

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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		01/01/24	12/31/24	2025 JAN 24 PM 12:10 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	6,029.85		
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: Cheryl Lee Cruz

My Commission expires 3 18 2025
MO. DAY

Signature: Heather Ives

Signature of Person Submitting report
Printed Name: Heather Ives

Daytime Telephone Number: 572-2225

Commonwealth of Pennsylvania - Notary Seal
Connie Lee Cruz, Notary Public
Erie County
My commission expires March 18, 2025
Commission number 1248384

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

23rd day of January 20, 2025

Signature: Cheryl Lee Cruz

My Commission expires 3 18 2025
MO. DAY

Signature: Steph A Oler

Signature of Candidate
Printed Name: STEPHAN S. OLER

Daytime Telephone Number: 528-6418

Commonwealth of Pennsylvania - Notary Seal
Connie Lee Cruz, Notary Public
Erie County
My commission expires March 18, 2025
Commission number 1248384

Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

1 OF 10

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	3,455.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	1,036.00
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Total for the reporting period	(2)	\$	
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	1,000.00
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All Other Contributions (Part D)	\$	0.00
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Total for the reporting period	(3)	\$	1,000.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	0.00
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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
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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:	
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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]	\$

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

70F10

In-Kind Contributions Received
VALUE OVER \$250

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		

SCHEDULE III

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 Wiczorek				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		

SCHEDULE III

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			

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 #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 5,000.00	
991	Bonnie Brae	08/09/2018					
City	State	Zip Code					
Erie	PA	16511					
Description of Debt		Campaign Loan					

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