Campaign Finance Report

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

Filer Identificati Number :	on 2022	2C1493			Repo			CAN	DIE	DATE	\	C	OMMITT	EE	LOB	BYI	ST		
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	OLIV	ER,	CHE	LSEA											_
Street Address:																			
City:	_							State:					Zip Co	de: 1	6407				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		P	OST-	3.		AMENDI REPORT		Yes		No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMIN REPORT		Yes	1	No	•	/
report type)	ANNUAL REPORT	7.	Year 2022					IG MET CHECK					PAPER	SKET	TE				
Name of Office S	ought by Candida	ite:	-					DATE	OF	ELE(CTI	ON		District Office Party C Number Code					
								МО		DAY	١	YEAR	4		Code 25				
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					:	11		8	2022		(SEE II	NSTRUCT	IONS	FOR CO	ODES)	,
Summary of		МО	DAY	YEAR				МО		DAY	•	YEAR	F	OR OFFI	CE US	E 01	NLY		
Expenditures	from:		1 1	20	022	T	0		5		2	2022	2						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$					0.00)						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From Sch	edule II	I)				\$				1	,366.63							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(1,3	366.63)							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00			1				
				AFF	IDA'	VI٦	ΓSE	CTIO	N										
PART I - If this is	a Committee rep	ort, trea	surer sign	here. 1	[f this	s is	a Car	ndidate	re	port, c	cano	lidate si	gn here.						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sc	hedules	filed	on p	paper (or by ele	ectr	onic m	ediu	m, are to	the best o	of my kno	wledge	and	l belief	f , trı	ıe.
Sworn to and subs	cribed before me thi day of	s	20						-			Signatu	e of Perso	n Submi	tting Re	port	ŧ		-
	Signati						<u>-</u>		-				Pri	nted Nam	ie				-
My Commission Ex	_								-				Ema	nil					-
	мо	D	AY	YR						Are	ea C	ode	Daytir	ne Telep	hone N	umb	er		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	, Ca	ndid	ate sha	all s	ign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politio	cal	comm	ittee ha	s no	t viola	ted a	any provi	sions of th	e act of	June 3,1	1937	(P.L.	1333	3,
Sworn to and subsc	ribed before me this												Signature	of Candid	date				-
	day of												Print	ed Name					-
	Signature .						-		-				Ema	ail					_
My Commission Exp	ires												EM	•••					
	МО	D	AY	YR					•	Area	Code	e	D	aytime '	Telepho	ne N	lumbe	r	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
OLIVER, CHELSEA	From:	1/1/202	<u>2</u> To:	5/2/2022
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
		From: To:							
	L		DATE			AMOUNT			
Committee		мо	DAY	YEAR					
					\$	0.00			
State	Zip Code (Plus 4)								
		Committee	Committee	DATE MO DAY	DATE Committee MO DAY YEAR	DATE Committee MO DAY YEAR \$			

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

PAGE TOTAL
\$ 0.00

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 o	ing committee of Candidate				Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				МО	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 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	Reporting Period		
OLIVER, CHELSEA	From:	<u>1/1/2022</u> To:	5/2/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportii	ng Period			
OLIVER, CHELSEA			From	1/	1/2022	То:	5/2/2022
				DATE			AMOUNT
To Whom Paid SQUARESPACE			мо	DAY	YEAR		
Mailing Address 225 VARIO	CK STREET, 12TH FLOOR		2	25	2022	\$	213.70
City NEW YORK	State NY	Zip Code (Plus 4) 10014		otion of Exp			
To Whom Paid SQUARESPACE			МО	DAY	YEAR		
Mailing Address 225 VARICK STREET, 12TH FLOOR				17	2022	\$	42.40
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Descrip DOMAI	otion of Exp	penditure		
To Whom Paid COMMONWEALTH OF PA	·	·	мо	DAY	YEAR		
Mailing Address NORTH OF	FFICE BUILDING		3	23	2022	\$	100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Descrip FILING	otion of Exp	penditure		
To Whom Paid USPS			мо	DAY	YEAR		
Mailing Address 101 S CENTER ST			3	28	2022	\$	23.20
City CORRY State Zip Code (Plus 4) PA 16407			Descrip STAMP	otion of Exp	penditure		
To Whom Paid	I	L					

