Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

10F13

Filer Identification	· · · · · · · · · · · · · · · · · · ·	Donost Clad I	See Condida		Commission		1 alabarata
		Report Filed I	By Candida	ite	Committee		Lobbyist
Number		(Mark X)	L		L		
Name of Filing Committe Lobbyist	e, Candidate or	Friends of Stev	e Oier				
Street Address		991 Bonnie Br	ae				
City Eric	•	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	PA	Zip Code	16511	, ,
Type of Report (Place x u	nder report type)			", ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	1	1	· · · · · · · · · · · · · · · · · · ·
1-6 th Tuesday 2- 2 nd Fr	iday 2, 20 Day Pos	a_cth Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Prim		Pre- Election	Pre- Election	1	7 7011144	Pre-Election	Post-Election
Date Of Election		Year		Amendment		Termination	
(MM/DD/YYYY)	05/21/2019		2019	Report		Report	
Summary of Receipts and Expenditures	From Date	To Date	2		For	Office Use Only	
	01/01/2019		5/06/19				-1
A. Amount Brought Forw		2	2,336.81				. 3
B. Total Monetary Contri (From Schedule I)	butions and Receipt	\$ 3	,250.00				ंड !
C. Total Funds Available	 	\$				FIX 5	}. ? *
(Sum of Lines A and B)			,586.81			And the second	u 24
D. Total Expenditures		\$,	1,611.96			are an exerci-	
(From Schedule III)			,011.00				: \
E. Ending Cash Balance (Subtract Line D from Line	e C)	\$ 1	,974.85			2000 	ur 🤝
F. Value of In-Kind Contri (From Schedule II)	butions Received	\$	0.00				
G. Unpaid Debts and Obli (From Schedule IV)	gations	\$ 6	00.000				
(From Schedule 14)			Affidavit Sec	tion			
Part 1- If this is a Committee	report, treasurer sign h	ere. If this is a Can	· · · · · · · · · · · · · · · · · · ·			 	
I swear (or affirm) that this re					ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before	ore me this	1	_g	Jeathu	Clue	~	
Denia (Ker	Chande	a -		Signature of the Control of the Cont	of Person Subm	<u>'S</u>	
Signature	1.2.20	۱. ک	a	าน	Printed Nam	e 12 222	
My Commission expires M	0. DAY YR.	_		rea Code	Day	ルーククン 5 time Telephone Numbe	 er
Dart II if this is a recent of a	'amalisiana's Acaba as	Committee	idata shall -: t-				·
Part II- If this is a report of a C I swear (or affirm) that to the					nrovisions of t	he Act of lune 3 1937/	P.I. 1333 NO 320) as
amended.				····	p. 27.2.0.12 0		, , , , , , , , , , , , , , , , , , , ,
Sworn to and subscribed before the day of the Signature o	re me this y 20 19 whan de 1-2-23	a].	<u> </u>	TUPHEN	ature of Candio	inte 22 / 4/8	
MO	. DAY YR.		<u>2</u> A	rea Code	Dayt	ime Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Annual Company of the Paris of			
Total for the reporting period	(1)	\$	
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)		\$	750.00
Total for the reporting period	(2)	\$	750.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	·	\$	
All Other Contributions (Part D)		\$	1,500.00
Total for the reporting period	(3)	\$	1,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		-	
Total for the reporting period	(4)	\$	
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, Rep Cover Page, Item B)	ort	\$	\$2,250.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

The Identification	rituringer				
					Amount
Full Name of Co Committee	Atributing			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
					164 · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	•		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee				Date [MM/DD/YYYY] \$	\$
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	

