

# Commonwealth of Pennsylvania - Campaign Finance Report

1 of 5

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

|  |      |                                 |                          |                  |                          |                  |                                     |                 |                          |
|--|------|---------------------------------|--------------------------|------------------|--------------------------|------------------|-------------------------------------|-----------------|--------------------------|
| <b>Filer Identification Number</b>                     |      | <b>Report Filed By (Mark X)</b> | <input type="checkbox"/> | <b>Candidate</b> | <input type="checkbox"/> | <b>Committee</b> | <input checked="" type="checkbox"/> | <b>Lobbyist</b> | <input type="checkbox"/> |
| <b>Name of Filing Committee, Candidate or Lobbyist</b> |      | Friends of Steve Oler           |                          |                  |                          |                  |                                     |                 |                          |
| <b>Street Address</b>                                  |      | 991 Bonnie Brae                 |                          |                  |                          |                  |                                     |                 |                          |
| <b>City</b>  | Erie | <b>State</b>                    | PA                       | <b>Zip Code</b>  | 16511                    |                  |                                     |                 |                          |

Type of Report (Place x under report type)

|  |   |                               |  |   |                                |                                     |   |                                     |
|--|---|-------------------------------|--|---|--------------------------------|-------------------------------------|---|-------------------------------------|
| <b>1- 6<sup>th</sup> Tuesday Pre-Primary</b> | <b>2- 2<sup>nd</sup> Friday Pre-Primary</b> | <b>3- 30 Day Post Primary</b> | <b>4- 6<sup>th</sup> Tuesday Pre- Election</b> | <b>5- 2<sup>nd</sup> Friday Pre- Election</b> | <b>6- 30 Day Post Election</b> | <b>7- Annual</b>                    | <b>Special 2<sup>nd</sup> Friday Pre-Election</b> | <b>Special 30 Day Post-Election</b> |
| <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"/>            |
| <b>Date Of Election (MM/DD/YYYY)</b>         |   |                               | <b>Year</b>                                    |   | <b>Amendment Report</b>        | <input type="checkbox"/>            | <b>Termination Report</b>                         | <input type="checkbox"/>            |

| Summary of Receipts and Expenditures                                  | From Date  | To Date    | For Office Use Only |
|---|------------|------------|---------------------|
|   | 11/26/2019 | 12/31/2019 |                     |
| <b>A. Amount Brought Forward From Last Report</b>                     | \$         | 2,530.04   |                     |
| <b>B. Total Monetary Contributions and Receipts (From Schedule I)</b> | \$         | 100.00     |                     |
| <b>C. Total Funds Available (Sum of Lines A and B)</b>                | \$         | 2,630.04   |                     |
| <b>D. Total Expenditures (From Schedule III)</b>                      | \$         | 2,038.14   |                     |
| <b>E. Ending Cash Balance (Subtract Line D from Line C)</b>           | \$         | 591.90     |                     |
| <b>F. Value of In-Kind Contributions Received (From Schedule II)</b>  | \$         | 0.00       |                     |
| <b>G. Unpaid Debts and Obligations (From Schedule IV)</b>             | \$         | 6,000.00   |                     |

Part 1- 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 exhibits, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 27<sup>th</sup> day of January, 2020

Tonia Fernandez  
Signature

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

Heather Oler  
Signature of Person Submitting report  
Heather Oler  
Printed Name

814 572-2225  
Area Code Daytime Telephone Number

Affidavit Section  
 Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member, Pennsylvania Association of Notaries

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 27<sup>th</sup> day of January, 2020

Tonia Fernandez  
Signature

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

Steph A Oler  
Signature of Candidate  
STEPHON S. OLER  
Printed Name

814 528-6418  
Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

20F5

|   |    |        |
|---|----|--------|
| <b>Filer Identification Number</b>  |    |        |
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>   |    |        |
| Total for the reporting period (1)  | \$ |        |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>   |    |        |
| Contributions Received from Political Committees (Part A)   | \$ |        |
| All Other Contributions (Part B)  | \$ | 100.00 |
| Total for the reporting period (2)  | \$ |        |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>  |    |        |
| Contributions Received from Political Committees (Part C)   | \$ |        |
| All Other Contributions (Part D)  | \$ |        |
| Total for the reporting period (3)  | \$ |        |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |    |        |
| 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> |    | \$     |

