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 : | | | | | | | port ed B | | CAND | IDATE | | СОМ | 4ITTEE | √ | LOBE | YIST | |
|--|-----------------------------|-----------|-----------|------------------------|--------|-------|--------------|----------------|-------------|-----------|-------------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | Committee, Ca | ndida | ite or Lo | obbyist: | | FRI | END | S OF (| CHELSE | A OLIV | ER | | | | | | |
| Street Address: | РО ВОХ 2 | 273 | | | | | | | | | | | | | | | |
| City: | CORRY | | | | | | | | State: | PA | | | Zip Cod | de: 16 | 5407 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDMENT REPORT? | | Yes | No | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ |
| report type) | ANNUAL REP | PORT | 7. | Year 2022 | | | | | IG METH | | | | PAPER / DISK | | | DISKE | ГТЕ |
| Name of Office S | Sought by Can | ndidat | e: | • | | | | | DATE C |)F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | | МО | DAY | YE | AR | 4 | STH | DEM | . | 25 |
| REPRESENTATI | VE IN THE G | ENER. | AL ASS | EMBLY | | | | | 11 | | 8 | 2022 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) |
| Summary of Expenditures | | nd | МО | DAY | YEAR | l | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | | | | 5 3 | 20 | 022 | 2 T | 0 | ε | 5 | 6 | 2022 | | | | | |
| A. Amount Bro | ught Forward | l From | Last R | eport | | | | \$ | | | 2,4 | 40.80 | | | | | |
| B. Total Monet | ary Contributi | ions A | and Rec | eipts (From S | Sche | dule | e I) | \$ | | | 4,3 | 30.28 | | | | | |
| C. Total Funds | Available (Su | ım Of | Lines A | and B) | | | | \$ | | | 6,7 | 71.08 | | | | | |
| D. Total Expend | ditures (From | Sche | dule II | I) | | | | \$ | | | | 0.00 | | | | | |
| E. Ending Cash | Balance (Sub | otract | Line D | From Line C) |) | | | \$ | | | 6,7 | 71.08 | | | | | |
| F. Value Of In- | Kind Contribu | ıtions | Receive | ed (From Sch | hedul | le I | Ί) | \$ | | | 1,5 | 32.03 | | | | | |
| G. Unpaid Debt | ts And Obligat | tions | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | |
| | | | | | AFF | ΊD | AVI | T SE | CTION | | | | | | | | |
| PART I - If this is | | - | • | | | | | | | • | | | | | | | |
| I swear (or affirm) correct and comple | | rt, inclu | uding the | attached sche | edules | file | ed on | paper o | or by elect | tronic m | edium | , are to t | he best o | f my kno | wledge a | and belie | f , true |
| Sworn to and subs | cribed before m | ne this | | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | |
| | | | | - | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | | gnatur | e | | | | | | | | | | Ema | il | | | |
| | мо | | DA | AY | YR | | | - | | Are | ea Cod | e | Daytim | e Teleph | one Nu | nber | _ |
| Part II- If this is | a report of a | cand | idate's | authorized C | Comm | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | st of m | y knowle | edge and belief | f this | poli | itical | commi | ittee has r | not viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, |
| Sworn to and subsc | | e this | | | | | | | | | | s | ignature o | of Candid | ate | | |
| | day of | | | | | | | _ | | | | | Di | al Na | | | |
| | Signa | ture | | | | | | - | | | | | Printe | d Name | | | |
| My Commission Exp | _ | .cul E | | | | | | | | | | | Ema | il | | | |
| | М | 0 | D/ | AY | YR | | | - | | Area | Code | | Da | aytime T | elephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------------|--------------|----------|
| FRIENDS OF CHELSEA OLIVER | From: | <u>5/3/2022</u> | <u>2</u> To: | 6/6/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 1,606.94 |
| 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) | | | \$ | 3,013.34 |
| TOTAL for the Reporting | Period | (2) | \$ | 3,013.34 |
| 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 |
| | | ı | | |
| 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 | | | \$ | 4,620.28 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | Use this Part to itemize only contributions rewith an aggregate value from \$50.01 to Name of Filing Committee or Candidate | | | | | | | |
|--------------------------------------|--|-------------------|------------------------|----|----------|------|----|------------|
| Name of Filing Committee of Canadate | | | Reporting Period From: | | | То | : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | ! | I | ! | | <u> </u> | | | DAGE TOTAL |

