

# 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
Name of Filing Committee, Candidate or Lobbyist		NANCY AGOSTINE		
Street Address		8241 CURTIS RD.		
City	State	Zip Code		
ERIE	PA	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			
		11/07/2017	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
A. Amount Brought Forward From Last Report	6-6-17	10-23-17		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ -146.01		
C. Total Funds Available (Sum of Lines A and B)		\$ 1100.00		
D. Total Expenditures (From Schedule III)		\$ 191.57		
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 762.42		
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 150.00		
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0		

2017 OCT 27 PM 12:20  
 ERIE COUNTY  
 VOTER REGISTRATION  
 14

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 24<sup>th</sup> day of October 2017

Michelle Messelburg Signature

Nancy A. Agostine Signature of Person Submitting report  
NANCY AGOSTINE Printed Name

My Commission expires Apr 16 2018 DAY YR.

814 Area Code 490-7123 Daytime Telephone Number

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

I swear (or affirm) 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.

**NOTARIAL SEAL**  
**MICHELLE MESSELBURG**  
 Notary Public  
**SUMMIT TWP, ERIE COUNTY**  
 My Commission Expires Apr 16, 2018

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Printed Name

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

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

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	100.00
Total for the reporting period	(2)	\$	100.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	1000.00
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	1000.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
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>		\$	1100.00

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	
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							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]		\$

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]	\$	100.00
KEVIN INGRAHAM					10/13/2017		
House #	Street Address			Date [MM/DD/YYYY]	\$		
8905	HONEYSUCKLE DRIVE						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ERIE	PA	16509					

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:	
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Full Name of Contributing Committee		MARK COMMITTEE TO ELECT WELKA			Date [MM/DD/YYYY]	\$	500.00
House #	10160	Street Address		TIGER LILY LANE	Date [MM/DD/YYYY]	\$	
City	WATERFORD	State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		JESSICA COMMITTEE TO ELECT HORAN-KUNCO			Date [MM/DD/YYYY]	\$	500.00
House #	439	Street Address		WEST ARLINGTON	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16509	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 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:	
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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						
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						
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, 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:	
------------------------------	--

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]	\$	

Receipt Description									
---------------------	--	--	--	--	--	--	--	--	--

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

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)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 150.00

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)		\$ 150.00
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
DARREN NESSELHAUF					10/23/2017		150.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	HAMOT ROAD						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
ERIE	PA	16509					
Description of Contribution							
USE OF SIGN ON OLIVER RD. FOR 2 WEEKS							

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:									
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			
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:	
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To Whom Paid		DOLLAR TREE STORES			Date [MM/DD/YYYY]	\$	26.50
House #	Street Address	KEYSTONE DRIVE			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	PROMO AT RESIDENT DAYS	
To Whom Paid		MAKE STICKERS			Date [MM/DD/YYYY]	\$	122.93
House #	Street Address	(INTERNET)			Description of Expenditure		
City		State		Zip Code		RE-ELECT STICKERS	
To Whom Paid		HIGHWAY TRAFFIC SUPPLY (C/O AMAZON)			Date [MM/DD/YYYY]	\$	42.14
House #	Street Address	(INTERNET)			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:	
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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						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						