

1075

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Steve Oler			
Street Address		991 Bonnie Brae			
City	Erie	State	PA	Zip Code	16511

Type of 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	10/22/2019	11/25/2019
A. Amount Brought Forward From Last Report	\$	3,098.66
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.00
C. Total Funds Available (Sum of Lines A and B)	\$	3,598.66
D. Total Expenditures (From Schedule III)	\$	1,068.62
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,530.04
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	6,000.00

For Office Use Only

2019 DEC -3 PM 3:55
 ERIE COUNTY
 VOTER REGISTRATION

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 or paper, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 3rd day of December 20 19

Nicole Inan
Signature

My Commission expires 07 31 2023
MO. DAY YR.

Heather Oler
Signature of Person Submitting report
Heather Oler
Printed Name

814 898-2968
Area Code 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 report, including the attached schedules or paper, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 3rd day of December 20 19

Nicole Inan
Signature

My Commission expires 07 31 2023
MO. DAY YR.

Steph Oler
Signature of Candidate
STEPHENS S. OLER
Printed Name

814 528-6418
Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Nicole Inan, Notary Public
 Erie County
 My commission expires July 31, 2023
 Commission number 1292344
 Member, Pennsylvania Association of Notaries

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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)		\$ 500.00
Total for the reporting period	(3)	\$ 500.00
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 <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>		\$ 500.00

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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: []

Table with 4 main rows, each containing contributor information (Name, Date, Amount), address (House #, Street Address, City, State, Zip Code), and employer details (Employer Name, Occupation, Mailing Address). The first row is populated with data for Phillip S. English, dated 10/30/2019, for \$500.00, from Arent Fox LLP.

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SCHEDULE III

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Erie Brewing Company			Date [MM/DD/YYYY]	\$	1,068.62
					11/05/2019		
House #	6008	Street Address		Knowledge Parkway	Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Election Night Party	
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			

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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		Stephen S. and Kelly S. Oler				Outstanding Balance of Debt	
House #	991	Street Address	Bonnie Brae		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		Erie	State	PA	Zip Code	16511	
Description of Debt		Loan to Campaign Committee					
						5,000.00	

Name of Creditor		Stephen S. Oler and Kelly S. Oler				Outstanding Balance of Debt	
House #	991	Street Address	Bonnie Brae		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		Erie	State	PA	Zip Code	16511	
Description of Debt		Loan to Campaign Committee					
						1,000.00	

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

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House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City			State		Zip Code		
Description of Debt							

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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							