

Commonwealth of Pennsylvania - Campaign Finance Report

1 OF 16

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Steve Oler			
Street Address	991 Bonnie Brae			
City	Erie	State	PA	Zip Code 16511

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/20	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/24	12/31/24	
A. Amount Brought Forward From Last Report	\$	6,029.85	<p>2025 JAN 24 PM 12:10</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5491.00	
C. Total Funds Available (Sum of Lines A and B)	\$	11,520.85	
D. Total Expenditures (From Schedule III)	\$	2493.02	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9,027.83	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	350.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-6,000.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

23rd day of January 20, 2025

Signature: Connie Lee Cruz

My Commission expires 3 18 2025

MO. DAY

Commonwealth of Pennsylvania - Notary Seal

Connie Lee Cruz, Notary Public

Erie County

My commission expires March 18, 2025

Commission number 1248384

Area Code

Member, Pennsylvania Association of Notaries

Signature of Person Submitting report

Heather Ives

Printed Name

572-2225

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign

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

23rd day of January 20, 2025

Signature: Connie Lee Cruz

My Commission expires 3 18 2025

MO. DAY

Commonwealth of Pennsylvania - Notary Seal

Connie Lee Cruz, Notary Public

Erie County

My commission expires March 18, 2025

Commission number 1248384

Area Code

Member, Pennsylvania Association of Notaries

Signature of Candidate

STEVEN S. OLER

Printed Name

528-6418

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

1 OF 10

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	3,455.00
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)		\$	1,036.00
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1,000.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period	(3)	\$	1,000.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	5,491.00

PART B

All Other Contributions

3 OF 10

\$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 Contributor		Joseph Fries				Date [MM/DD/YYYY]		\$	100.00
						10/25/2024			
House #	6131	Street Address		Red Pine Lane		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Gregory J. Rubino				Date [MM/DD/YYYY]		\$	100.00
						09/30/2024			
House #	4832	Street Address		Wolf Road		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Philip S. English				Date [MM/DD/YYYY]		\$	150.00
						10/08/24			
House #	1050	Street Address		Lookout Drive		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Kyle J. Gross				Date [MM/DD/YYYY]		\$	75.00
						09/29/24			
House #	970	Street Address		Bonnie Brae		Date [MM/DD/YYYY]		\$	36.00
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		Seth W. Tuttle				Date [MM/DD/YYYY]		\$	100.00
						09/29/2024			
House #	5505	Street Address		Luxery Drive		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		JAMES B. Terrill				Date [MM/DD/YYYY]		\$	75.00
						09/29/2024			
House #	6821	Street Address		East Lake Road		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]		\$	

PART B

All Other Contributions

4 OF 10

\$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:	
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Full Name of Contributor		James Hoover				Date [MM/DD/YYYY]	\$	100.00
						09/24/2024		
House #	3935	Street Address		Leprechaun Lane		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Peter L. Becker				Date [MM/DD/YYYY]	\$	100.00
						09/29/2024		
House #	4012	Street Address		Morse Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Kasey Tobin				Date [MM/DD/YYYY]	\$	100.00
						09/28/24		
House #	7321	Street Address		Station Road		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Debbie Humphreys				Date [MM/DD/YYYY]	\$	100.00
						09/28/24		
House #	3949	Street Address		Adelaide Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

PART C

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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 Identification Number:	
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Full Name of Contributing Committee	Mike Kelly For Congress				Date [MM/DD/YYYY]	\$	1,000.00
					09/12/2024		
House #		Street Address	P.O.Box 476		Date [MM/DD/YYYY]	\$	
City	Lyndora	State	PA	Zip Code	16045	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 350.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	350.00
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number:	
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Full Name of Contributor		Brian C. Shank				Date [MM/DD/YYYY]	\$	350.00
						09/29/2024		
House #	412	Street Address	Cambridge Road			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Employer Name		Retired				Occupation	Prison Guard	
Employer Mailing Address / Principal Place of Business						Description of Contribution	D.J. Service	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Harborcreek Township				Date [MM/DD/YYYY]	\$	425.00
						09/27/2024		
House #	5601	Street Address	Buffalo Road			Description of Expenditure		
City	Harborcreek	State	PA	Zip Code	16421	Shades Beach Pavilion Rental		
To Whom Paid		Randy Wieczorek				Date [MM/DD/YYYY]	\$	589.98
						09/26/2024		
House #	948	Street Address	Bonnie Brae			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16511	Curtze Food Order Oktolerfest 2024		
To Whom Paid		McMillen's Hilltop Beer				Date [MM/DD/YYYY]	\$	310.00
						09/29/2024		
House #	4535	Street Address	Buffalo Road			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16510	Beverages for Oktolerfest 2024		
To Whom Paid		Northwest Bank				Date [MM/DD/YYYY]	\$	60.00
						12/31/2024		
House #	4525	Street Address	Buffalo Road			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Paper Statement Fees		
To Whom Paid		Gordon's Foods				Date [MM/DD/YYYY]	\$	202.47
						09/16/2024		
House #	6748	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food Supplies for Oktolerfest 2024		
To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	230.79
						09/16/2024		
House #	7200	Street Address	PEach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food Supplies Oktolerfest 2024		
To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	265.78
						09/21/2024		
House #	7200	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Food Supplies		
To Whom Paid		Kelly Oler				Date [MM/DD/YYYY]	\$	310.00
						10/08/24		
House #	991	Street Address	Bonnie Brae			Description of Expenditure		
City	Erie	State	PA	Zip Code	16511	Foo& Decorating Supplies		

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	94.78
						09/28/2024		
House #	7200	Street Address	Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Desserts for Oktolerfest 2024		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

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:									
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Name of Creditor		Stephen S. Oler						Outstanding Balance of Debt	
House #	991	Street Address	Bonnie Brae			DATE DEBT INCURRED [MM/DD/YYYY]		\$	5,000.00
					08/09/2018				
City	Erie		State	PA	Zip Code	16511			
Description of Debt		Campaign Loan							

Name of Creditor		Stephen S. Oler						Outstanding Balance of Debt	
House #	991	Street Address	Bonnie Brae			DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,000.00
					03/26/2019				
City	Erie		State	PA	Zip Code	16511			
Description of Debt		Campaign Loan							

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									