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

Filer Identification	Report Filed By Candidate		te Committ		nmittee Lobbyist		
Number	(Mark X)						
Name of Filing Committee, Candidate or Lobbyist	Counn	1111-7-	TO ELECT ART OLIGHRY			lot-RI	
Street Address Lobbyist COMMITTEE TO FLECT FART ()LIGHTY Street Address 62447 BONDY DR							
City EPIE		State	PA	Zip Code	16509	· · · · · · · · · · · · · · · · · · ·	
Type of Report (Place x under report type)		1.993		le des a lease a			
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	4-6th Tuesday 5	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day	
■ : : 한다는 등장되었다고요. 세상 : : : : : : : : : : : : : : : : : :		Pre- Election	Election		Pre-Election	Post-Election	
				X			
Date Of Election	Year		Amendment		Termination		
(MM/DD/YYYY)	2019		Report		Report		
Summary of Receipts and From Date	To Date		For Office Use Only				
Expenditures C1-01-201		-2019					
A. Amount Brought Forward From Last Report	\$	3.84				President	
B. Total Monetary Contributions and Receipts	\$	······				7828 828	
(From Schedule I)		30.00		•	• · · · · · · · · · · · · · · · · · · ·	C	
C: Total Funds: Available (Sum of Lines: A and B)	\$ 433.84			•			
D. Total Expenditures	\$ 700.0		mall		1.		
(From Schedule III)	<u> </u>	\$ 430.00				" <u>o</u>	
E: Ending Cash Balance (Subtract Line D from Line C)	\$	3.84			:		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0,00				# 	pm b , 'u	
G. Unpaid Debts and Obligations	S			-	•		
(From Schedule IV)		0.00			_		
Part 1- If this is a Committee report, treasurer sign he	era If this is a Candid	Affidavit Sect			· .		
I swear (or affirm) that this report, including the attac				ge and belief tru,	e, correct and complet	te.	
Sworn to and subscribed before me this			1	n to	}-		
21 day of January 20 20	COMMONWEALTH OF	PENNSYLVANIA	Ruth	inty	egu_		
Bartaratar	NO ARIAL S	ARKER	Signature o	f Person Submit	ttir@report		
Signature	NG(ary Pul MILLCREEN TWP E	DIC COUNTY		Printed Name	149e=	_	
My Commission expires 3 26 5 kg	Commission Expire	IS Mar 26, 2021	814	8	64-9224		
MO. DAY YR.		Are	ea code		time Telephone Numbe	:r	
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							
319 day of January 20 Dammor	wealth of Pennsylvi	enia Notary 8	AMMy	UM	yu 100		
d h. A. d	nnifer L. Turner, No Erie Count	otary Public	Signa	ture of Candida	OLIGEN O	_ 	
Signature My com	mission expires O	ctober 18, 202	22 P	rinted Name	U CE WELL - C	· · · · · · · · · · · · · · · · · · ·	
My Commission expires Nobel 18. 2006.	mmission numbe Pennsylvania Assoc		All	81	14-323-24	486	
MO. DAY YR.	, oursylvania Vesor		ea Code		ne Telephone Number	200	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	CommiTE	10	ELECT	ART OLIGERI	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50:01 to \$250.00 (From Part A and Part B)	day May 1869 Sayi Aday	21.149 20.71 20.814	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)		50,753 November 1	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	430,00
Total for the reporting period	(3)	\$	430,00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC.:(From Part E)	Meritalian (Sense) Walter	70 7 M	
Total for the reporting period	(4)	\$	0.00
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, Rep Cover Page, Item B)	ort	\$	430.00

Statement of Expenditures

FOR THE PARTY OF T				·	
dentification Number:		and the second second	<u> </u>		
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45-60 MINUS 1895 PER	(12 Maini II in-	770 ///			
"我们是是你是我的的人,我们们的	- CO 00 8000 11 1525		MATERIAL STATES		
AND AND COMPANY OF THE PARTY OF		, . -	7 3		

Tie Whom Paid	FRIEND	SOFV6	HN C	SPOH	Date MM DD MYYYY	130,00
House#	Street/Address		•		Description of Expenditure	
(GTV)		State	Zij Co	o ide	DONA-TION	
IIo.Whom Paid	MILLE	KEZLY	For	COUGRESS	Date MM/00 MMY \$ 08 05 JU19	25000
House #	Street Address				Description offexpenditure:	
Gty		State		de i	DONATION	
ījo WhomiPaid	FRIENDS	OF MI	424 S	CHAAF	04/03/2019	50.00
House.#	treet/Address				Description of Expenditure.	
(GIV)		State	Zip Ge	de	·	
To Wheim Paid	,				Date (MM/OD/MYYY) 5	
House #	treet Address				Description of Expenditure	
(City)		State	Zip Go			
ilio WhomiPaid					Date(IMM/DD//yym) / 5	
(House#	tneet/Address				Description of Expenditure	
(Cliv)		State	Zip Ço	de		
(IroWnom)Paid					Idate MM/dd//MY/Y	
	treet Address				Description of Expenditure	
(G(v))		State	Zip God	d		
Tro Whom Paid					Date [MM/DD/YYYY] \$	
	treet Address				Description of Expenditure	
€ ny (State	Zip Go			
Tro/Whom Paid					Date: IVM/ADD/YYWYI \$	
House# s	treet Address				Description of Expenditure	
C ity		State	Z ip God			

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:	Committee	to elect	ART OLIL	,LRI
Full Name of Contributor	ARTHUR OL	-166RI [1]	Date [MM/DD/YYYY] 06/01/2019	430.00
5447	ARTHUR OL et Address BONDY State PA	1 DR	Date [MM/DD/YYYY]	.
Employer Name	State PA	zip Code 16509		
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
Frindpai Place of Business Full Name of Contributor			Date (MM/DD/Wyy)	\$
	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor	AND THE PROPERTY OF THE PROPER		Date [MM/DD/WYY]	\$
	t Address	CONTRACTOR DESCRIPTION		i s
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
Full Name of Contributor			Pate (MM/DD/YYXY)	
	t Address			
City	Saz	Zip Code	Date [MM/DD/YYYY]	\$.
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business	Control S. 1			