMAS My Commission expires Printed Name

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. 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)	\$
3. Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	·	\$
4. Other Receipts:Refunds, Interest Farned, Returned Checks, ETC: (From Part E)		gradien de la companyation de la
Total Monetary Contributions and Receipts design and Possints design.	(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, Rep Cover Page, Item B)	port	\$

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
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
		77.4		
House # Street Address			*Date [MM/DD/YYYY] \$	
12.70 miles				
Gity-	State	Zip Code	*Date [MM/DD/YYYY]	
Full Name of Contributing				
Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] S	ATT 8 - 11
Parties of the control of the contro				· · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Committee			*Date [MM/DD/YYYY] * \$	
House # Street Address			Date [MM/DD/YYYY] S	
	ness more south	Dozine and		
(City	State	Zip Code	@Date [MM/DD/XYYY] & \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
	118 27 Aug 17 Aug 1	here a manufactural		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] - \$	
House # Street Address			Date [MM/DD/YYYY] \$5	
To California de la Cal	1750-2200 marks 200-1	- Part and a street was a street of the st		
City	State	- Zip Code	Date [MM/DD/YYYY] 55	
Full Name of Contributing		and a second of the second of	Date [MM/DD/XYYY] \$	
Committee				
House # Street Address			[Date [MM/DD/YYYY]] S	
(City: 5	State	Zip Code	Date [MM/DD/YYYY]	

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.)

Heattentification((umberca)				
Full Name of Cont		•		Date [MM/DD/YYYY] . \$5	
(House:#/	Street Address			Date [MM/DD/YYYY] \$	
ety,	Risk Agricust Paralleg Last vacascon con	State	Zip Gode	SPate [MM/DD/YYYY]	
ÆulliName of conti		·		Date [MM/DD/AWW] S	
(House#)	StreetAddress			Date (MM/DD/XXXX) S	
(Gry.	PROBLEM PROPERTY AND	State	.z/p.code	Dates[MM/DD/AYAY)	Service Control of the Control of th
iill Name of Contr	ibutor,			Date MM/DD/MMM	
House#	Street Address	-		(Date MM/DD/YAYA) S	
chy	Basering	State	Zip Gode	Date MM/DD/AAAA	
Full Name of Contr			They can be did to some the control of the control	Date MIN/DD/MAN	
House #	Street/Address			Date MM/DD/AYAY) S.	
(GIÇY)	P I	State	Zip Gode	Pate (MM/DD/WWW) S	
Full-Name of Contr				Date MW/DD/W/W) S	
House #	Street Address			*Date (MM/DD/AYAYA) \$	
ecity	2012-2015 No. 2315 I	State	Zip Code	Data [MM/DD/YYYY] S	
Full Name of Contri				Date [MM//DD//YYYY] S	
House#	Street Address			Date [MM/,DD/,YYYY]. \$	
Clty		State	Zip Code	\Date\[MM/DD/\YYYY]_\S	

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.

Full/Name of			Date [MM/DD/MYXX]
Contributing Committees			* Spare frame Characterist & S.
House # Street Address			-Date [MM/DD/YYYM]
Gity	State	Zip Code	Pate (MM/DD/YYYY) \$ \$\$
			Pate [WW/, DD/, Alama] \$ 12 a
Full Name of Contributing Committee		Story good treat-	Date (MIV/DD/YYYYY) \$
House # Street Address			Date(MM/DD/YYYY) \$ 15.
			Date: IVIVI/DD/ATATA
Gisy.	State	Zip:Gode	Date (MM/DD/AAAA)
Hull-Name of			Date MM/DD/XXXX/] \$5
Contributing Committee			
Houseff Street Address			Date (MM//DD//YY/Y)
COLTY	State	Zip Code	Date (MM/DD/YYYY) 55
Taul (Vemgo)			Date MM/DD/MAM/ \$ \$
Contributing Committee			Potesimin/PD/ARM)
House# Street Address			Date IVM/DD/YYYYI 33
Gity,	State	Zip Code,	Pate IMM/DD/WYY) \$
Full Name of Contributing Committee «			Date:[MM/DD/XXXX) S
House## Street-Address			Date [MM/DD/\\\\\\\)
ignsy	State 4	ZjpCode	Date [MM/DD//YYYX] \$
		A President	TOTAL AND AND THE STATE OF THE
(Fall Name of) Contributing Committee			Date (MM)DB/AAAA) S
House # Street Address			Date (MM/DD/YYYY)
GitY	State	Z[p]Code	Date (MM/DD/YYYY) 35
			a Datestyllandon among

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)

