

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	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		Nancy Agostine					
Street Address		8241 Curtis Road					
City	Erie	State	PA	Zip Code	16509		

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		05/03/2021	
A. Amount Brought Forward From Last Report	\$	8.59	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     2021 JUN 17 PM 3:08                      ERIE COUNTY                      VOTER REGISTRATION                 </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2080.27	
C. Total Funds Available (Sum of Lines A and B)	\$	2088.86	
D. Total Expenditures (From Schedule III)	\$	2088.86	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

**Affidavit Section**

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

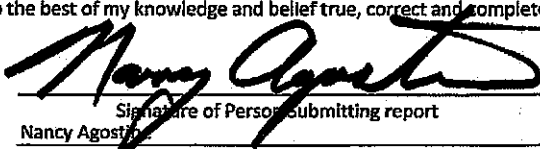
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.

  
 Signature of Person Submitting report  
 Nancy Agostine  
 Printed Name

814 \_\_\_\_\_ 490-7123  
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  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number



SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period (1)	\$	400.00
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	100.00
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Total for the reporting period (2)	\$	100.00
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	1580.27
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Total for the reporting period (3)	\$	1580.27
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period (4)	\$	0
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	2080.27
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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]	\$	
Salvatore Papparelli					06/07/2021		100.00
House #	8601	Street Address	Perry Highway		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	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 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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		Robert D. Cullen				<b>Date [MM/DD/YYYY]</b>	\$	500.00
						06/07/2021		
<b>House #</b>	172	<b>Street Address</b>	Harold Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Retired				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>		Nancy Agostine				<b>Date [MM/DD/YYYY]</b>	\$	1080.27
						06/07/2021		
<b>House #</b>	8241	<b>Street Address</b>	Curtis Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Retired				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								







**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## 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"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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.**

Nancy Agostine

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Signature of Treasurer, Candidate, or Lobbyist

NANCY AGOSTINE

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Printed Name

06/17/2021

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Date (DD/MM/YYYY)

ERIE, PA USA

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Location (City/State/Country)

