

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	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ART OLIGENI						
STREET ADDRESS 5447 BONOV DR						
CITY ERIE			STATE PA	ZIP CODE 16509		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	LETRIE COUNTY EXECUTIVE			R		
	DATE OF ELECTION					
	MO. DAY YEAR					
	1. 6TH TUESDAY PRE-PRIMARY					
	2. 2ND FRIDAY PRE-PRIMARY					
	3. 30 DAY POST-PRIMARY					
4. 6TH TUESDAY PRE-ELECTION						
5. 2ND FRIDAY PRE-ELECTION						
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT		<input checked="" type="checkbox"/>				
DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY				
MO. DAY YEAR TO MO. DAY YEAR		ERIE COUNTY VOTER REGISTRATION 2023 JAN 18 PM 4:12				
CASH BALANCE AT END OF REPORTING PERIOD: \$		0				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0				
AMENDMENT REPORT?		YES	NO			
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 TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
18 DAY OF **January**
Angel X. Watson SIGNATURE
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

Art Oligeni SIGNATURE OF PERSON SUBMITTING REPORT
ART OLIGENI PRINTED NAME
814 AREA CODE **323-2486** 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

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____