

Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)	Candidate	Committee	Lobbyist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected Tom Siaszowski Erie City Council			
150 East 36 St.			
State	PA	Zip Code	16504

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)		Year		Amendment Report		Termination Report		
05-21-2019		2019						<input checked="" type="checkbox"/>
Summary of Receipts and Expenditures			From Date	To Date	For Office Use Only			
			05-06-2019	06-10-2019				

A. Amount Brought Forward From Last Report	\$	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	85.29
C. Total Funds Available (Sum of Lines A and B)	\$	1,714.71
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)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,714.71

2019 JUN 19 PM 1:30
NOTARIAL 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 schedule, is true to the best of my knowledge and belief, correct and complete.

Sworn to and subscribed before me this
19th day of June 20 19
Sonia Fernandez
Signature
My Commission expires 4-3-23
MO. DAY YR.

Signature of Person Submitting report
DEBRA A. GERLOCK
Printed Name
16510
Area Code
814-899-0348
Daytime Telephone Number

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 amended.

Sworn to and subscribed before me this
19th day of June 20 19
Sonia Fernandez
Signature
My Commission expires 4-3-23
MO. DAY YR.

Signature of Candidate
THOMAS F. SIASZOWSKI
Printed Name
814
Area Code
452-0020
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized 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 C and Part D)

Contributions Received from Political Committees (Part C)

\$

All Other Contributions (Part D)

\$

Total for the reporting period (3) \$

4. 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)

\$

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]	\$	
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]	\$	

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	
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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]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	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									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

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	ELECT Tom STASZEWSKI To Erie City Council
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Full Name of Contributor				Date [MM/DD/YYYY]		S
CANDIDATE LOAN TO COMMITTEE TOM STASZEWSKI				06-19-2019		\$ LOAN 1,800.00
House #	Street Address	Date [MM/DD/YYYY]		S	BALANCE \$1,124.71	
150	EAST 36 ST.					
City	State	Zip Code	Date [MM/DD/YYYY]		S	
ERIE	PA	16504				
Employer Name			Occupation		RETIRED	
RETIRED						
Employer Mailing Address / Principal Place of Business						

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	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

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	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

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	
Employer Name			Occupation			
Employer Mailing Address / Principal 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.

Filer Identification Number:	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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Full Name					
House #		Street Address			
City		State		Zip Code	
Date [MM/DD/YYYY]		S			

Receipt Description					
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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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

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

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: _____

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						
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 G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	
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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]		\$	
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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	ELECT TOM STASZEWSKI ERIE CITY COUNCIL
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To Whom Paid		SEE LIST OF EXPENDITURES SUBMITTED ON 05-09-2019		Date (MM/DD/YYYY)	\$	15714.71
House #	Street Address	Description of Expenditure				
150	EAST 36 ST.					
City	State	Zip Code				
ERIE	PA	16504	\$1714.71			

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			

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			

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			

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:	ELECT TOM STASZEWSKI ERIE CITY COUNCIL
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Name of Creditor		THOMAS F. STASZEWSKI				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S		\$ 1,714.71	
150	EAST 36 ST.	05-06-2019					
City	State	Zip Code					
ERIE		PA	16504				
Description of Debt							
LOAN FROM CANDIDATE TO PAY ALL EXPENSES 5-09-2019 REPORTED							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							