

# Commonwealth of Pennsylvania - Campaign Finance Report

10F1

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

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Stephen S. Oler							
Street Address		991 Bonnie Brae							
City	Erie	State	PA	Zip Code	16511				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/2025	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
	01/01/2025	05/05/25	
A. Amount Brought Forward From Last Report	\$	-6,000.00	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 MAY -8 AM 11:40  ERIE COUNTY  VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	-6,000.00	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-6,000.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## 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

8 day of May 20 25  
 Michelle Gonda  
 Signature

My Commission expires 5 26 27  
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal  
 MICHELLE GONDA - Notary Public  
 Erie County 814  
 My Commission Expires May 26 2027  
 Commission Number 1290868

Signature of Person Submitting report  
 Stephen S. Oler  
 Printed Name

528-6418  
 Daytime Telephone Number

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

day of 20  
 Signature

My Commission expires  
 MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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 B)*

\$

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.

Filer Identification Number												
										Amount		
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]	\$			

## 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 [MM/DD/YYYY]		S			
House #	Street Address				Date [MM/DD/YYYY]		S			
City				State		Zip Code			Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]		S			
House #	Street Address				Date [MM/DD/YYYY]		S			
City				State		Zip Code			Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]		S			
House #	Street Address				Date [MM/DD/YYYY]		S			
City				State		Zip Code			Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]		S			
House #	Street Address				Date [MM/DD/YYYY]		S			
City				State		Zip Code			Date [MM/DD/YYYY]	S
Full Name of Contributor					Date [MM/DD/YYYY]		S			
House #	Street Address				Date [MM/DD/YYYY]		S			
City				State		Zip Code			Date [MM/DD/YYYY]	S

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:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code	Date [MM/DD/YYYY]	S	

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	
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Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City		State		Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

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	
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Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]	S			
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**

Efil Identification Number	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

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

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

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)		\$
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250**

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]				
City	State		Zip Code		Date [MM/DD/YYYY]			
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]				
City	State		Zip Code		Date [MM/DD/YYYY]			
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]				
City	State		Zip Code		Date [MM/DD/YYYY]			
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]				
City	State		Zip Code		Date [MM/DD/YYYY]			
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]				
City	State		Zip Code		Date [MM/DD/YYYY]			
Description of Contribution								

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

Efil Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]		S		
City	State	Zip Code			Date [MM/DD/YYYY]		S	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]		S		
City	State	Zip Code			Date [MM/DD/YYYY]		S	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]		S		
City	State	Zip Code			Date [MM/DD/YYYY]		S	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				
Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #	Street Address			Date [MM/DD/YYYY]		S		
City	State	Zip Code			Date [MM/DD/YYYY]		S	
Employer Name				Occupation				
Employer Mailing Address / Principal Place of Business				Description of Contribution				

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number													
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									

**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	
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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						

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						