

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ART OLIGERI					
STREET ADDRESS 5447 BONNY DR.					
CITY LERIE		STATE PA	ZIP CODE 16509-		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	LERIE COUNTY EXECUTIVE		LERIE	REP	NO. DAY YEAR
	1. 5TH TUESDAY PRE-PRIMARY				11 7 2017
	2. 2ND FRIDAY PRE-PRIMARY				
	3. 30 DAY POST-PRIMARY				
	4. 5TH WEDNESDAY PRE-ELECTION				
	5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>				
6. 30 DAY POST-ELECTION					
7. ANNUAL REPORT					
DATES OF REPORTING PERIOD		NO. DAY YEAR		NO. DAY YEAR	
		6 6 17		TO 10 23 17	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ -0-			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
FOR OFFICE USE ONLY					
OCT 27 PM 1:56 ERIE COUNTY VOTER REGISTRATION TF					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
27 DAY OF **October** **2017**

Sema Wilt
 SIGNATURE

MY COMMISSION EXPIRES **4-3-19**
 MO. DAY YR.

Art Oligeri
 SIGNATURE OF PERSON SUBMITTING REPORT

ART OLIGERI
 PRINTED NAME

814 323-2486
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE 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
27 DAY OF **OCTOBER**

Barbara Parker
 SIGNATURE

MY COMMISSION EXPIRES **3 28 2021**
 MO. DAY YR.

Art Oligeri
 SIGNATURE OF CANDIDATE

ART OLIGERI
 PRINTED NAME

814 323-2486
 AREA CODE DAYTIME TELEPHONE NUMBER