	To Whom Paid USPS					DAY	YEAR		
Mail	Mailing Address 101 S CENTER ST				3	16	2022	\$	4.33
City	CORRY		State PA	Zip Code (Plus 4) 16407	Description of Expenditure CERTIFIED MAIL				

								PAGE	
To Whom Paid USPS					DAY	YEAR			
Mailing Address 101 S CENTER ST					16	2022	\$		4.33
City CORRY	State Zip Code (Plus 4) PA 16407				Description of Expenditure CERTIFIED MAIL				
To Whom Paid USPS	МО	DAY	YEAR						
Mailing Address 101 S CENTER ST				3	30	2022	\$		160.00
City CORRY		State PA	Zip Code (Plus 4) 16407	Descrip STAMPS	enditure				
To Whom Paid USPS					DAY	YEAR			
Mailing Address 101 S CENTER ST					4	2022	\$		50.15
City CORRY		State PA	Zip Code (Plus 4) 16407	Description of Expenditure MAILING					
To Whom Paid NW PA PRIDE									
		<u> </u>		мо	DAY	YEAR			
	PO BOX 11448			MO 4	DAY 28	YEAR 2022	\$		15.00
NW PA PRIDE	PO BOX 11448	State PA	Zip Code (Plus 4) 16514	4	28	2022	\$		15.00
NW PA PRIDE Mailing Address				4 Descrip	28	2022	\$		15.00
NW PA PRIDE Mailing Address City ERIE To Whom Paid				4 Descrip VENDO	28 Ition of Exp R FEE	2022 penditure	\$		15.00 338.44
NW PA PRIDE Mailing Address City ERIE To Whom Paid SAWYER PRINTING	G			4 Descrip VENDO MO 4 Descrip	28 tion of Exp R FEE DAY	2022 penditure YEAR 2022 penditure			
NW PA PRIDE Mailing Address City ERIE To Whom Paid SAWYER PRINTING Mailing Address	G 17 W SOUTH ST	PA State	16514 Zip Code (Plus 4)	4 Descrip VENDO MO 4 Descrip	28 Ition of Exp R FEE DAY 21	2022 penditure YEAR 2022 penditure			
NW PA PRIDE Mailing Address City ERIE To Whom Paid SAWYER PRINTING Mailing Address City CORRY	G 17 W SOUTH ST	PA State	16514 Zip Code (Plus 4)	4 Descrip VENDO MO 4 Descrip PRINT I	28 Ition of Exp R FEE DAY 21 Ition of Exp MATERIALS	2022 Penditure YEAR 2022 Penditure			

							TAGE 13
To Whom Paid GREEN'S GRAPHICS	МО	DAY	YEAR				
Mailing Address 18207 SCI	3	7	2022	\$	60.88		
City CORRY	State PA	Description of Expenditure SIGNAGE					
To Whom Paid CAM ERIE TV	МО	DAY	YEAR				
Mailing Address 142 WEST	4	15	2022	\$	50.00		
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure INTERVIEW				
To Whom Paid JESSICA PIPER FOR MISSOUR	МО	DAY	YEAR				
Mailing Address PO BOX 322				18	2022	\$	30.00
City MARYVILLE	State MO	Zip Code (Plus 4) 64468	Description of Expenditure CAMPAIGN DONATION				
To Whom Paid ERIE COUNTY DEMOCRATIC F	МО	DAY	YEAR				
Mailing Address 1305 STATE STREET				20	2022	\$	200.00
City ERIE	State PA	Zip Code (Plus 4) 16501	1 -	otion of Exp	penditure		
Enter Grand Total of Expen	editures en Page 1. Po	nort Cover Page Item D	•				PAGE TOTAL
Linter Granu Total of Expen	iuitui es oli Paye 1, Re	port cover rage, item D	•			\$	1,366.63