Reset Form

Print Form

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

10F12

Filer Identification Number				t Filed I	Ву	Candid	ate		Committee	•-/		Lobb	yist
Name of Filing Comm	ittee, Ca	ndidate or	(Mari	of Stev	re Olev	<u> </u>			L			<u> </u>	<u> </u>
Lobbyist Street Address			<u> </u>							 			
City	<u> </u>		991 Bo	nnie Br	ae	- 54-4-			T	 			_
City	Erie					State	PA		Zip Code	16511			
Type of Report (Place													
1-6 th Tuesday 2- 2 Pre-Primary Pre-I	nd Friday Primary	3- 30 Day Post Primary	4-6th To Pre-Ele		1	Friday Election		-	7- Annual	Special 2 Pre-Elec	nd Friday tion		al 30 Day Election
		X]]		
Date Of Election (MM/DD/YYYY)		05/21/2019	Year		2	2019	Amendi Report	ment		Termina Report	tion		
Summary of Receipts	and	From Date		To Date	2			100	For	Office Use	Only		
Expenditures	: .	05/07/19	-	0	6/10/1	9							
A. Amount Brought F	orward F	rom Last Repor	t \$	1	1.974.8	35		• .	<u> </u>				•
B. Total Monetary Co (From Schedule I)	ntributia	ns and Receipts	\$		0.00	·							
C. Total Funds Availal			\$	1	.974.8	·	Ì				e,	<u>~</u> ,4	
(Sum of Lines A and B D. Total Expenditures	-		\$,3/4.0					,		ELL.	
(From Schedule III)				1	,006.8	88	l					€, €	
E. Ending Cash Balanc (Subtract Line D from			\$		967.97	7	ŀ				112 (1+) 112 (1+)	TOWALM	
F. Value of In-Kind Co		ns Received	\$										`
(From Schedule II) G. Unpaid Debts and	Obligatio		\$		0.00						To the second	- 200	(E)
(From Schedule IV)	Obligatio	its.		6	,000.0	9							
D-+4 (51)			90	Z	/ <u>4</u>	fidavit Se	ction		,		* Start	<u>(</u>	
Part 1- If this is a Commi I swear (or affirm) that th	itee repor iis report,	t, treasurer sign h including the atta	ere. If the ched sche	de Sor	paper	report, c	indidate signed best of my	n here. knowled	ge and belief t	rue, correct a	and complet	e.	
Sworn to and subscribed			ė.	nmis	a Fer		Joat	tan (- CALLE	·			
day of U		1.	Э	sion expires	nandez, No Erie Count	F Pa	اگرم ۱۸ م الا	gnąture d	of Person Subm	itting report		_	
Signati	ure V	MOUNDU	\hat{A}	A A	Co.		HU	thex	Printed Nam	re		•	
My Commission expires	u-	3-13		2 I W (A)	nty	Van Van	ઠાપ		Q	18-20	168		
my commission expires_	MO.	DAY YR.	_ [s April 3, r 12889	otary Publ	م ا	\rea Code	_	Day	/time Teleph		····	
Part II- If this is a report o	of a Candid	late's Authorized		જા ≌ ∶.	date3l	हुँ। श्री(sign h	ere.						
I swear (or affirm) that to amended.								ated any	provisions of	the Act of Ju	ne 3, 1937 (f	P.L. 133	3, NO.320) as
Sworn,to and subscribed	before me	this						,					
day of J	- W	2019	:	<u> </u>	:	န္ဓါ	tter	The second	. A 0	I .			
	D & AA	0.00 0 40	-	100	ō,		5775011	Sign	ature of Candi	date			
Signat	re		- LI	My commission expires Commission number	Tonia Fernandez,		STERM		<u>, OZをT</u> Printed Name	-		_	
My Commission expires_	4-,2	7-93	ayiva	sion sion		S	814		5	18-6	418		
•	MO.	DAY YR.	- ma A	E &	or Fennsylv nandez, No Erle Count	7	rea Code		Dayt	ime Telepho		_	
			SSOC	P E	N N N								
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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)	\$
Total for the reporting period (2)) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)) \$
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, Report Cover Page, Item 81	\$

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.

