## **Commonwealth of Pennsylvania - Campaign Finance Report**

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

Filer Identification Number	Report Filed By Candida ( Mark X)	te Committe	e X Lobbyist		
Name of Filing Committee, Candidate or Lobbyist	COMMITTE	10 ELLET	ART OLIGERI		
Street Address	5447 Ba	WOV DR	<b>,</b> ,		
City ERIE	State	PA Zip Code	16509		
Type of Report (Place x under report type)					
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Friday Pre-Election Pre-Election	6- 30 Day Post 7- Annual Election	Special 2" Friday Special 30 Day Pre-Election Post-Election		
Date Of Election (MM/DD/YYYY)	Year 2020	Amendment Report	Termination Report		
Summary of Receipts and From Date Expenditures   (1)-01-200	To Date 0 12-31-2020	Fól	r Office Use Only		
A. Amount Brought Forward From Last Repor B. Total Monetary Contributions and Receipts (From Schedule I)	5 0		2021 FEB		
C. Total Funds Available (Sum of Unes A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$ 0		EB - I AM I R REGISTR		
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0				
G. Unpaid Debts and Obligations  (From Schedule IV)					
Affidavit Section  Part 1- 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 thisday of20	- <u>'</u> L -	Signature of Person Submitting report			
Signature	-	Kuth Ann Oligeni Printed Name			
My Commission expires MO. DAY YR.	- <del>-</del>	<del></del>	92-4385 aytime 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 Printed Name					
My Commission expires MO. DAY YR.	A	<u> </u>	23-248C rtime Telephone Number		
			<u>.                                  </u>		



## **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

VOTER REGISTER ENTERNO

## Unsworn Statement in Lieu of Sworn Statement & Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Candidate, or	Lobbyist	
COMMITTEE	TO ELLET 1	ART OLIGHT	2/
Reporting Cycle Nam	e de la companya de		
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election
Part I - If this form is subthis form is submitted with a report is submitt	ith a Candidate report, in irt by a contributing lob y name below, I hereb § 4904, that the infor	the candidate must sig byist, the lobbyist mus by declare under the mation contained in	n here. If this report it sign here. penalty of perjury, the accompanying
Rutlan Ol	egin-		1-2021
Signature of Treasurer, Candidate, or Lobbyist			Date
Ruth Ann (	)ligeri	de Nove-Anni de Spinostono politico por compute	
Pri	inted Name		



## **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:rasketampaignfinance@pa.gov">rasketampaignfinance@pa.gov</a>

VOTER REGISTRATION

Part II - If this form is submitted with a report by a Candidate's Authorized Committee the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

-1 - d)

Date

**Printed Name**