

Commonwealth of Pennsylvania  
**Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed by:		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>				
ART OLIVERI										
Street Address: 5447 BONNY DR										
City: ERIE			State: PA	Zip Code: 16509						
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30-DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	2019		FILING METHOD ( ) CHECK ONE	PAPER	DISKETTE		
Name of Office Sought by Candidate: ERIE COUNTY EXECUTIVE				DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
				MO.	DAY	YEAR				
				11	07	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		01	01	2019	To	12	31	2019	2020 JAN 31 PM 2:11 MEMO	
A. Amount Brought Forward From Last Report	\$	3.84								
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	430.00								
C. Total Funds Available (Sum of Lines A and B)	\$	433.84								
D. Total Expenditures (From Schedule III)	\$	430.00								
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3.84								
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00								
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00								

**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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 31<sup>st</sup> day of January, 2020

Signature: [Signature]  
 Commonwealth of Pennsylvania - Notary Public  
 Jennifer L. Turner, Notary Public  
 Erie County  
 My commission expires October 15, 2025  
 Commission number 1341887  
 Member, Pennsylvania Association of Notaries

Signature of Person Submitting Report: [Signature]  
 Printed Name: ARTHUR OLIVERI III  
 Area Code: 814  
 Daytime Telephone Number: 323-2486

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

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

Filer Identification Number	Committee to Elect Art O'Leary
-----------------------------	--------------------------------

**1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	0.00
--------------------------------	-----	----	------

**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	0.00	
All Other Contributions (Part B)	\$	0.00	
Total for the reporting period	(2)	\$	0.00

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	0.00	
All Other Contributions (Part D)	\$	430.00	
Total for the reporting period	(3)	\$	430.00

**4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period	(4)	\$	0.00
--------------------------------	-----	----	------

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	430.00
--	----	--------

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: COMMITTEE TO ELECT ART OLIGER

To Whom Paid: FRIENDS OF JOHN GROH Date: 06/17/2019 \$: 130.00

House #: Street Address: Description of Expenditure: DONATION  
City: State: Zip Code:

To Whom Paid: MILK KELLY FOR CONGRESS Date: 08/05/2019 \$: 250.00

House #: Street Address: Description of Expenditure:  
City: State: Zip Code:

To Whom Paid: FRIENDS OF MARY SCHAAF Date: 09/03/2019 \$: 30.00

House #: Street Address: Description of Expenditure:  
City: State: Zip Code:

To Whom Paid: Date: \$:  
House #: Street Address: Description of Expenditure:

City: State: Zip Code:

To Whom Paid: Date: \$:  
House #: Street Address: Description of Expenditure:

City: State: Zip Code:

To Whom Paid: Date: \$:  
House #: Street Address: Description of Expenditure:

City: State: Zip Code:

To Whom Paid: Date: \$:  
House #: Street Address: Description of Expenditure:

City: State: Zip Code:

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: COMMITTEE TO ELECT ART OLIGERI

Full Name of Contributor		ARTHUR OLIGERI III			Date [MM/DD/YYYY]	\$	430.00
House #	Street Address	BONDY DR			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	ERIE PA 16509		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							