Print Form



## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

10F2

		france i			t be clear an		16 3110	aid be typed	*;	
Filer (dentificat Number			Report ( Mark	Filed B X)	y Candid	ate	X	Committee		Lobbyist
Name of Filing Lobbyist	Committee, Ca	ndidate or	Stepher	s. Ole	r			<del>* · ,   ,   . · · · · ·</del>		
Street Address			991 Bor	nnie Bra	ie					
City	Erie	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		State	te PA		Zip Code 16511		
Type of Report	(Place x under	report type)							<u>.                                      </u>	
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post		4- 6th Tuesday 5- 2nd Frida		5- 2 <sup>nd</sup> Friday	6- 30 Day Post		7- Annual	Special 2 <sup>nd</sup> Friday   Special 30 Day		
Pre-Primary	Pre-Primary	Primary	Pre- Ele	ction	Pre-Election	Election			Pre-Election	Post-Election
								X		
Date Of Election (MM/DD/YYYY	G. A. G. B. C.	05/21/2019	Year		2019	Amenda Report	nent		Termination Report	
Summary of Receipts and From Date			To Date					For	Office Use Only	
Expenditures 08/09/18		08/09/18		12/31/18						~ <u>2</u>
A. Amount Bro	ught Forward F	rom Last Report	\$	\$ 0.00					<u></u>	<u> </u>
B. Total Monetary Contributions and Receipts (From Schedule I)			\$	\$ 0.00		1				1050 <b>S</b>
C. Total Funds Available (Sum of Lines A and B)			\$	\$ 0.00				4		
D. Total Expenditures (From Schedule III)			\$	\$ 5,000.00						
E. Ending Cash Balance (Subtract Line D from Line C)			\$	-5,000.00						
F. Value of In-Kind Contributions Received (From Schedule II)			\$	0.00						° .
G. Unpaid Debts and Obligations (From Schedule IV)			\$	0.00						*
Part 1- If this is a	ammittaa ranar	+ transurar sign h	asa Ifthia	ic o Com	Affidavit Se		- ba			
								ge and belief to	ue, correct and com	plete.
Sworn to and subs				· by	_ <b>₹</b> 8	How	4	11	les	
anna Mar Grunavel			e./	28	COMMONW CHIE CO	STOPHEN S. CLET				
Signature			2.	- 155	SEZE /	3 . i . i		Printed Nam	e on 1445	1
My Commission e	xpires/ MO.	DAY YR.	_	200	NIT OF A	Area Code		Day	ナ <u>メーと・7/ ©</u> rtime Telephone Nur	nber
Part II- If this is a report of a Candidate's Authorized Committee, Candidate's Candidat										
I swear (or affirm) that to the best of my knowledge and belief the state of the Act of June 3, 1937. (P.L. 1333, NO.320) as										
amended.  Sworn to and subscribed before me this day of										
day of20 Signature of Candidate										
Signature			Ŀ	_ ১						
My Commission expires MO. DAY YR. Area Code E					Dayt	ime Telephone Num	ber .			

## SCHEDULE III Statement of Expenditures

Filer Identification Number:			

To Whom Paid	F-1			Date [MM/DD/YYYY] \$
tud Cusa Tiporate de Sula Maria. Como de la como de Sula Maria	Friends of Steve O	ier		08/09/2018 5,000.00
House # 991	Street Address Bonnie Brae			Description of Expenditure
City Erie		State PA	<b>Zip</b> <b>Code</b> 16511	Loan to campaign committee
To Whom Paid				Date [MM/DD/YYYY] \$
<u>Visi Chimbioniko errolla</u>		<u>,</u>		
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
dayes a company				
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			<u>.</u>	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	The same of the sa	State	Zip Code	