Print Form

10F5

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be trood)

Filer Identification Number		Rep	ort Filed I ark X)		ate		Committee	•	X	Lobb	yist
Name of Filing Committ Lobbyist	tee, Candidate or	—	nds of Stev	e Oler		<u></u>	1		115 1	<u> </u>	<u> </u>
Street Address		991	Bonnie Bra	ae							
City	rie	, <u>I</u>		State	PA		Zip Code	16511			
Type of Report (Place x i	under report type)						· · · · · · · · · · · · · · · · · · ·	ł			
1-6 th Tuesday 2- 2 nd Pre-Primary Pre-Primary			Tuesday Election	5- 2 nd Friday Pre- Election	6- 30 Day Election	Post	7- Annual	Special 2' Pre-Electi		1 7	al 30 Day Election
					X						
Date Of Election (MM/DD/YYYY)	11/05/2019	Year		2019	Amendmo Report	ent		Terminati Report	ion		
Summary of Receipts an	d From Date		To Date				For	Office Use (Only		
Expenditures	10/22/2019	,	111	/25/2019				150	* +,		
A. Amount Brought Forv				,098.66						<u> </u>	·
B. Total Monetary Contr	ibutions and Receipt	5 \$									
(From Schedule I)			1	500.00					مدر		~
C. Total Funds Available (Sum of Lines A and B)		\$	3	,598.66					S		2019 DEC
D. Total Expenditures		\$	1	,068.62						(17 1	유
(From Schedule III) E. Ending Cash Balance		-	<u>L</u>	,000.02					اروناده ۱۰۰۰ د ده ۱۰۰۱ د د		C)
C. Ending Cash balance (Subtract Line D from Lir	ne C)	\$	2	,530.04					57 47	塓	ယ်
F. Value of In-Kind Contr	ibutions Received	\$		0.00					i		
(From Schedule II) G. Unpaid Debts and Ob	li masta — a			0.00) }	
(From Schedule IV)	ngations	\$	6,	,000.000					۱ ر ده د ده دغم	-1	က ကဲ
				Affidayit Se	tion					- 5 P	- 5`
Part 1- If this is a Committee I swear (or affirm) that this r	report, treasurer sign h	ere. If the	hortellac or	haner is to the	ndidate sign l	nere.	vo and hallofter				
Sworn to and subscribed bef		cineu sc	ا الا الا الا	paper, ign tile	nest of mly kill	owieag	ge and better tru	ie, correct ar	ia completi	e.	
aru -	mber 20 19		Pen	nwealth Nicole	Alaat	٠. ١	24.				
4 0' C	20 1 (_	Commission expl Commission num ber, Pennsylvania A	_ <u>6</u> ∰ _	Signa	nture o	f Person Submi	tting report		_	
Signature Signature	<u>u-</u>		vani	of Per	Hea-H	her	CIVES			_	
, signature		_	a As	C No.			Printed Name				
	7 31 202	3	nber 129 ssociatio	nsylvania lotary Pu ounty		18-	2968			_	
	IO. DAY YR.				rea Code		Dayt	ime Telepho	ne Number	•	
Part II- If this is a report of a	Candidate's Authorized	Commi	tteR condit	late होई। sign he	re.						
swear (or affirm) that to the amended.	e best of my knowledge	and beli	MI NO	- 1	nas not violate	d any	provisions of th	e Act of June	3, 1937 (P	.L. 1333	, NO.320) as
Sworn to and subscribed bef	ore me this		3	Seal		1					
300 day of Dece	mber 20 19				Me V		1100				
1201.		_	<u> </u>	္မွု			ture of Candida				
Signature	m	-	¥ V	mg <u>- 5</u>	JEPHEN		. OLY			_	
•				Z.‰ C	- 17	P	rinted Name		^		
My Commission expires <u>0</u> MC		5	My commission expires Commission numbe Member, Pennsylvania Assor	Commonwealth Nicole	-) U		<u>51</u>	8-641	<u>'}' </u>	<u></u>	
IVIC	. DAT IK.		sior sylva	n of Per e Inan, Erie	ea Code		Daytin	ne Telephone	e Number		
			n n e								
			pires umbe	nsylva Notan							

SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Uniternized 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)	\$	500.00
Total for the reporting period (3)	\$	500,00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	1	
Total for the reporting period (4)	\$	

500.00

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 B)