ELECT TOM STAJZEWSKI & ERTELIT-COUNCIL

Full Name of Contributor CAN	DE JOHN THE TOP	To Connettes	Date MM/DD/XXXII
T	om Grasz	To COMMITTEE EWSKI	06-19-2019 \$1,800,00
Sureciaculess	à	en spy	apare INIVIDD/AYAY
150	E457 36	STI	BUTTONCE
ERFE ERFE	State PA	Zip.gode 16504	Date [MM/DD/XXXX]
Employer Name	RETI	RED.	Occupation RETIRED
Employes Mailing Address / Principal Place of Business			The second secon
Rull Name of Contributor			Date [MM/DD/YYYY] \$
House ## Street Address	1		Date [MM/DD/YYYY] * \$
Gify .	State	Zip Code	
		Zip voce:	Pate [MM/DD/YYYY)] \$
Employer Name	1 Table State Control of the Control	September 1 (1997)	Occupation
lamployer(Valling/Address// Prindipal/Place of Business			
Full Neute of Contributor			Date MM/DD/MYYYI 768 ISS
		ı	
House# Street/Address		1-11-1	*Pate [MM/DD/YYYY] *** S
Lairy ::	State 2	i am committe (Marie V Michille (Miz)	The second section of the second seco
	State	Zip Code	Date [MM/DD/XYYY] SS
Employer Name	- PO SESTANDA PROPERTY	が かん	, Occupation
Employer Mailling Address / Printipal Place of Business	i		
full Name of Governments			#Date [MIM/DD/YYYY] # SS
House#: Street/Address			Date MM/DD/YYYYY
leitve	\$State 2	The factor and the second second	
CITY (State	Zip Code	Date:[MM/DD/XXXX] \$
Employer Name			©ccupation:
Employer/Mailing/Address//			
Rillicipal Place of Business	+		

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Hiler dentification Number				
Full Name Site	et/Address			
Gity Receipts Description	ecadoress	State	Zip Gode	Date MM/DD/YYYYI S
Full Name.			······································	
Receipt Descriptions	eet Address	State	Zip PCode	Date [MM/DD/YXXX] S
Full Name: 1 House## Str	et/Address			/
Gity Receipt Description	(No. 400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State)	ZIP Gode	Date (MM/DD/AVAY)
Full Name				
(Gity, Receipt Description	et Address	eState.	ZID Gode	DateIMM/DD/AWY() & S.
(FülkVeime a				
House# Sire Gity Receipt Description	etAddress	State	Zip. Code	Date [MM/DD/YYYY] \$
Full Name				ALC A. C.
House(# Stre Crity) Receipt Description	et Address	State	Zip Code	Date [MM/DD/XYYX] S

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

File: identification Number		• •		
	٠.			
1. UNITEMIZEDIN KIND GONTRII	BUTTONS RECEIVEDA	ALUE OF \$50000 OR LESS P	ERTEONTRIBUTION	
TOTAL for the reporting period	(1)	\$		
2 INEKIND/CONTRIBUTIONS/REGI	EIVED-VAHUE OF \$50	.012 (FO) \$250.00 (FROM PAR	87(B)	
TOTAL for the reporting period	(2)	\$		
32 - IN-KIND CONFRIBURION RECE	VIEDEVALUE ÖVERESZ	SOLOO((FROIV)PART G);		
TOTAL for the reporting period	(3)	\$		
		<u> </u>		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	***	
Eul Name of Contributor		Date[MM/DD/YYYY], \$.
House# Street Address		Date (MM/DD/XXXX) S
1	tăte Zip/code	Date [MM/DD/YYYY] . 3
Description of Contribution		
Gull Namezof Contributora		*Date:[MM/DD/YYYYY]
House# Street Address		Date [MM/DD/YYYY] \$
	ate Zip Code *	Date [MM/DD/YYYY] SS
Description of Contribution		
Eul (Name of Contributor		Date [MIM)/DD/MYYY]
House# Street Address	Charles of 120 or appear of the property of	Date (VIM/DD/MM) S
Giv Si	ate Zip Code	Date [MM//DD//YYYY] S
Full Name of Contributor		Date [MM/DD/YYYY] S
House # Street Address		Date [MM/DD/YYYY] \$
City State S	ate Zip Code	Date[MIM/DD/XXXXI] (\$5)
Full Name of Contilbutor		Date (MIVI/DD/XXXXX) S
House,#3 Street,Address	TP-927AU NAS-1-NIA-P-PRINTERSON AND	Date (MM/DD/XXXX)) S
Gity, Sta	ite Zip Gode s	Pate [MM//DD/XXXXX] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Eller dentification Num				
Full-Name of Contribu	itor	" 		Date [MM/DD/YYYY] \$
House #	Street Address			/Date[MM/DD/YYYY]
City	23-25-46-3-70-600-40-56-0-38-411-2-1	State	Zip.Code	Date[MM/DD/YYYY] S.
Employer Name Employer Mailing Add	leas=//Pripamal		***	Occupation Description
Place of Business				of Contribution
FullName of Contribu				Date:[MIM/DD/YYY/() 25:
	Street-Address			Date:[MM/DD/XYXXI] \$
Gity	Show to Green with the section of th	State :	Zip Gode	Date [MM/DD//\\\)
EmployerName EmployerMailing Add	ress//Panzines			Occupation Description
Place of Business				of Contribution
Full Name of Contilbu	1			Date-[MM/DB/AYYA] \$
	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$5
Employer Name,				Occupation.
Employer/Mailing/Acti Place of Business				Description of Contribution
Full Name of Contribu	67			:Date (MIM/DD/YYYY) \$
	Street Address			Date [MM/DD/YYYY] S
Gity.		State	Zip Gode	Date (MM/DD/YYYY) \$
lamployerName EmployerMalling Add	ress//Paingiasi			Description /
Place of Business				of Contribution

