Commonwealth of Pennsylvania - Campaign Finance Report 10F4

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

Filer Identification	Report Filed By	Candida	ite	Committee		Lobbyist
Number Name of Filing Committee, Candidate or	(Mark X) Friends Of Steve	e Oler				
Lobbyist Street Address		·				
City	991 Bonnie Brae	State		Zip Code		
Erie		State	PA	Zip Coue	16511	
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po		5- 2 nd Friday	6- 30 Day Post Election	7- Annual	Special 2 nd Friday	
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/20/2025	Year	2025	Amendment Report		Termination Report	Luma area and
Summary of Receipts and From Date	To Date			For	Office Use Only	in in the jet
Expenditures 01/01/202	. 05	/05/25				
A. Amount Brought Forward From Last Repo	rt S					
	9,0	027.83			¥0	202
B. Total Monetary Contributions and Receipt (From Schedule I)	ts \$	0.00			11	2025 MAY
C. Total Funds Available (Sum of Lines A and B)	\$ 9,0)27.83				7
D. Total Expenditures (From Schedule III)	\$	0.00				CO
E. Ending Cash Balance	\$ 00		•		and series	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received		07.83				4.0
(From Schedule II)	\$	0.00				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -6,0	00.00				
The second secon		Affidavit Sec				
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the att				ige and helief tr	ue correct and comple	ate
Sworn to and subscribed before me this	adited balleddies bir p	super, is to the	best of my knowled	age dita belief a	ue, correct and compa	cte.
day of // py 1025	_ ' 1		Ideathe	~ Jues		
Illichelle to onde	, L		Heather	of Person Subm	itting report	
Signature		***************************************	13001110	Printed Nam	e	.
My Commission expires 5 26	7 Commonwealt	h of Pennsylvan	ia Notary Seal	<u>5</u>	12-2225	<u></u>
MO. DĀY Y	R. MICHELL	E GONDA - Note Erie County	re#Gode	Day	time Telephone Numb	er
Part II- If this is a report of a Candidate's Authorize		ation than the Ma				
I swear (or affirm) that to the best of my knowledge amended.	e and selief this politi	cal committee	has 910t violated an	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this			1. /			
	Ž. '	_	thest	- A () Er	
Whether L	nto.		STEPHO.	nature of Candid	late OLEN	
Signature	" ['.]			Printed Name		
My Commission expires 5 26 7	1	<u> </u>	514	_5,	18-641	<u>8</u> _
MO. DÂY YR.	Commo	nwealth of Penn	rea Code sylvania - Notary Se	•	ime Telephone Numbe	r
		ICHELLE GONDA Erie Co	- Notary Public			
			ires May 26, 2027			

1 OF 4

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer identification Number		 	
			•

Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	A L	
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
Total for the reporting period	(3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	er kalir. Peri	
Total for the reporting period	(4)	\$ 0.00
		\$ <u> </u>

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.

riier identification wumber		
		Amount
Full Name of Contributing Committee		Date [MM/DD/YYYY] S
House # Street Address		Date [MM/DD/YYYY] 5
City	State Zip Code	Date [MM/DD/YYYY] 5
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$5
House # . Street Address		Date [MM/DD/YYYY] \$5
Grty .	State Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$
House# Street Address		,Date [MIV/DD/YYYY] \$
City	State Zip Code.	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		Pate (MIV/DD/YYYY)
House # Street Address	E-2-CONTRAINCE	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] S
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$
House # Street Address		Date [MIM/DD/YYYY] S
CHY	State Zip Gode	Date [MM/DD/YYYY] S
Full Name of Contributing Committee House # Street Address		Date [MM/DD/YYYY] S
		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 Contributor	· .	Date (MIX/DD/AAAA) = 5
House # Street Address		Date [MM/DD/AYYV] 3
City	State. Zip Gode.	Date (MM/JDb/AY4M)
Full Name of Contributor		Date [MM/DD/MMV] - #S
House # Street Address		↓Date [MM/DD/MM] § \$
Etiv .	State Zip Code	Date (MM/DB/MM) \$:
Full Name of Contributor		EDate IMIN/DD/AYYA(\$
House # Street Address	ISMANDOS SUST	Date MM/DD/AYYY) S
City :	State Zip Goders	Datei(MM/DD/YYXX) = \$5
Full Name of Contributor		Date [MiV/DB/AXA) \$
House # * Street Address	Interview and in	Date (MW/DD/YYY) \$
City 1	State ,Zip:Gode.	Date (MM/DD/YYYY) \$5
Full Name of Contributor		Control of the Contro
House # Street Address		Date [MM/DD/YYYY] 57
City Full Name of Contributor	State Zip.Code	Date (MM/DD/XYYY) 5
		Date [MM/DD/YYY] 15
House# Street Address		
<u>City</u>	State Zip Gode	Pate [MM/DD/AYA] \$

