Reset F	orm	Print	Form

10F5

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)													
Filer Identification Number				ort Filed E ark X)	Зу	Candida	ite		Committee		X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist				Friends of Steve Oler							111		
Street Address			991 (Bonnie Bra	ee		**				•	,	
City	rie		I			State	PA		Zip Code	16511			
Type of Report (Place x	under repor	rt type)				•							
1-6 th Tuesday 2- 2 nd Pre-Primary Pre-Pri						Friday Election	6- 30 Da Election		7- Annual	Special 2 ^{no} Pre-Election	-	Special 30 I Post-Electic	
									\times				
Date Of Election (MM/DD/YYYY)			Year				Amendr Report	nent		Termination Report)n		
Summary of Receipts a	nd Fro	m Date		To Date	2				For	Office Use O	nly	l	
Expenditures		11/26/2019		12	/31/201	19							
A. Amount Brought For	ward From	Last Report	\$	2	,530.04	4			,				
B. Total Monetary Cont (From Schedule I)		nd Receipts			100.00								
C. Total Funds Available (Sum of Lines A and B)	9		\$	2	,630.04	4							
D. Total Expenditures (From Schedule III)	<u> </u>		\$ 2,038.14			4							
E. Ending Cash Balance			\$ 591.90										
(Subtract Line D from Li F. Value of In-Kind Cont		eceived	\$ 0.00										
(From Schedule II)	-11	· · ·	1	0.00									
G. Unpaid Debts and Obligations (From Schedule IV)				- 6	ეგ. poo,)							
				S &	Att	idavit Sec							
Part 1- If this is a Committe	e report, trea	asurer sign he	re. If t	his is a Can	dideter	report, ca	ndidate sig	n here.					
I swear (or affirm) that this	report, includ	ding the attac	hed so	hed piles or	PQP 2	is to the	best of my	knowled	ge and belief tr	ue, correct an	d complet	te.	
I swear (or affirm) that this Sworn to and subscribed be		A		vania otany ty	er 128	·	adra	t h e	~ WW	<u> </u>			
Jonia U	lema	ndes	<i>-</i>	Pennsylvania ndez, Notary rie Gounty	n number 128	_	teaf	gnature o	of Person Subm	itting report			
Signature (λ(u		Printed Name	פבר ניק. מבר ניק	λ <		:
My Commission expires MO. DAY VR.				onia Ferna	Commissio	E A	rea Code	_	<u>ح</u> Day	time Telephor	ne Numbe	r	
Part II- If this is a report of a	a Candidate's	Authorized (Commi	V			re.						
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 be	efore me this			T					e sa				
day of On	_	ry Sea	2023 12	selles —	flest		100						
Signature				- Notary Bublio	in expires April 3, 2023 in number 1288912 ania Association of Materials	ž 5 _\$	TEPH	<u>ซพื</u>	ature of Candid <u>く</u> Printed Name	L #7\	,		
My Commission expires	1-3-	13	-	Ivania Votary nty	es Apr er 12		2/4		5	18-64	118		
M	IO. DAY	YR.		Pennsylvania ndez, Notary ie County	n expires April 3, n number 12889	Ä	rea Code		Dayti	me Telephone	Number		
				医复高	<u> </u>	<u> </u>							

SCHEDULE I

Contributions and Receipts

20F5

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Province make a contribution and necespts 500,00 or less per contribution		
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)	\$	100.00
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	. .	
Contributions Received from Political Committees (Part C)	\$	
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 B All Other Contributions

30F5

\$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 Con	tributor			Date [MM/DD/YYYY]	\$	
	Robert J. L	uther JR	12/12/2019		100.00	
House #	Street Address			Date [MM/DD/YYYY]	\$	
12737		Forrest Drive				
City Edinboro		State PA	Date [MM/DD/YYYY]	\$		
Full Name of Con	tributor	100000000000000000000000000000000000000	Date [MM/DD/YYYY]	\$		
					7	
House #	Street Address			Date [MM/DD/YYYY]	\$	
					Tarka Tarka	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
A SANA SANA SANA SANA SANA SANA SANA SA					10 mg/s	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
			Zip Code			
City		State	Date [MM/DD/YYYY]	\$		
		2 (2.00) 12 (2.00)	1 - A.		95 V.C	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
			4.			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	•
Full Name of Con	ributor	[35,20] [55,4]	P. E. Statiller, Na.	Date [MM/DD/YYYY]	\$	
				Date (Miles DD) 1711		
House #	Street Address	 		Date [MM/DD/YYYY]	\$	
				Date (Mas) DD/1111	•	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	·
		314.5	Zip Code	Date (wiles/DD/11111)		
Full Name of Cont	ributor		Date [MM/DD/YYYY]	\$		
House#	Street Address		 	Date [MM/DD/YYYY]	\$.
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	

SCHEDULE III Statement of Expenditures

Filer Identification Number:	 	 	
사람이 아내가 가장하는 것은 사람들이 없었다.			
SERVING VIOLENCE AND ARCHITECTURE			

To Whom Paid						Date [MM/DD/YYYY]	\$		
	Cookie Cutter by Be		12/15/2019		125.00				
House # 66	Street Address Re	aymond Avenu	ie	· 	Description of Expenditure				
Corry State PA Zip Code 16407						Cookies for Election Night			
To Whom Paid	Erie Brewing Compa	any				Date [MM/DD/YYYY] 11/05/19	\$	150.00	
House # 6008	Street Address Kr	nowledge Park	way			Description of Expendi	ture		
City Erie	The state of the s	State PA		Zip Code	16510	Service tip	132 X 133	ffir seff i gritan dekerkezzen fillerkent schaft. Wiegfte	
To Whom Paid	Printing Concepts					Date [MM/DD/YYYY] 12/10/2019	\$	1,763.14	
House # 4982	Street Address Pa	cific Avenue				Description of Expendit	ture		
City Erie		State PA	100	Zip Code	16506	Printing			
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address		·		,	Description of Expendit	ure		
City	F = 320110000 = -001 (0.201	State		Zip Code	H 3 - W		<u> ransaran</u>	<u>nggagon langgan panggunaan lalas</u>	
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address		777 2278		·	Description of Expendit	ure		
City		State	1.0	Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House#	Street Address					Description of Expendit	ure		
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address			Description of Expendit	ure				
City	State		Zip Code						
To Whom Paid					Date [MM/DD/YYYY]	\$			
House #	Street Address				W. 1924 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Description of Expendit	ure		
City		State		Zip Code			3.555 (11 E	en i i i i i i i i i i i i i i i i i i i	

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 Identific	cation Number:	7 3114 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	indicate de la constitución de l	, cita of the reporting period.
Name of Cre	reditor Stephen S. Oler			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	DUING LIQU		08/09/2018	
City	Erie	State	PA Zip 16511	5,000.00
Description	of Debt	<u> </u>	Code	
Name of Cre	reditor Stephen S. Oler			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	03/26/2019	
ensisaansi e	Erie		PA Zip 16511	1,000.00
Description	of Debt		41 By 11	10.00
Name of Cre				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
Description	of Debt	The thirty of the	Code	**************************************
Name of Cre	aditor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description (of Debt			18.51
Name of Cre	iditor			Outstanding Balance of Debt
House #	Street Address		DATE DEST INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description o	of Debt		With the transition	1.5.20
Name of Cred	ditor			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	.
City		State	Zip Code	
Donadation is		195591	Code	\$4