Statement of Expenditures

ELECT TOM STASZEUSIE ERE CITY COUNCIL

TotWitom Paid	SEE LI	ST OF EXPS	NDATURES	Date MM/DD/AAAA
House #	Street Address	ST OF Exps	09-2019	Date [MM/DD/(YYYY)] S 1714.71 Description of Expenditure
Gity, 150		ZHST JR	DT/	
	IE_	State PA	Zip ocode 16504	\$1714.71
To Whom Paid				Date (MM/DD/YYYY)
House #	Street Address	PATE TANK BELLEVI	SULC. TO PROGRESS ADDRESS AS	Description of Expenditure 4:
Gity		State	Zip Code	
To Wrom Paid				Date [MM/DD/YYYY] = \$
l tousexix	Street-Address			Description of Expenditure
(City)		State	ZIP Gode	
To Whom Paid				Date [MM/DD/MMM] . S.
House#	Street Address	·		Description of Expenditure
(ejiy)		State	Zip Gode #	
To Witom Paid				Date [MIM/DD/MYYY] S
House#	Street Address			Description of Expenditure
City		State	Zĺp Gode:	
To:Whom:Paid				Date[MM/DP/XXXI] 5
House#	Street Address	State		Description of Expenditure
		a state	Zijp Gode	
To.Whom Paid	to the company to the company of the			Date MM/DD/YYYY] \$
House #	Street Address			Pescription of Expenditure
(बास् र)		State	Zip Code	
To Whom Paid	,			Date [MM/DD/MM] S
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.

AND A STATE OF THE PROPERTY OF							
Hileridentification Number:		_	_	-			
				7	/ k		
	10m	こういくつくしょうかく		Carried .	/ ·		
Flieridentification Number:	/U/M	JASZEWSKIZ	- 75 C	-1.7Y	((C)(A A) fr'	T/	
							

Name of Treditor	THOMAS F. STASZEWSKI Outstanding Balance of Debt
House #	Sact 36 S7: [MM/DD/YYYY]
Gity.	ERTS STATE AN COOKE 16504 1,714.71 LOAN FROM CANDEDATE TO BY AU EXPENSES KEPORTED
Description of Debt	ERTS 16504 16504
Name of Greatton	LOAN FROM CANDIDATE TO MY HUL EXPENSES KEPORTED
waster process of the state	Outstanding Balance of Debt Detracted Outstanding Balance of Debt Debt Debt Debt Debt Debt Debt Debt
	[MM/DD/YYYY]
Gity	State Zip.
Description of Dana	
(Vameoraeditor	Outstanding Balance of Debt
Bouse#	et Address DATE DEBT INCURRED (S)
	[MM/DD/YYYY]
Giv)	State: Zip
Description of Debt 2000	Francisco (Sept. Sept. S
Nameor Greditor House#	Outstanding Balance of Debt
Stre	et Address (MM/DD/YYYY)
Gity L	State Zip
Description of Debt	<u>Code</u>
Nemeof Greditor	
	et/Address DATE DEBT INCURRED S
	[MM/QD/YYYY]
GitV	State 7/p2 Gode
Description of Dabi	
(Name of Geditor	Outstanding Balance of Debt
House #.	DATE DEBTINGURRED \$ [MM/DD/AYAYA]
<u>Grity</u>	
Description of Debis	State: Zip. Code
e-suption of Deat	