

### Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Number	ton				Report Filed By Candida ( Mark X)			ate	HXI	Comm	uttee	}	-		obbylst	1	
Name of Filing	Commit	than Ca	ndidata a		( ivia	rk AJ					<u> </u>						
Lobbyist	Commi	ice, ca	ilaidate o	·	Nancy	Agostine											
Street Address					8241 Curtis Road												
City Erie			· •				State	PA		Zip Co	de	16509	)				
Type of Report	(Place x	under i	eport typ	e)													
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup>	Friday	3-30 Da	v Post	4-6th Tuesday 5-2nd Friday			6-30 Day Post   7-Annual   Special 2 <sup>nd</sup> Friday			ay S	Special 30 Day					
Pre-Primary	Pre-Pr		Primary			lection Pre-Election		Election	'n	- 1		Pre-Election		P	ost-Elec	tion	
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Date Of Election	Ú				Year		<u> </u>		Amen	dment			Term	ination			<del>=</del> न
(MM/DD/YYYY)	)		05/18/2	021			20	)21	Repor	<b>L</b>			Repo	rt		X	
Summary of Rei	ceipts a	nd	From Da	ite		To Dat	e					For	Office (	Use Only			
			_	3/2021		06	/07/202	1									
A. Amount Brou	ight For	ward F	rom Last	Report	\$		8.59										
B. Total Moneta (From Schedule		tributio	ns and Re	ceipts	\$	2	080.27	· · ·									
C. Total Funds A		<del>- ; .,</del>	<del> </del>		\$												
(Sum of Lines A		<b>.</b>			"	2	088.86							r €			
D. Total Expend	itures	·. ···		KW ", 13	\$	\$		i					ارين معيد معدد	," -1	14.5		
(From Schedule				a 50		. 2	088.86							خور <b>ده</b> - ۱۳۵۵ - آندیگی	im I	According to the second	
E. Ending Cash B			-,		\$		0								177	e :	
(Subtract Line D			. 5	4.19		•								1 °			
F. Value of In-Ki (From Schedule		tublitio	ns kecelv	ea	\$	0							Ĉ/S	) (			
G. Unpaid Debts	1 T	bligatio	DS .		\$	· · ·								ا مورد این استان این استان		T)	
(From Schedule						··· • ··· •	0									ယ္	
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Part II- If this is a re I swear (or affirm) amended.										olated any	provisio	ns of t	he Act o	f June 3, 19	37 (P.L.	1333, NO	).320) as
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# 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)	\$	400.00
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)	\$	100.00
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250,00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	1580.27
Total for the reporting period (3)	\$	1580.27
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)	\$	2080.27

# 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	n Number:				
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	era reaction = erroration resistant.				
Full Name of Co	ontributor Salvatore P	Donnarolli		Date [MM/DD/YYYY] \$	
Control of the second s	Andrew Commence			06/07/2021	100.00
House # 8601	Street Address	Perry Highway		Date [MM/DD/YYYY] 5	
City Erie	1/10/2020 Video 2010 September 1997	State PA	Zip Code 16509	Date [MM/DD/YYYY] \$	*****
Full Name of Co	intributor	the same of the same of	Transaction of the section of the se	Date [MM/DD/YYYY] \$	
House #	Street Address	<u></u>		Date [MM/DD/YYYY] S	
		l			
City	<u>January na mang na manganan a</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	Electronica especial	Berlein (special) training specif	Date [MIM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	<u></u>
City	<u>Linda da de la conf</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Cor	itributor			Date [MM/DD/YYYY] \$	
House #	Street Address		······	Date [MM/0D/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	atributor	Section 18		Date [MM/DD/YYYY] \$	
The Control of the Co					
House #	Street Address			Date [MM/DD/YYYY]   \$	
City	A - Advantage	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itributor	Maria de la companya della companya della companya della companya de la companya della companya	The Englishment of the State of	Date [MM/DD/YYYY] \$	1
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] \$	:
City		State	Zíp Códe	Date [MM/DD/YYYY] \$	
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## 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:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
	Robert I	D. Cullen		06/07/2021	500.00
House#	Street Addres	SS		Date [MM/DD/YYYY] \$	
172		Harold Road			
City	Berging Holling Son Ward Handley	State	Zip Code	Date [MM/DD/YYYY] \$	
Erie		PA	16509		
Employer Name		Retired		Occupation	
Employer Mailir Principal Place o		162		<u> </u>	
full Name of Co	A characteristic field for the party for some fields and the party of	A.4		Date [MM/DD/YYYY] \$	
	Nancy Ag	ostine		06/07/2021	1080.27
House #	Street Addres	55		Date [MM/DD/YYYY] \$	
8241		Curtis Road			
City	<u>li</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Erie		PA	16509		
Employer Name		Retired		Occupation	
Employer Mailir	ng Address /	Retired		Occupation	
Employer Mailir Principal Place c	ng Address / of Business	Retired			
Employer Mailir Principal Place c	ng Address / of Business	Retired		Occupation  Date [MM/Db/YYYY] \$	
Employer Mailir Principal Place of Full Name of Go	ng Address / of Business ntributor			Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Go	ng Address / of Business				
Employer Mailir Principal Place o Full Name of Co House #	ng Address / of Business ntributor	\$\$		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place o Full Name of Co House #	ng Address / of Business ntributor		Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Go House #	ng Address / of Business intributor Street Addres	\$\$	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Go House # City Employer Name	ng Address / of Business intributor  Street Addres	\$\$	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Name Employer Mailir Principal Place of Full Name of Co  House #  City  Employer Name Employer Mailir Principal Place o	ng Address / of Business intributor  Street Address ing Address / of Business	\$\$	ZIP Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Co. House # City Employer Name Employer Mailir Principal Place o	ng Address / of Business intributor  Street Address ing Address / of Business	\$\$	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Go House # City Employer Name	ng Address / of Business intributor  Street Address ing Address / of Business	\$\$	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Employer Mailir Principal Place of Full Name of Co House # City Employer Name Employer Mailir Principal Place of	ng Address / of Business intributor  Street Address ing Address / of Business	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
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#### 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, Can	didate, or Lobby	/ist		
Reporting Cycle	e Name				
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	<b>Cycle 4</b> Tuesday Election	Cycle 5  2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election	-	c <b>le 9</b> st-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.

| OG | 17 | 2021 |
| Signature of Feasurer Candidate, or Lebbylst | Date (DD/MM/YYYY)

| Printed Name | ERIE | A USA |
| Location (City/State/Country)

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