

Commonwealth of Pennsylvania - Campaign Finance Report

10F13

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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)	05/21/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		01/01/2019	05/06/19	
A. Amount Brought Forward From Last Report	\$	2,336.81	2019 NOV - 6 PM 2:45 VOTER REGISTRATION EMERGENCY	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,250.00		
C. Total Funds Available (Sum of Lines A and B)	\$	5,586.81		
D. Total Expenditures (From Schedule III)	\$	3,611.96		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,974.85		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	6,000.00		

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

8th day of May 20 19
 Sonia Hernandez
 Signature

My Commission expires 4-3-23
 MO. DAY YR.

Heather C Ives
 Signature of Person Submitting report
 Heather C Ives
 Printed Name

814 Area Code 572-2225 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

8th day of May 20 19
 Sonia Hernandez
 Signature

My Commission expires 4-3-23
 MO. DAY YR.

Stephen S. Oler
 Signature of Candidate
 STEPHEN S. OLER
 Printed Name

814 Area Code 528-6418 Daytime Telephone Number

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)		\$ 750.00
Total for the reporting period	(2)	\$ 750.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 1,500.00
Total for the reporting period	(3)	\$ 1,500.00
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>		\$ 2,250.00

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:									
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
Anna Mae Grunewald						01/20/2019		\$ 100.00	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
4014	Melrose Avenue				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Erie	PA	16509			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
Timothy L. Ohrum								\$ 100.00	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
404	W. North Avenue				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Pittsburgh	PA	15212			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
Ann Coleman						2/21/2019		\$ 100.00	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
6758	Saint Regis Blvd				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Hudson	OH	44236			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
Richard J. Rossi						03/03/2019		\$ 250.00	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
507	Barbara Drive				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Mechanicsburg	PA	17050			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
M. Rita Jandt						03/14/2019		\$ 100.00	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
6690	East Lake Road				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Erie	PA	16511			\$				
Full Name of Contributor						Date [MM/DD/YYYY]		Amount	
Leonard A. Wicker						04/29/2019		\$ 100	
House #	Street Address		Date [MM/DD/YYYY]		Amount				
7574	East Lake Road				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		Amount				
Erie	PA	16511			\$				

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					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 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 Contributor		Philip S. English			Date [MM/DD/YYYY]	\$	1,500.00
					04/04/2019		
House #	1050	Street Address	Lookout Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Employer Name		Arent Fox LLP			Occupation	C0-Chair Government Relations	
Employer Mailing Address / Principal Place of Business		1717 K Street NW Washington, DC 20006					
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, INTEREST 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]	\$
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							

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 F)		
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)		\$
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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]	\$
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:	
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To Whom Paid		Cheryl H. Corsa				Date [MM/DD/YYYY]	\$	234.88
						04/28/2019		
House #	1290	Street Address	Stark Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	follow up postcards		
To Whom Paid		Tim Hortons				Date [MM/DD/YYYY]	\$	46.61
						01/07/2019		
House #	4444	Street Address	Buffalo Road			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Coffee/Hot chocolate		
To Whom Paid		Facebook				Date [MM/DD/YYYY]	\$	35.00
						01/24/2019		
House #	1	Street Address	Hacker Way			Description of Expenditure		
City	Menlo Park	State	CA	Zip Code	94025	Page Boost		
To Whom Paid		Printing Concepts Inc				Date [MM/DD/YYYY]	\$	103.88
						02/06/2019		
House #	4982	Street Address	Pacific Avenue			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Ad reprint		
To Whom Paid		Cheryl H. Corsa				Date [MM/DD/YYYY]	\$	500.00
						02/26/2019		
House #	1290	Street Address	Stark Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Corsa Program		
To Whom Paid		303 Sign Shop				Date [MM/DD/YYYY]	\$	921.51
						03/04/2019		
House #	2936	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Signs		
To Whom Paid		Facebook				Date [MM/DD/YYYY]	\$	52.90
						03/21/19		
House #	1	Street Address	Hacker Way			Description of Expenditure		
City	Menlo Park	State	CA	Zip Code	94025	Page boost		
To Whom Paid		Printing Concepts Inc.				Date [MM/DD/YYYY]	\$	474.88
						03/26/2019		
House #	4982	Street Address	Pacific Avenue			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Door hangers		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Cheryl H. Corsa				Date [MM/DD/YYYY]	\$	503.50
					03/27/2019		
House #	1290	Street Address	Stark Road		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Postcards	

To Whom Paid	Cheryl H. Corsa				Date [MM/DD/YYYY]	\$	188.80
					04/05/2019		
House #	1290	Street Address	Stark Road		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Follow up cards	

To Whom Paid	Harborcreek Township				Date [MM/DD/YYYY]	\$	550.00
					04/05/2019		
House #	5601	Street Address	Buffalo Road		Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	Your Harborcreek Ad	

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:	
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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					
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							