

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 : 2022C1493		Report Filed By :		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: OLIVER, CHELSEA											
Street Address:											
City:					State:		Zip Code: 16407				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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		5	2	2022			
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		0.00				
D. Total Expenditures (From Schedule III)					\$		1,366.63				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		(1,366.63)				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
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
OLIVER, CHELSEA	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)	\$ 0.00

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

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

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.)	\$ 0.00
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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
	From: To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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	Reporting Period
	From: To:

	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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 OLIVER, CHELSEA	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)	\$ 0.00
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.)	\$ 0.00

**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			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

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

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
SQUARESPACE	2	25	2022	\$ 213.70
Mailing Address	225 VARICK STREET, 12TH FLOOR			
City NEW YORK	State NY	Zip Code (Plus 4) 10014		Description of Expenditure WEBSITE HOSTING
To Whom Paid	MO	DAY	YEAR	
SQUARESPACE	3	17	2022	\$ 42.40
Mailing Address	225 VARICK STREET, 12TH FLOOR			
City NEW YORK	State NY	Zip Code (Plus 4) 10014		Description of Expenditure DOMAINS
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH OF PA	3	23	2022	\$ 100.00
Mailing Address	NORTH OFFICE BUILDING			
City HARRISBURG	State PA	Zip Code (Plus 4) 17120		Description of Expenditure FILING FEE
To Whom Paid	MO	DAY	YEAR	
USPS	3	28	2022	\$ 23.20
Mailing Address	101 S CENTER ST			
City CORY	State PA	Zip Code (Plus 4) 16407		Description of Expenditure STAMPS
To Whom Paid	MO	DAY	YEAR	
USPS	3	16	2022	\$ 4.33
Mailing Address	101 S CENTER ST			
City CORY	State PA	Zip Code (Plus 4) 16407		Description of Expenditure CERTIFIED MAIL

To Whom Paid USPS			MO	DAY	YEAR	\$	4.33
Mailing Address 101 S CENTER ST			3	16	2022		
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure CERTIFIED MAIL				
To Whom Paid USPS			MO	DAY	YEAR	\$	160.00
Mailing Address 101 S CENTER ST			3	30	2022		
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure STAMPS				
To Whom Paid USPS			MO	DAY	YEAR	\$	50.15
Mailing Address 101 S CENTER ST			4	4	2022		
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure MAILING				
To Whom Paid NW PA PRIDE			MO	DAY	YEAR	\$	15.00
Mailing Address PO BOX 11448			4	28	2022		
City ERIE	State PA	Zip Code (Plus 4) 16514	Description of Expenditure VENDOR FEE				
To Whom Paid SAWYER PRINTING			MO	DAY	YEAR	\$	338.44
Mailing Address 17 W SOUTH ST			4	21	2022		
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure PRINT MATERIALS				
To Whom Paid SAWYER PRINTING			MO	DAY	YEAR	\$	74.20
Mailing Address 17 W SOUTH ST			3	29	2022		
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure PRINT MATERIALS				

To Whom Paid GREEN'S GRAPHICS			MO	DAY	YEAR	
Mailing Address 18207 SCIOTA ROAD			3	7	2022	\$ 60.88
City CORRY	State PA	Zip Code (Plus 4) 16407	Description of Expenditure SIGNAGE			
To Whom Paid CAM ERIE TV			MO	DAY	YEAR	
Mailing Address 142 WEST 12TH STREET			4	15	2022	\$ 50.00
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure INTERVIEW			
To Whom Paid JESSICA PIPER FOR MISSOURI			MO	DAY	YEAR	
Mailing Address PO BOX 322			4	18	2022	\$ 30.00
City MARYVILLE	State MO	Zip Code (Plus 4) 64468	Description of Expenditure CAMPAIGN DONATION			
To Whom Paid ERIE COUNTY DEMOCRATIC PARTY			MO	DAY	YEAR	
Mailing Address 1305 STATE STREET			4	20	2022	\$ 200.00
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure DINNER TICKETS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,366.63