Full Name of Contributo	Anna Mae Grunewald		Date [MM/DD/YYYY]	\$
House #	No.		01/20/2019	100.00
4014	reet Address Melrose Avenu		Date [MM/DD/YYYY]	S
City (.		
Erie	State	Zip Code 16509	Date [MM/DD/YYYY]	\$
ull Name of Contributor	[4] (a) (a) (a) (b)	10009		
	Timothy L. Ohrum		Date [MM/DD/YYYY]	5
ouse#	eet Address			100.00
404	W. North Avenue	9	Date [MM/DD/YYYY]	\$
ity.				
Pittsburgh	State PA	Zip Code 15212	Date [MM/DD/YYYY]	\$
ill Name of Contributor				
	Ann Coleman		Date [MM/DD/YYYY]	\$
ouse# Stre	et Address		2/21/2019	100.00
6758	Saint Regis Blvd		Date [MM/DD/YYYY]	\$
y	State			4.0
Hudson	ОН	Zip Code 44236	Date [MM/DD/YYYY]	883 86
Name of Contributor				
TO SERVICE AND A PROPERTY OF THE PROPERTY OF T	Richard J. Rossi		Date [MM/DD/YYYY]	# 1
Jse # Stree	t Address		03/03/2019	250.00
507	Barbara Drive		Date [MM/DD/YYYY] \$	
	State	7-6-1		
Mechanicsburg	PA	Zip Code 17050	Date [MM/DD/YYYY] \$	56 56
Name of Contributor	Casali cent			
M	. Rita Jandt		Date [MM/DD/YYYY] \$	400.00
se # Street	Address		03/14/2019	100.00
6690	East Lake Road		Date [MM/DD/YYYY] \$	
Erie	State	Zip Code		
	PA	16511	Date [MM/DD/YYYY] \$	
lame of Contributor				
(4) (株式) (株式) (株式) (株式) (株式) (株式)	onard A. Wicker		Date [MM/DD/YYYY] \$	100
e# Street	Address		04/29/2019	100
7574	East Lake Road		Date [MM/DD/YYYY] \$	
(i) 15(28(高)(3)(i)		0:		
Erie	State	Zip Code	Date [MM/DD/YYYY] S	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identificati	on Number:				
Full Name of				Date [MM/DD/YYYY]	# E \$ #
Contributing C	ommittee				
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	S
		9.00 mg/m		and the second of the second of the second of	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	.
House #	Street Address	- J		Date [MM/DD/YYYY]	
Gity		State	Zip Code	Date [MM/DD/YYYY]	8
				Marketine I with the second State of the	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	100 to		Date [MM/DD/YYYY]	\$ 1
House #	Street Address			Date [MM/DD/YYYY]	(%) \$ ()
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Cor	nmittee		The state of the s	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
			and the state of t		7.6 0.6

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:

Full Name of Contributor			Date [MM/DD/YYYY]	\$
, and	Philip S. English		04/04/2019	1,500.00
	eet Address		Date [MM/DD/YYYY]	S
1050	Lookout Drive			
Gty	State	Zip Code	Date [MM/DD/YYYY]	
Erie	PA	16507	200 - 100 -	
Employer Name	Arent Fox LLP	- Bir 1997	Occupation C0-Chair Gov	vernment Relations
Employer Mailing Address / Principal Place of Business		Washington, DC 20006		
Full Name of Contributor			Date [MM/DD/YYYY]	S
				490
	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	F	ka da	Occupation	
Employer Mailing Address / Principal Place of Business			For all the second second	
Full Name of Contributor	g Paul Garage (April)		Date [MM/DD/YYYY]	\$
			7.00	
	et Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name	Maria de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania del compania d	La Sattaganasar	Occupation	ger
Employer Mailing Address / Principal Place of Business			Proposition of the second	***
Full Name of Contributor			Date [MM/DD/YYYY]	\$ 6 10 10 10 10 10 10 10 10 10 10 10 10 10 1
House # Street	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Filer Identification Number: Full Name House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description **Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description **Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] Code Receipt Description **Full Name** House # Street Address City State Zip Date [MM/DD/YYYY] \$ Code **Receipt Description** Full Name House # Street Address City State Date [MM/DD/YYYY] Zip Code

Receipt Description

Receipt Description

Street Address

State

Zip

Code

Date [MM/DD/YYYY]

Full Name House #

City

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	od och till det kritiske kritiske i det film og det en dette bleve og ste gest i fle
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	i.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	The Control of the Co
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Co				The section would	2006 2001
				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
				20 1 1 1 2 1 To 10 To 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	- Rivita and a	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Co	ontribution		ES-clayword social		
Full Name of Con	stributor	<u>/4</u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity		State	Zip Gode	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		Participation of the Control of the		
Full Name of Con		<u>X</u>		Date [MM/DD/YYYY]	
	I IDAG			Date (will) 5577	13.27
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	
City		State	Zip Code	Transa (no (www))	
J. S. Carlos		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co		100 - Conc.	- Profit and the same of the		<u> 9888</u>
Full Name of Com	tributar			Date [MM/DD/YYYY]	\$*
House #	Street Address	-		Date [MM/DD/YYYY]	\$
City	E	State	Zip Code	Date [MM/DD/YYYY]	(5) (5)
Description of Co	intribution	<u> </u>	Table per a final control of the con		AAAAA
Full Name of Cont	tributor	ــــــــــــــــــــــــــــــــــــــ		Date [MM/DD/YYYY]	BSW T
				- A - A - A - B - B - B - B - B - B - B	
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cor	Atribution	**************************************	10.2 September	E	

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$250	
Filer Identificati	on Number:			
Full Name of C	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	10		16.99 ×1.755 ×1	Occupation
Employer Mail Place of Busin	ling Address / Principal ess			Description of Contribution
Full Name of C	antributor	1		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Policy	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	•			Occupation
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation	
Place of Busine				Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$