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 Identification Number:				·	
				Ÿ.	
Full Name of . Contributing Committee.	•			gpate Vilvy/dpy/xxxxxi	5
House# Street Address	. 7			Date MW/DD/XXXXI	
Grty	State	74n Gode		Date [MM/DD/AAAA]	
Full Name of Contributing Committee	,			adates[www.jbidy.yo.av.vi]	
House # Street Address			•	Date [MM/DD//Y/Y/]	S
(City	State	Zip.code;		Date MMM/DD/ASSM	
Full Name of Contributing Committee				Date (MM/DD/AAAA)	
House# Street Address				Date MM/DD/NYY	
City	State	Zije Gode		Spare (VIVI/OD/AGGA)	
Fill Name of Contributing Committee				Date IMM/DD/YYYY)	
House# Street Address				Pate (MM/DD/AYYA);≥	
City	State	Z p.@od⊖		Spate (MMV/DD/AYYAY) Bate (MMV/DD/AYAA)	S
Contributing Committee House # Street Address				Date (MM/DD/YYYY)	
City 2	Stàre	474[p/666]e		Date [MM/DD/YYYY]	
Full Name of			<u> </u>	adate (MIN/DID/WWW.	
Contributing Committee House # Street Address				Date [MM/DD/YYYY]	3
Egiy 3	State	Zip code		Date [MW/DD/YYYY]	
			<u>ē</u>		

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 Numb	er.					
		<u> </u>				
Full Name of Contribut				No. of the control of	(DD/AAAA)	
	Street Address			Company of the Control of the Contro	(DO/AVYX) = 35	
City. Employer-Name		Siate	Zip Code	Date (MM/I		
Employer Name Employer Mailing Addr				- Occupation		
Principal Place of Busin	ness			·		
Full Name of Contribut				iDatel(MW/A		
	Street Address			Date MM/C		
City Employer Name		State:	Zip Code	Date MM/D		
		· · · · · · · · · · · · · · · · · · ·		.Occupation		
Employer (Mailing Addr Principal (Blace of Busin	ness				· <u>·</u>	
Edl Name of Contribut				poate(MIVI/o		
	Street-Address			Date (MIM/D		,
Giry (The second secon	State	Zip Gode		DD/AYYA) S	
Employer Name			<u></u>	. Occupation	The state of the s	
Employer Mailing Adda Principal Place of Busin	1ess			: : : :		
Full Name of Contribute	OI T			Date (MIVI/D	D/MYMM) S.	
	Street Address			Date (MM/D		
City	Service Control of the Control of th	State	Z[p:Code.	(Date (MM/D		
Employer Name Employer Mailing Addre	ess/			Occupation		

