

# 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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>STEPHEN S. OLER</b>								
STREET ADDRESS <b>991 BONNIE BRAE</b>								
CITY <b>ERIE</b>		STATE <b>PA</b>	ZIP CODE <b>16511</b>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>HARBORCREEK TOWNSHIP SUPERVISOR</b>	DISTRICT NO.	PARTY <b>R</b>	DATE OF ELECTION				
				MO.	DAY	YEAR		
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	1.			<b>05</b>	<b>20</b>	<b>2025</b>		
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY				
<input type="checkbox"/> 30 DAY POST-PRIMARY	3.			ERIE COUNTY VOTER REGISTRATION 2023 JAN 24 AM 11:18				
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	4.							
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	5.							
<input type="checkbox"/> 30 DAY POST-ELECTION	6.							
<input checked="" type="checkbox"/> ANNUAL REPORT	7.							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		<b>01</b>	<b>01</b>	<b>22</b>		<b>12</b>	<b>31</b>	<b>22</b>
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0.00</u>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>-6,000</u>						
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES		NO	<input checked="" 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 23rd DAY OF January 2023

*Stephen S. Oler*  
SIGNATURE OF PERSON SUBMITTING REPORT

**STEPHEN S. OLER**  
PRINTED NAME

814 AREA CODE      528-6418 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES \_\_\_\_\_

Notary Seal: Commonwealth of Pennsylvania - Notary Seal  
 Signature: *Corrie Lee Cruz*  
 Corrie Lee Cruz, Notary Public  
 Erie County  
 My Commission expires March 18, 2025  
 Commission number 1248384  
 Member, Pennsylvania Association of Notaries

### 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 OF CANDIDATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

\_\_\_\_\_  
AREA CODE      \_\_\_\_\_  
DAYTIME TELEPHONE NUMBER