

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
	08/09/18	12/31/18	
A. Amount Brought Forward From Last Report	\$	0.00	2019 JAN 22 AM 10:02 ERIE COUNTY VOTER REGISTRATION DA
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,805.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6,805.00	
D. Total Expenditures (From Schedule III)	\$	4,468.19	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,336.81	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	300.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5,000.00	

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 and attachments, is the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 20 day of January, 2019

Anna Mae Grunewald
Signature

My Commission expires 1 2 23
MO. DAY YR.

Heather C. Ives
Signature of Person Submitting report
Heather C. Ives
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 and attachments have 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 23 day of January, 2019

Anna Mae Grunewald
Signature

My Commission expires 1 2 23
MO. DAY YR.

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

814 528-6418
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARY SEAL
 ANNA M. GRUNEWALD, NOTARY PUBLIC
 ERIE COUNTY, PENNSYLVANIA
 MY COMMISSION EXPIRES JAN. 2, 2023
 COMMISSION NUMBER 1063788

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)	\$ 1,405.00
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)	\$	400.00
Total for the reporting period	(2)	\$ 400.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
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>		\$ 1,805.00

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	
-----------------------------	--

							Amount		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
N/A									
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]	\$
Stacey R. Gadley						12/16/18	100.00
House #	6941	Street Address		Jefferson Court		Date [MM/DD/YYYY]	\$
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Kathleen O. Knight						12/16/18	100.00
House #	12885	Street Address		McChesney Road		Date [MM/DD/YYYY]	\$
City	East Springfield	State	PA	Zip Code	16411	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
Gary E. Brenner						12/18/18	200.00
House #	4166	Street Address		Ridge Parkway		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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:	
-------------------------------------	--

Full Name of Contributing Committee N/A					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]	\$	
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				N/A		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								
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, INTREST 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:	
------------------------------	--

Full Name	N/A						
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:	
------------------------------	--

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)	\$	300.00

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)		\$	300.00
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----	--------

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
N/A						
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:	
-------------------------------------	--

Full Name of Contributor		Robert G. Yount			Date [MM/DD/YYYY]	\$	300.00
					12/16/18		
House #	898	Street Address	Bonnie Brae		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$
Employer Name		Vector Security			Occupation	President	
Employer Mailing Address / Principal Place of Business		4403 Iroquois Avenue Erie, PA 16511			Description of Contribution	Use of facility for "Kick Off Event"	
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: _____

157
CHECK

157
CHECK

157
CHECK

+

+

+

+

To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	19.08
						11/08/18		
House #	5741	Street Address	Buffalo Road			Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	Paper plates and table covers		
To Whom Paid		Uprinting.com				Date [MM/DD/YYYY]	\$	85.21
						11/25/18		
House #	8000	Street Address	Haskell Avenue			Description of Expenditure		
City	Van Nuys	State	CA	Zip Code	91406	Postcards		
To Whom Paid		Totallypromotional.com				Date [MM/DD/YYYY]	\$	153.00
						11/26/18		
House #	450	Street Address	South 2nd Street			Description of Expenditure		
City	Coldwater	State	OH	Zip Code	45828	Foam Can Coolers		
To Whom Paid		303 Sign Shop				Date [MM/DD/YYYY]	\$	1,500.00
						12/14/18		
House #	2936	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Deposit for banner, signs and stickers		
To Whom Paid		Party Plus				Date [MM/DD/YYYY]	\$	55.65
						12/17/18		
House #	5045	Street Address	Buffalo Road			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	6 long cocktail table rentals		
To Whom Paid		Lowe's Home Center				Date [MM/DD/YYYY]	\$	39.24
						12/14/18		
House #	1930	Street Address	Keystone Drive Unit #2			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	2 gallon buckets, PVC Piping for banner		
To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	165.57
						12/14/18		
House #	7200	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food and drinks for Kickoff Event		
To Whom Paid		Office Max				Date [MM/DD/YYYY]	\$	10.90
						12/14/18		
House #	905	Street Address	Millcreek Mall			Description of Expenditure		
City	Erie	State	PA	Zip Code	16565	Sharpies and name tags		

**SCHEDULE III
Statement of Expenditures**

12 OF 13

Filer Identification Number:	
-------------------------------------	--

To Whom Paid		Gordon Food Service			Date [MM/DD/YYYY]	\$	88.40
					12/14/18		
House #	6740	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food for Kickoff Event	
To Whom Paid		Hilltop Beer			Date [MM/DD/YYYY]	\$	159.00
					12/16/18		
House #	4535	Street Address	Buffalo Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	1/2 Keg Bud Light and 2 Bud Light 30 packs (Kickoff)	
To Whom Paid		Circle K			Date [MM/DD/YYYY]	\$	24.95
					12/16/18		
House #	4216	Street Address	Main Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	5 20# bags of ice	
To Whom Paid		303 Sign Shop			Date [MM/DD/YYYY]	\$	1,495.22
					12/26/18		
House #	2936	Street Address	Peach Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Balance for banner, signs and stickers	
To Whom Paid		Jiffy Shirts			Date [MM/DD/YYYY]	\$	249.47
					11/21/18		
House #	903	Street Address	60th Place		Description of Expenditure		
City	Bradenton	State	FL	Zip Code	34203	Shirts	
To Whom Paid		FM Printing and Office Supply			Date [MM/DD/YYYY]	\$	397.50
					11/21/18		
House #	710	Street Address	Main Avenue		Description of Expenditure		
City	Moorhead	State	MN	Zip Code	56560	Shirt Transfers	
To Whom Paid		Facebook			Date [MM/DD/YYYY]	\$	25.00
					12/26/18		
House #	1	Street Address	Hacker Way		Description of Expenditure		
City	Menlo Park	State	CA	Zip Code	94025	Page Boost	
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:	
-------------------------------------	--

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]		\$ 5,000.00
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							