PART E

Other Receipts

REFUNDS, INTEREST 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			
FUII Name			
	Pet Address	·	
Gity	istate.	Zip Gode	Date [MM/DP/YYAY]
Receipt Description 3			
FolliName		<u> </u>	
	et Address	Personal Control Works	- Transport of the state of the
(City	State	⊱Zip €ode-	Date MW/DD/WYY), S
Receipt Description			
ZaliName a 3		· · · · · · · · · · · · · · · · · · ·	
House# Stre	et Address		
City	State	/ 4(p)	Date MM/DD/YYYI \$
		Gode	
Receipt Description			1
FulliName company			
House'#. Stre	et Address	<u> </u>	<u></u>
City	State	ZP	Date MM/DD/AYYAL \$
		Code	
Receipt Description			
auli Name (La accordina		· · · · · · · · · · · · · · · · · · ·	
House# Stre	et-Address	· · · · · · · · · · · · · · · · · · ·	
GIV.	State	Zip Gode	Date IMM/DD/AYAMI S
Receipt Description			
		:	
Full Name			
House # Stree	et Address	:	
City 1	State	Zip Gode	Date [MM/DD/YYXY] \$
Receipt Description			

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

Fileridentificerion Number:						

1 UNITEMIZED IN KIND CONTRIB	Unkons regemen avalueopsi	50 00 C	Rues percon	IRIBUTAOR		
TOTAL for the reporting period	(1)	\$				
2 TINEKINID CONTRIBUTIONS REGE	VESSE/MINICIPATE CONTROL OF THE PROPERTY OF TH	v over direc				
TOTAL for the reporting period			AS IMPLEANABLE FILE			
TOTAL for the reporting period	(2)	\$: 		
3. IN KIND CONTRIBUTION RECEIV	EDAVATUE OMERS \$250.000(j.RG)	MERARA	[(G)]=			
TOTAL for the reporting period	(3)	\$				
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from the page 1, Report Cover Page, Item F)		\$				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	VALUE OF \$30.01	10 3230	
File: Identification Number:			
Full Name of Contributor		Date [MM/DD/YAYY]; \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Gode	Date[MM/DD//YYYY] \$	
Description of Contribution	Passessesses		
Full Name of Contributor		Date (MM/DD/YYYY)	
House # Street Address		Date [MM/DD/YYYY] \$	
City at	State Zip Gode	Date (MM/MD//YYY): 35	
Description of Contribution			
Full Name of Contributors			
The state of the s		Date MMM/DD/AYYAY), \$	
House # Street Address		_Date (MIM/DD/XXXX); s.	
City	State Zip/Gode	Date [MM/DD/YYY/] 5	· · · · · · · · · · · · ·
Description of Contribution			
Full Name of Contributor.		Pate (MM/pb/AAAA)	
House # Street Address		SDate IMM/JDD/WYY1	
Gity	State Zip Code	Date:[MM/DD/YYYY] 35.	
Description of Contribution	State of the state		-
Full Name of Contributor		-Date (MM/JDD/AYAY) - \$	
louse # Street Address		Date (MIX)/DD/AYYY) 5	
2(iy)	State Zip code	Date (MM/DD/YYYY) S	
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$25	i0 .	
Election in casion No.	inber:				
	CC 2 Tag 5 S 2 W				
Full Name of Contri	butor			······································	Date IMM/DD/MM1
Hause#	Street Address				*Date [MM//DD/AY(YY)] \$
City.	TO SHOW THE PROPERTY OF THE PR	State	Zip Code		Date (MIV)/DD/YYY) \$
Employer Name				· · ·	Occupation
Employer Mailing A Place of Business	ddress / Principal				Description of Contribution
Full Name of Contrib	outer :				SDate [M/M/DD/YYYY] S
House #	Street Address				Date [MIM//DD/XYYY] \$
City.	The state of the s	State	Zip Code		Date [MM/DD/YYYY] 5 3
Employer Name					Occupation :
Employer Mailing Ac Place of Business				<u>. </u>	Description of Contribution
Full Name of Contrib					.Date. MM/DB/AYYY] = \$
House #	Street-Address	375-7416-74-E			Pate IMIV/ADD/YYYY) 4 \$
		State	Zip Gode		Pate MM/DD/YYYY) 15
Employer Name Employer Mailing Ad	dress / Principal 4	AND THE PROPERTY OF THE PROPER			Occupation Description
Place of Business					of S. Gontribution :
Full Name of Contribi	ltoje			122	;Date MM/DD/AYAYA)
House#	Street Address			100	Date (MM/DD/XXXX) \$
Grity \$	A STATE OF THE STA	State	Zip Gode	57 57 57	Date [MM/DD/XXXX] \$
Employer Name				5600	Occupation .
Employer Mailing Add Place of Business	dress / Principal ale			. 100	Descriptions of

