

CAMPAIGN FINANCE STATEMENT

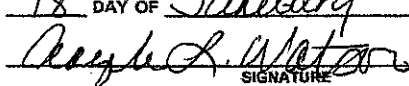
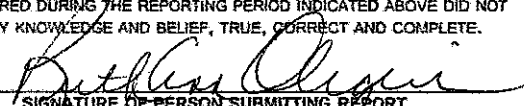
File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST COMMITTEE TO ELECT ART OLIGER							
STREET ADDRESS 5447 BONDY DR							
CITY LERIE		STATE PA	ZIP CODE 16505				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	ERIE COUNTY EXECUTIVE			R	MO.	DAY	YEAR
	1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY	
	2. 2ND FRIDAY PRE-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR		01 01 22 TO 12 31 22		2023 JAN 18 PM 4: 11 ERIE COUNTY VOTER REGISTRATION	
	3. 30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0			
	4. 6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ C			
	5. 2ND FRIDAY PRE-ELECTION	AMENDMENT REPORT?		YES	NO		
6. 30 DAY POST-ELECTION	TERMINATION REPORT?		YES	NO	X		
7. ANNUAL REPORT X							

AFFIDAVIT SECTION

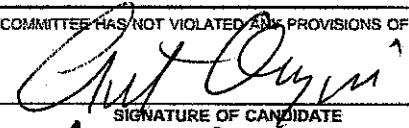
PART I -

If statement is filed on behalf of a Political Committee or Candidate'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 OF LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>18</u> DAY OF <u>January</u> 20 <u>23</u>  SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <u>RUTH ANN OLIGERI</u> PRINTED NAME <u>814</u> <u>392-4386</u> 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.	 SIGNATURE OF CANDIDATE <u>ART OLIGERI</u> PRINTED NAME <u>814</u> <u>323-2486</u> AREA CODE DAYTIME TELEPHONE NUMBER