

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>COMMITTEE TO ELECT ART OLIGERI</i>						
STREET ADDRESS <i>5447 BONDY RD</i>						
CITY <i>LERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16509 -</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<i>LERIE COUNTY EXECUTIVE</i>			<i>R</i>	MO.	DAY
1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY	
2. 2ND FRIDAY PRE-PRIMARY	MO. DAY YEAR		MO. DAY YEAR		2002 JAN 31 PM 2:01 ELET 2002 JAN 31 PM 2:01	
3. 30 DAY POST-PRIMARY	<i>01 01 21</i> TO <i>12 31 21</i>					
4. 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>					
5. 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>					
6. 30 DAY POST-ELECTION	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
7. ANNUAL REPORT <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					

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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Ruth Ann Oligeri
SIGNATURE OF PERSON SUBMITTING REPORT
Ruth Ann Oligeri
PRINTED NAME
814 *392-4385*
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 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

MY COMMISSION EXPIRES _____ MO. DAY YR.

Art Oligeri
SIGNATURE OF CANDIDATE
ART OLIGERI
PRINTED NAME
814 *323-2486*
AREA CODE DAYTIME TELEPHONE NUMBER



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
<i>COMMITTEE TO ELECT ART OLIGERY</i>				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Ruth Ann Oligeri
 Signature of Treasurer, Candidate, or Lobbyist

01-31-2022
 Date (DD/MM/YYYY)

Ruth Ann Oligeri
 Printed Name

ERIC/PA/USA
 Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Art Oliveri

Signature of Treasurer, Candidate, or Lobbyist

1-31-22

Date (DD/MM/YYYY)

ART OLIVERI

Printed Name

LEWIS / PA / USA

Location (City/State/Country)