Statement of Expenditures

Eila-	Identification Number:			
FIRE	iucijujitanoji mujibej. 🔝			
12 2 2				
400 4000	보다면 보다는 나타면 어떤 방법이 나타를 제			
100000000000000000000000000000000000000	A PALENT OF THE STANDING TRACE OF			
more analysis	A CONTRACTOR AND STATE OF A STATE			
4.00	Description of the management of the second			

To Whom Paid	35.00			Resident to the American State of the State		
io whom Palo	Northwest Bank		Date [MM/DD/YYYY] \$ 20.00			
House #	Street Address		04/30/2025 20.00 Description of Expenditure			
4525	Street Address	Buffalo Road		Description of Experimente		
City Erie		State PA Zip 16510		Paper Bank Statements		
To Whom Paid	1754 1754		Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure		
City	I cas Dada activities 1	State	Zip			
			Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
TERMINAL DESCRIPTION	ELOUSONE DE COM					
House #	Street Address			Description of Expenditure		
City	(A. 18 1. 25 July 20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code	The Market Charles (Proceedings of No. 1971) and House States and States (Proceedings of States (Procedure)) and the Company of States (Procedure)		
To Whom Paid			Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure		
City		State	Zip			
			·			
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	Street Address		Description of Expenditure		
City	100000000000000000000000000000000000000	State	Zip Code			
To Whom Paid			Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid	91 <u>4</u>	- Altroval	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure		
City		State	Zip	And the contribution of the second contribution of the contributio		
Cyfric -		36.350	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.

		AC OR Oripora access	s and obligations wil	Tierraic .	Sucstanting of the	- Control (choi ting period)
Filer Identification N	łumber:					
第2章を発生を含めることがある。	Selection of					
Name of Creditor	Stephr	en S. Oler				Outstanding Balance of Debt
House #	Street Addre			DA7	TE DEBT INCURRED	\$
991		ress Bonnie Brae	,	1 1 2 4 4 4 4 1 4 1 4 1 2 1 1 1 1 1 1 1	[MM/DD/YYYY]	
		BOWNE DIEC			201808/09/	
City	Erie	4 1	State	PA	Zip Code 16511	5,000.00
Description of Del	Campa	aign Loan				1
Name of Creditor	Stepher	en S. Oler				Outstanding Balance of Debt
House #	Street Addre	\$3.4 cm		The state of the s	TE DEBT INCURRED	\$
991		Bonnie Brae	,	/ · · · · · · · · · · · · · · · · · · ·	[MM/DD/YYYY]	
City	Erie	<u>#4</u>	State	PA	Zip Code 16511	1,000.00
Description of Del		ain Loan	I della harman an	1	Concession	
Name of Creditor						Outstanding Balance of Debt
House #	Street Addre	acc		DAT	TE DEBT INCURRED	\$
			1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MM/DD/YYYY]	
City			State		Zip Code	-
Description of Deb	S t		Administration of the second		Value Salata	
Name of Creditor						n Line of Dalif
						Outstanding Balance of Debt
House #	Street Addre	ess.		The state of the state of the state of	E DEBT INCURRED MM/DD/YYYY1	*
)		MM/DD/YYYY]	
City	To Charles and Cha	<u> </u>	State		Zip	+3
				L	Code	1356 878
Description of Deb	, t		-			
Name of Creditor						
	· · · · · · · · · · · · · · · · · · ·					Outstanding Balance of Debt
House#	Street Addre	iss			E DEBT INCURRED MM/DD/YYYY]	\$
Gity City			State		Zip	-
Description of Deb	<u></u>		\$200 BESSE		Code	
Description						
Name of Creditor	C 540 48 540					Outstanding Balance of Debt
House #	Street Addre	55			E DEBT INCURRED MM/DD/YYYY]	\$
		<u> </u>		·		
City			State	 i	Zip Code	
Description of Deb				<u>-</u>		