

# Commonwealth of Pennsylvania - Campaign Finance Report

(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		COMMITTEE TO ELECT ART OLIGERI					
Street Address		5447 BONDY DR					
City	ERIE	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)			Year		Amendment Report		Termination Report	
			2019		<input type="checkbox"/>		<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01-01-2019	12-31-2019	
A. Amount Brought Forward From Last Report	\$	3.84	<div style="font-size: 1.5em; font-weight: bold;">meo</div> <div style="font-size: 0.8em; margin-top: 20px;">2020 JAN 21 PM 3:41</div>
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31 day of January 2020

Signature <i>Barbara Parker</i>	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL BARBARA PARKER Notary Public MILLCREEK TWP, ERIE COUNTY My Commission Expires Mar 26, 2021	Signature of Person Submitting report <i>Ruth Ann Oligeri</i>
My Commission expires <u>3</u> <u>26</u> <u>2021</u> MO. DAY YR.	Area Code <u>814</u>	Printed Name Ruth Ann Oligeri
		Daytime Telephone Number <u>864-9224</u>

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

31<sup>st</sup> day of January 2020

Signature <i>[Signature]</i>	Commonwealth of Pennsylvania - Notary Seal Jennifer L. Turner, Notary Public Erie County My commission expires October 18, 2022 Commission number 1341887	Signature of Candidate <i>Arthur Oligeri III</i>
My Commission expires <u>October 18, 2022</u> MO. DAY YR.	Area Code <u>814</u>	Printed Name ARTHUR OLIGERI III
		Daytime Telephone Number <u>814-323-2486</u>

SCHEDULE I  
Contributions and Receipts  
Detailed Summary Page

Filer Identification Number  
**COMMITTEE TO ELECT ART OLIGER**

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) \$

All Other Contributions (Part B) \$

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) \$

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 OLLIGEN

To Whom Paid	FRIENDS OF JOHN GROH			Date (MM/DD/YYYY)	06/17/2019	\$	130.00
House #	Street Address			Description of Expenditure			
City	State	Zip Code		DONATION			

To Whom Paid	MILLE KELLY FOR CONGRESS			Date (MM/DD/YYYY)	08/05/2019	\$	250.00
House #	Street Address			Description of Expenditure			
City	State	Zip Code		DONATION			

To Whom Paid	FRIENDS OF MARY SCHAAF			Date (MM/DD/YYYY)	08/03/2019	\$	50.00
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					

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 Oliveri
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Full Name of Contributor		Arthur Oliveri III		Date [MM/DD/YYYY]	06/01/2019	\$	430.00
House #	5447	Street Address	BONDY DR	Date [MM/DD/YYYY]		\$	
City	LEWIS	State	PA	Zip Code	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							