

Commonwealth of Pennsylvania - Campaign Finance Report

1 OF 2

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

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		Stephen S. Oler				
Street Address		991 Bonnie Brae				
City	Erie	State	PA	Zip Code	16512	

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	
	1/1/19	5/6/19		
A. Amount Brought Forward From Last Report	\$	-5,000.00		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00		
C. Total Funds Available (Sum of Lines A and B)	\$	-5,000.00		
D. Total Expenditures (From Schedule III)	\$	1,000.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-6,000.00		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00		

PAINE DEBARTY
 VOTER REGISTRATION
 2019 MAY -8 PM 3:45
 K

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

Sworn to and subscribed before me this 19th day of May 20 19

Sonia Fernandez
Signature

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

Stephen S. Oler
Signature of Person Submitting report

STEPHEN S. OLER
Printed Name

814 528-6418
Area Code Daytime Telephone Number

Notary Public
 Sonia Fernandez, Notary Public
 Erie County
 My Commission expires April 3, 2023
 Commission number 1288912
 Member of Pennsylvania Association of Notaries

Part II- If this is a report of a **Candidate's Authorized Committee**, the 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 III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Friends of Steve Oler				Date [MM/DD/YYYY]	\$	1,000.00
					03/26/19		
House #	991	Street Address	Bonnie Brae		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511 Loan to campaign committee		

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			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			