

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20220253		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CHELSEA OLIVER										
Street Address: PO BOX 273										
City: CORRY			State: PA		Zip Code: 16407					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	4	STH	DEM	25
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2022	TO	5	2	2022		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,440.83				
C. Total Funds Available (Sum Of Lines A and B)				\$		2,440.83				
D. Total Expenditures (From Schedule III)				\$		0.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		2,440.83				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		1,366.63				
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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code 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

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CHELSEA OLIVER	From: <u>1/1/2022</u> To: <u>5/2/2022</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 805.83

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 1,135.00
TOTAL for the Reporting Period (2)	\$ 1,135.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
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 Page1, Report Cover Page, Item B.)	\$ 2,440.83
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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.**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City				
State				
Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CHELSEA OLIVER	From: <u>1/1/2022</u> To: <u>5/2/2022</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Susan Murawski							\$ 100.00
Mailing Address 9211 Palmer Road				3	23	2022	
City North East	State PA	Zip Code (Plus 4) 16428					
Jesy Littlejohn							\$ 85.00
Mailing Address 9070 Stebbing Way				4	23	2022	
City Laurel	State MD	Zip Code (Plus 4) 20724					
Kelly Filburn							\$ 130.00
Mailing Address 6046 Boxer Drive				4	26	2022	
City Bethel Park	State PA	Zip Code (Plus 4) 15102					
Mandi Johnson							\$ 55.00
Mailing Address 47 E. Smith St				4	28	2022	
City Corry	State PA	Zip Code (Plus 4) 16407					
Sara Provencio							\$ 95.00
Mailing Address 322 E. South Street				4	14	2022	
City Corry	State PA	Zip Code (Plus 4) 16407					
Margaret Watts							\$ 100.00
Mailing Address 12663 Forrest Drive				5	2	2022	
City Edinboro	State PA	Zip Code (Plus 4) 16412					

Full Name of Contributor Margaret Watts			MO	DAY	YEAR	\$ 30.00
Mailing Address 12663 Forrest Drive			4	20	2022	
City Edinboro	State PA	Zip Code (Plus 4) 16412				
Full Name of Contributor Margaret Watts			MO	DAY	YEAR	\$ 50.00
Mailing Address 12663 Forrest Drive			4	15	2022	
City Edinboro	State PA	Zip Code (Plus 4) 16412				
Full Name of Contributor Richard Oliver			MO	DAY	YEAR	\$ 140.00
Mailing Address 938 Woodside Avenue			4	30	2022	
City Ellwood City	State PA	Zip Code (Plus 4) 16117				
Full Name of Contributor Mary Jo Campbell			MO	DAY	YEAR	\$ 100.00
Mailing Address 5431 Linden Avenue			4	30	2022	
City Edinboro	State PA	Zip Code (Plus 4) 16412				
Full Name of Contributor Cynthia Purvis			MO	DAY	YEAR	\$ 100.00
Mailing Address 101 West 34th Stret			4	30	2022	
City Erie	State PA	Zip Code (Plus 4) 16508				
Full Name of Contributor Sara Bartko			MO	DAY	YEAR	\$ 150.00
Mailing Address 5701 Timbercreek Drive			3	17	2022	
City Erie	State PA	Zip Code (Plus 4) 16509				

PAGE TOTAL

\$ 1,135.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 from Over \$250.00 in the reporting period.**

Name of Filing Committee or Candidate FRIENDS OF CHELSEA OLIVER	Reporting Period From: <u>1/1/2022</u> To: <u>5/2/2022</u>
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	DATE		AMOUNT
Full Name of Contributing Committee THE CENTER FOR FREETHOUGHT EQUALITY PAC	MO	DAY	YEAR
Mailing Address 1821 JEFFERSON PLACE NW	4	20	2022
City WASHINGTON			
State DC			
Zip Code (Plus 4) 20036			
			\$ 500.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 500.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
 over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
				\$	0.00
Mailing Address					
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate FRIENDS OF CHELSEA OLIVER	Reporting Period From: <u>1/1/2022</u> To: <u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 1,366.63
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, Reports Cover Page, Item F.)	\$ 1,366.63

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CHELSEA OLIVER	From: <u>1/1/2022</u> To: <u>5/2/2022</u>

					DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR			
Chelsea Oliver	2	25	2022	\$	213.70	
Mailing Address 611 1/2 S. Center Street						
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed		Occupation Marketing				
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street	City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Website hosting		
Chelsea Oliver	3	17	2022	\$	21.20	
Mailing Address 611 1/2 S. Center Street						
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed		Occupation Marketing				
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street	City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Website domain		
Chelsea Oliver	3	17	2022	\$	21.20	
Mailing Address 611 1/2 S. Center Street						
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed		Occupation Marketing				
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street	City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Website domain		
Chelsea Oliver	3	28	2022	\$	23.20	
Mailing Address 611 1/2 S. Center Street						
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed		Occupation Marketing				
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street	City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Stamps		

Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 100.00
Mailing Address 611 1/2 S. Center Street			3	23	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Filing fee	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 60.88
Mailing Address 611 1/2 S. Center Street			3	7	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Banner	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 4.33
Mailing Address 611 1/2 S. Center Street			3	16	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Certified mail	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 4.33
Mailing Address 611 1/2 S. Center Street			3	16	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Certified mail	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 74.20
Mailing Address 611 1/2 S. Center Street			3	30	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Postcards	

Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 160.00
Mailing Address 611 1/2 S. Center Street			3	30	2022	
City Cory	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Stamps	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 50.15
Mailing Address 611 1/2 S. Center Street			4	4	2022	
City Cory	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Mail supplies	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 50.00
Mailing Address 611 1/2 S. Center Street			4	15	2022	
City Cory	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution CAM TV	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 30.00
Mailing Address 611 1/2 S. Center Street			4	18	2022	
City Cory	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Campaign t-shirt	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 200.00
Mailing Address 611 1/2 S. Center Street			4	20	2022	
City Cory	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution ErieDems dinner tickets	

Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 338.44
Mailing Address 611 1/2 S. Center Street			3	29	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution Literature items	
Full Name of Contributor Chelsea Oliver			MO	DAY	YEAR	\$ 15.00
Mailing Address 611 1/2 S. Center Street			4	28	2022	
City Corry	State PA	Zip Code(Plus 4) 16407				
Employer of Contributor Self-employed			Occupation Marketing			
Employer Mailing Address/Principal Place of Business 611 1/2 S. Center Street		City Corry	State PA	Zip Code(Plus 4) 16407	Description of Contribution NWPA Pride	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 1,366.63

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period
	From To:

	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 0.00