riler tuentification Nur	inei						
						Amou	int
Full Name of Contril	outing		, , , , , , , , , , , , , , , , , , , 		Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
nouse #	Street Address				Date [WINI/DU/TTTT]	3	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib	outing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
nouse w	Jucet Address				Date [tallal/DD/1111]	3	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib	outing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	s	
110030 //	Succes radices				Date [MINI/DD/1111]	3	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
A							
Full Name of Contrib	uting				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address		•		Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
			zip code		Sore Banal DDJ 1111	7	
<u> </u>							
Full Name of Contrib Committee	uting				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
		St	1 3: 6: 1:		The state of the s		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
		<u> </u>					
Full Name of Contrib Committee	uting				Date [MM/DD/YYYY]	\$	
							_
House #	Street Address				Date [MM/DD/YYYY]	\$,
City		State	Zip Code	<u> </u>	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 Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
	Single in the second of	12.75.10	7 (17)	The state of the Arian transfer	A A A A A A A A A A
Full Name of Co	INTIDUCOF			Date [MM/DD/YYYY]	\$
House #	- In	YI'		Date [MM/DD/YYYY]	\$
nouse #	Street Addre	ess (1)		Dace [week DD/ 1111]	
City	which are the second	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	
Full Name of Co	ntributor		the William Control of the Control	Date [MM/DD/YYYY]	\$
					26 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
House#	Street Addre	ess		Date [MM/DD/YYYY]	\$
	Maria Maria				00/869 8-807
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
y San				ļ	
House#	Street Addre	ėss		Date [MM/DD/YYYY]	\$
					(A)
City		State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Co				Date [MM/DD/YYYY]	
rui vaine or co	atributor			Date [WIW/DD/1111]	
House #	Street Addre			Date [MM/DD/YYYY]	S
HOUSE #	Street Addre	22. 24.		Spare Lianal DDV 11111	
City		State	Zip Code	Date [MM/DD/YYYY]	S
		Jule	2p code	Date [min/DD/1711]	
Full Name of Cor	ntributor	16000,001	Personal and the second	Date [MM/DD/YYYY]	\$ 1
House #	Street Addre	ess.		Date [MM/DD/YYYY]	S
City	Is%e®Agee550.co.	State	Zip Code	Date [MM/DD/YYYY]	5

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.

Full Name of Contributing Co				Date [MM/DD/YYYY]	
House #	Street Address	S		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing Co		I. See and a constant	Latter to the control	Date [MM/DD/YYYY]	\$
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City	<u>1 </u>	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City	Interval to the particle	State	Zip Code	Date [MM/DD/YYYY]	9
Full Name of Contributing Co	ammittee			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	_ \$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co				Date [MM/DD/YYYY]	\$
House #	Street Address	***		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of Contributing Co				Date [MM/DD/YYYY]	\$
House #	Street Address	** ** **		Date [MM/DD/YYYY]	\$ S S S S S S S S S
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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 Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Territoria de Persona	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin Principal Place o	g Address /			Occupation
Full Name of Co	And the state of t	······································		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	4 refulence report for tel	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailin				Occupation
Principal Place of Full Name of Co	2.67			Date [MM/DD/YYYY] S
House #	Street Address			Date [MM/DD/YYYY] \$
City	[satistical file and sent the sent term]	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin Principal Place o	g Address /			Occupation
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin	e Address /		1	Occupation
Principal Place o				

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 Num	Dera			
Full Name				
House #	Street Address			
City	1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	12.00 m			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		180000000		[[Sec.]
Full Name	0			
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City	(\$\frac{1}{2}\)	State	Zjp Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	V.			
House #	Street Address			
Gty		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		D28-8-18	p. and destrict the second	
Full Name				
House #	Street Address			Feg. (2000)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address		10 <u>-</u> 2003	IA
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

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	BUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	ETO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25).00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 - 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:	•		
er greet titelwitzen zu 1831 v	6. Thu <u>(70. 1</u> 9. 1)			
Full Name of Co	2 A. A. M. M.		Date [MM/DD/YYYY]	\$
Section Conditions				
House #	Street Address		Date [MM/DD/YYYY]	\$
		3		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	<u> </u>	.!	<u>ki. (l</u>
Full Name of Co	ntributor		Date [MM/DD/YYYY]	\$
d Janes Agress teaster			,	
House #	Street Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				Residence Port
Description of C	ontribution			
Full Name of Co	ntributor		Date [MM/DD/YYYY]	
in and the common section of the common sect				
House #	Street Address		Date [MM/DD/YYYY]	# \$ ### ₩\###
A STATE OF THE STA	103-00-2	I mention and a series of the series of	Date [MM/DD/YYYY]	
City	State	Zip Code	Date (MM/DD/1111)	'\$
Description of C	ontribution	L Landing Control of the Control of	· · · · · · · · · · · · · · · · · · ·	
Full Name of Co	niabilitor		Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	•
Description of C	ontribution	<u> </u>		EAST
Full Name of Co	ntributor		Date [MM/DD/YYYY]	\$ 9
House #	Street Address		Date [MM/DD/YYYY]	\$
				17.5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	1 1 20 2014 11 10 10 10 10 10 10 10 10 10 10 10 10	İ	<u> </u>