PART B

All Other Contributions

3 OF 5

\$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 |       |                |  |  | Robert J. Luther JR |       | Date [MM/DD/YYYY] | \$       | 100.00 |
|                          |       |                |  |  |                     |       | 12/12/2019        |          |        |
| House #                  | 12737 | Street Address |  |  | Forrest Drive       |       | Date [MM/DD/YYYY] | \$       |        |
| City                     |       |                |  |  | Edinboro            | State | PA                | Zip Code | 16412  |
|                          |       |                |  |  |                     |       | 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] | \$       |        |
| 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] | \$       |        |

Statement of Expenditures

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

|              |       |                        |                   |          |                            |                            |          |
|--------------|-------|------------------------|-------------------|----------|----------------------------|----------------------------|----------|
| To Whom Paid |       | Cookie Cutter by Becky |                   |          | Date [MM/DD/YYYY]          | \$                         | 125.00   |
|              |       |                        |                   |          | 12/15/2019                 |                            |          |
| House #      | 66    | Street Address         | Raymond Avenue    |          | Description of Expenditure |                            |          |
| City         | Corry | State                  | PA                | Zip Code | 16407                      | Cookies for Election Night |          |
| To Whom Paid |       | Erie Brewing Company   |                   |          | Date [MM/DD/YYYY]          | \$                         | 150.00   |
|              |       |                        |                   |          | 11/05/19                   |                            |          |
| House #      | 6008  | Street Address         | Knowledge Parkway |          | Description of Expenditure |                            |          |
| City         | Erie  | State                  | PA                | Zip Code | 16510                      | Service tip                |          |
| To Whom Paid |       | Printing Concepts      |                   |          | Date [MM/DD/YYYY]          | \$                         | 1,763.14 |
|              |       |                        |                   |          | 12/10/2019                 |                            |          |
| House #      | 4982  | Street Address         | Pacific Avenue    |          | Description of Expenditure |                            |          |
| City         | Erie  | State                  | PA                | Zip Code | 16506                      | Printing                   |          |
| 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 |                            |                            |          |

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                            |      |                       |             |                 |  |                                    |    |
|----------------------------|------|-----------------------|-------------|-----------------|--|------------------------------------|----|
| <b>Name of Creditor</b>    |      | Stephen S. Oler       |             |                 |  | <b>Outstanding Balance of Debt</b> |    |
| <b>House #</b>             | 991  | <b>Street Address</b> | Bonnie Brae |                 | <b>DATE DEBT INCURRED [MM/DD/YYYY]</b> |                                    | \$ |
|                            |      |                       |             | 08/09/2018      |  |                                    |    |
| <b>City</b>                | Erie | <b>State</b>          | PA          | <b>Zip Code</b> | 16511                                  | 5,000.00                           |    |
| <b>Description of Debt</b> |      |                       |             |                 |  |                                    |    |

|                            |      |                       |             |                 |  |                                    |    |
|----------------------------|------|-----------------------|-------------|-----------------|--|------------------------------------|----|
| <b>Name of Creditor</b>    |      | Stephen S. Oler       |             |                 |  | <b>Outstanding Balance of Debt</b> |    |
| <b>House #</b>             | 991  | <b>Street Address</b> | Bonnie Brae |                 | <b>DATE DEBT INCURRED [MM/DD/YYYY]</b> |                                    | \$ |
|                            |      |                       |             | 03/26/2019      |  |                                    |    |
| <b>City</b>                | Erie | <b>State</b>          | PA          | <b>Zip Code</b> | 16511                                  | 1,000.00                           |    |
| <b>Description of Debt</b> |      |                       |             |                 |  |                                    |    |

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

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

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

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