Occupation

Description

Contribution

of

Employer Name

Place of Business

Employer Mailing Address / Principal

SCHEDULE III Statement of Expenditures

Filer Identification Number:		-
	•	- 1
사람이 아들어서 살아가 보는 사람이 없다고 없다.		
Bullet with a second of the second of the second		1

To Whom Paid	H. Corsa	Date [MM/DD/YYYY] \$				
	n. Cuisa		04/28/2019	234.88		
1290	t Address Stark Road	Description of Expenditure				
City Bethlehem State PA Zip Code 18017			follow up postcards			
To Whom Paid Tim Ho	ortons	Date [MM/DD/YYYY] \$ 01/07/2019	46.61			
House # 4444 Stree	t Address Buffalo Road		Description of Expenditure			
City Erie	City Erie State PA Zip Code 16510			Coffee/Hot chocolate		
To Whom Paid Facebo	ook		Date [MM/DD/YYYY] \$ 01/24/2019	35.00		
House # 1 Street	Address Hacker Way		Description of Expenditure			
City Menlo Park	State CA	Zip Code 94025	Page Boost			
To Whom Paid	Comparis		Date [MM/DD/YYYY] \$			
	Concepts Inc		02/06/2019	103.88		
4982	Pacific Avenue		Description of Expenditure			
City Erie	State PA	Zip Code 16506	Ad reprint			
To Whom Paid Cheryl	H. Corsa		Date [MM/DD/YYYY] \$ 02/26/2019	500.00		
1290	Address Stark Road		Description of Expenditure			
City Bethlehem	State PA	Zip Code 18017	Corsa Program			
To Whom Paid 303 Sig	gn Shop		Date [MM/DD/YYYY] \$ 03/04/2019	921.51		
House # 2936 Street	Address Peach Street		Description of Expenditure	I		
City Erie	State PA	Zip Code 16508	Signs			
To Whom Paid Facebo	ok		Date [MM/DD/YYYY] \$ 03/21/19	52.90		
	Address Hacker Way		Description of Expenditure			
City Menlo Park	State CA	Zip Code 94025	Page boost	, mai de la		
To Whom Paid Printing	Concepts Inc.		Date [MM/DD/YYYY] \$ 03/26/2019	474.88		
House # 4982 Street Address Pacific Avenue			Description of Expenditure			
City Erie	State PA	Zip Code 16506	Door hangers			

Statement of Expenditures

	•
Filer Identification Number:	

To Whom Pai	200 - 270 M ₽			Date [MM/DD/YYYY] \$		
	Cheryl H. Corsa			03/27/2019 503.50		
House # 1290	Street Address	Stark Road		Description of Expenditure		
City Bethlehem State PA Zip Code 18017			Postcards			
To Whom Paid			* / [(] (d. W. W.)	Date [MM/DD/YYYY] \$		
Cheryl H. Corsa				04/05/2019 188.80		
House # 1290	Street Address Stark Road		Description of Expenditure			
City Bethiehem		State PA	Zip Code 18017	Follow up cards		
To Whom Paid	l Harborcreek Town	nship		Date [MM/DD/YYYY] \$		
House#		<u> </u>		04/05/2019 550.00		
5601 City	Street Address	treet Address Buffalo Road		Description of Expenditure		
Harborcr		State PA	Zip Code ¹⁶⁴²¹	Your Harborcreek Ad		
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid		Print (1) 25 (1) 25 (1)		Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid			AVII 2 (5/25 / Avis, 1) - 1	Date [MM/DD/YYYY] \$		
House #	louse # Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid		Processed	Barrier de la companya de la company	Date [MIM/DD/YYYY] \$		
House#	Street Address			Description of Expenditure		
City	## 625 066 38 TW 1813 S. M	State	Zip Code			
To Whom Paid			, роспода сместу	Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	■ Telbest even + i + i + i + i + i + i + i + i + i +	State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identificatio	n Number:			
Name of Credit	or Stephen S. Oler and Kelly	S. Oler		Outstanding Balance of Debt
House # 991	Street Address Bonnie Brae	eet Address		\$
City			03/26/2019	1
	Erie	State	PA Zip 16511	1,000.00
Description of D	Debt Loan to Campaign Commi	itiee	Part of the second	
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	
	3 Agent Stage Till Comment of the Co			
City Description of D	# w 2000	State	Zip Code	
Description of D	EOL			
Name of Credito				
House #	Street Address			Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description of D	ebt		Code	
Name of Credito	<u> </u>			Outstanding Balance of Debt
House #	Street Address	6	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip	
Description of De	int.		Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip	
Description of De	bit .		Code	
lame of Creditor				Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ity		State	Zip	666 1873 388
escription of Del		新され、1度(A (2) (2) (3) (4) (4)	Code	