3085

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:

	ntributor		·	Date [MM/DD/YYYY]	\$
Phillip S. English				10/30/2019	500.00
House #	Street Addr	ress	T-1	Date [MM/DD/YYYY]	\$
1050		Lookout Drive	·		
City Erie	1000 0000	State	Zip Code 16507	Date [MM/DD/YYYY]	No. 10
Employer Name		Arent Fox LLP		Occupation Senior Gov	vernment Relations Advis
Employer Mailin Principal Place o		1717 K Street N.W	V. Washington, DC 20006		
Full Name of Co	atributor			Date [MM/DD/YYYY]	
House #	Street Addre	ess		Date [MM/DD/YYYY]	
City	Half and the Care	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			JACOB CONTROL	Occupation	and the transfer of the same o
Employer Mailin				NOT A DIVENTED	
Principal Place of Full Name of Cor	200 P. O. C.			Date [MM/DD/YYYY]	
House #	Street Addre	ess		Date [MM/DD/YYYY]	
City	<u>Iskve tolik</u>	State.	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	1:11
Employer Mailing Principal Place of				Intilliantly ungust	
Full Name of Con	tributor			Date [MM/DD/YYYY]	. \$
House #	Street Addre	ess		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
		1 2 3 4			
Employer Name				Occupation	<u> </u>

SCHEDULE III Statement of Expenditures

Filer Identification Number:	 	
the other commences sometimes of the company of the		

To Whom Paid Erie Brewing Company				Date [MM/DD/YYYY] \$			
on By State Comment	- T			11/05/2019 1,068.62			
House # 6008	Street Address	Knowledge Parkway	•	Description of Expenditure			
City Erie		State PA	Election Night Party				
To Whom Paid				Date [MM/DD/YYYY] \$			
				100 mg/m			
House#	Street Address			Description of Expenditure			
Gity	(California (Search) (Search (Search (Search)))	State	Žip Code				
To Whom Paid				Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
4.0	S 100 5 10	In 20, 110 of 12					
City		State	Zip Code				
To Whom Paid		4,77,77,77,77,73	- Reach Controller M	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City	Professional Services (III	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY] \$			
House #	Street Address	,, <u>.</u>		Description of Expenditure			
Gty		State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City	<u> </u>	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City	## 1 (Paragraphy 19, 1991 1994)	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY] \$			
House #	Street Address		TATAL A	Description of Expenditure			
City	Park the constitution of the Section	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.

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Filer Identification Number:			
Baseline and the second of the			
大名用系统 的名词名 (APP) (APP) (APP) (APP)			

Name of Creditor		Stephen S. and Kelly S. Oler					Outstanding Balance of Debt		
House # 991	Stre	et Address Bonnie Brae		DATE DEBT INCURRED [MM/DD/YYYY] 08/09/2018					
City	with of	Erie State		PA Zip 16511		511	5,000.00		
Description of Debt		Loan to Campaign Committee			<u> </u>		<u> </u>		
Name of Creditor	válok)	Stephen S. Oler and Kelly S. O	ler	•			Outstanding Balance of Debt		
House # 991	Stre	et Address Bonnie Brae	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
	3 3 3	Confine Diae		03/26/2019		·• <u> </u>			
		Erie	State	PA	Zip Code 1	6511	1,000.00		
Description of Debt		Loan to Campaign Committee							
Name of Creditor							Outstanding Balance of Debt		
House#	Stre	et Address		and the second of the second	E DEBT INCUR MM/DD/YYYY		\$		
		in a second		a na ana ang s e		<u>* 1 \ 2002.</u>			
City			State	· · · · · · · · · · · · · · · · · · ·	Zip Code				
Description of Debt			F + + + + + + + + + + + + + + + + + + +		<u> </u>	•	15.111		
Name of Creditor			· · · · · · · · · · · · · · · · · · ·				Outstanding Balance of Debt		
House #	Stre	et Address			E DEBT INCUR MM/DD/YYYY	and the first of the	\$		
	W.Gis			<u></u>	7) X20 XXX XXX XXX XX	an in April			
City			State		Zip Code				
Description of Debt									
Name of Creditor	(2) (2) (2) (3)						Outstanding Balance of Debt		
House #	Stree	rt Address		Sec. 1988 V. 1988 S. S. S.	DEBT INCUR		.		
And the second s	063 (c/la)23			and control fire		9. 2. 2. 2. in 100			
City			State		Zip Code				
Description of Debt	16 As			-					
Name of Creditor	Trees.		!				Outstanding Balance of Debt		
House #	Stree	t Address			DEBT INCUR				
		Andrew Allens	<u>[.</u>	good of many		1 (* 25%)			
City			State	ļ	Zip Code				
Description of Debt			<u>ECOPT WAS A T</u>		ু শুক্তকজনগঠন	<u></u>	Decal		
	Acceptance of the second								