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		

Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] \$
	Succi Aum ess			pate faim/pot 1111
Glty		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ie	<u>5 + 43 + 5 + 1</u>	Listing the L	Occupation
Employer Mail Place of Busine	ling Address / Principal ess	W - #		Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Marketon Standy	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam		<u>Pi waya</u>	The specifical	Occupation
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Сіњу	Part to amond the second	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	Was to be a state of the state of	<u></u>		Occupation
Employer Maili Place of Busine	ing Address / Principal PSS			Description of Contribution
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Maili Place of Busine	ing Address / Principal iss			Description of Contribution

Statement of Expenditures

Filer Identification Number:			
[편집 : 경험 대회의 함스 등 등 등 등 등			
<u> Marijan in ing ing kalangan na kalangan kalangan kalangan k</u>	l		

To Whom Paid		Date [MM/DD/YYYY]	\$	057.00					
	Printing Concepts					05/13/19		657.36	
House # 4982	Street Address Pacific Avenue					Description of Expenditure			
City Erie		State	PA	Zip Code 16506		Mailer			
To Whom Paid					Date [MM/DD/YYYY] 05/23/19	\$	\$50.00		
House # 2404 Street Address Change Avenue						Description of Expendit	live		
3101	Ein	nwood Avenue							
City Erie		State	PA	Zip Code	16508	Program Ad			
To Whom Paid	Cheryi Corsa					Date [MM/DD/YYYY]	\$	299.52	
					05/28/19		299.02		
House # 1290 Street Address Stark Road						Description of Expenditure			
City Bethlehem		State	PA	Zip Code	18017	postcards			
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address		***************************************	t 1v · · · · · · · · · · · · · · · · · ·		Description of Expendit	ure		
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House # Street Address						Description of Expendit	wre		
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address			,		Description of Expendit	ure		
City	<u> </u>	State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendit	ure		
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #		Description of Expendit	ure						
	Street Address						i de la companya da di Santa da di San Santa di Santa da Sa		
City		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 Identification Number:

the superior of the sets with the course	Stande Nati					<u> </u>	
Name of Creditor	Outstanding Balance of Debt						
House # 991	Stre	Stephen S. Oler and Kelly S. Oler treet Address Bonnie Brae				E DEBT INCURRED MM/DD/YYYY]	**************************************
City		Erie		State	PA	08/09/2018 Zip 16511	5,000/00
Description of Debt	nike ing Nikovasi Nikovasi	·		Language Control		Code	<u> </u>
Name of Creditor		Stephen S	. Oler and Kelly S. Ole	r			Outstanding Balance of Debt
House # 991	Stre	et Address Bonnie Brae				E DEBT INCURRED MM/DD/YYYY]	S
City		Erie	· · · · · · · · · · · · · · · · · · ·	State	PA	03/26/2019 Zip Code 16511	1,000.00
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
House #	Stre	et Address				E DEBT INCURRED MM/DD/YYYY]	
City				State	·	Zip Code	AA78
Description of Debt						•	
Name of Creditor	1						Outstanding Balance of Debt
House #	Stre	et Address			A SECTION AND ADDRESS.	E DEBT INCURRED MM/DD/YYYY]	
City Description of Debt				State		Zip Code	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Description of Descri							
Name of Creditor							Outstanding Balance of Debt
House #	Stree	et Address			The second of the	E DEBT INCURRED MM/DD/YYYY]	
Gty		, s		State		Zip Code	
Description of Debt							
Name of Creditor						,	Outstanding Balance of Debt
House #	Stree	t Address	٠.	<u>.</u>		DEBT INCURRED AM/DD/YYYY]	\$
City		<u> </u>		State		Zip Code	
Description of Debt							