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 Fining Committee of Candidate | | | Rep | Reporting Period | | | | |
|---|--------------------|-----------------------------------|------|------------------|--------------|-----------------|----|----------|
| FRIENDS OF CHELSEA OLIVER | | | Froi | m: | <u>5/3/2</u> | 2022 T o |): | 6/6/2022 |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor Will McMillan | | | | МО | DAY | YEAR | | |
| Mailing Address 11 Egerton Road | | | | | | | \$ | 1.00 |
| City Arlington | State MA | Zip Code (Plus 4) 02474 | | | 28 | 2022 | | |
| Full Name of Contributor Catherine Dolan | МО | DAY | YEAR | | | | | |
| Mailing Address 421 Cotswold Ln City Wynnewood | State PA | Zip Code (Plus 4) 19096 | | 5 | 4 | 2022 | \$ | 66.67 |
| Full Name of Contributor Pamela Nolan | | | | МО | DAY | YEAR | | |
| Mailing Address 2601 Rice Rd | | | | | | | \$ | 100.00 |
| City Edinboro | State PA | Zip Code (Plus 4) 16412 | | 5 | 4 | 2022 | | |
| Full Name of Contributor Pamela Nolan | | | | МО | DAY | YEAR | | |
| Mailing Address 2601 Rice Rd City Edinboro | State PA | Zip Code (Plus 4) 16412 | | 5 | 22 | 2022 | \$ | 15.00 |
| Full Name of Contributor Pamela Nolan | | | | МО | DAY | YEAR | | |
| Mailing Address 2601 Rice Rd | | | | | | | \$ | 133.00 |
| City Edinboro | State PA | Zip Code (Plus 4) 16412 | | 6 | 3 | 2022 | | |

| | | | | | | | ŀ | |
|--|---|--------------------|-----------------------------------|-------------|-----|----------------------|----------------|--------|
| Full Name of Cor | ntributor | | | | | 1 | | |
| Barbara Sicalide | es | | | МО | DAY | YEAR | | |
| Mailing Address | 425 Woodland Ave | nue | | | | | \$ | 66.67 |
| | | lou- t- | I The Control (Discont) | 5 | 4 | 2022 | * | 00.07 |
| City Wayne | | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19087 | | | | | |
| Full Name of Cor | ntributor | | | | | | | |
| Maureen Kochar | nek | | | МО | DAY | YEAR | | |
| Mailing Address | 320 Fort Duquesne | BLvd 17 C | | | | | \$ \$ | 100.00 |
| City Pittshure | -L | State | Zip Code (Plus 4) | 5 | 4 | 2022 | | |
| City Pittsburg | וזן | PA | 15222 | | | | | |
| | | | 13222 | | | | | |
| Full Name of Contributor Katherine Brown | | | | | DAY | YEAR | | |
| Mailing Address | 4851 Neyland Road | I | | | | | \$ | 100.00 |
| City Edinboro |) | State | Zip Code (Plus 4) | 5 | | 2022 | | |
| | | PA | 16412 | | | | | |
| Full Name of Cor | | | | | | | <u> </u> | |
| Shelley Geballe | itributor | | | МО | DAY | YEAR | | |
| | 19 Flying Point Roa | d | | МО | DAY | YEAR | , \$ | 100.00 |
| Shelley Geballe Mailing Address | 19 Flying Point Roa | d State | Zip Code (Plus 4) | MO 5 | | YEAR 2022 | \$ | 100.00 |
| Shelley Geballe | 19 Flying Point Roa | | | | | | . \$ | 100.00 |
| Shelley Geballe Mailing Address | 19 Flying Point Roa | State | Zip Code (Plus 4) 06405 | | | | \$ | 100.00 |
| Shelley Geballe Mailing Address | 19 Flying Point Roa | State | | | | | \$ | 100.00 |
| Shelley Geballe Mailing Address City Branford Full Name of Cor | 19 Flying Point Roa | State | | мо | DAY | , 2022 YEAR | \$ \$ | 100.00 |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address | 19 Flying Point Roa | State | | 5 | - | , 2022 YEAR | | |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address | 19 Flying Point Roa | State CT | 06405 | мо | DAY | , 2022 YEAR | | |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address City Corry | 19 Flying Point Roa I ntributor 221 N. Center St. | State CT | 06405 Zip Code (Plus 4) | мо | DAY | , 2022 YEAR | | |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address | 19 Flying Point Roa I ntributor 221 N. Center St. | State CT | 06405 Zip Code (Plus 4) | мо | DAY | , 2022 YEAR | | |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address City Corry Full Name of Cor | 19 Flying Point Roa I ntributor 221 N. Center St. | State CT | 06405 Zip Code (Plus 4) | MO 5 | DAY | 2022 YEAR 2022 | | |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address City Corry Full Name of Cor Stacey Gentile Mailing Address | 19 Flying Point Roal Intributor 221 N. Center St. Intributor 12825 Plank Road | State CT | 06405 Zip Code (Plus 4) | MO 5 | DAY | 2022 YEAR 2022 | \$ | 50.00 |
| Shelley Geballe Mailing Address City Branford Full Name of Cor Chris Hornick Mailing Address City Corry Full Name of Cor Stacey Gentile Mailing Address | 19 Flying Point Roal Intributor 221 N. Center St. Intributor 12825 Plank Road | State CT State PA | 2ip Code (Plus 4) 16407 | MO 5 | DAY | 2022 YEAR 2022 | \$ | 50.00 |

| | | | | | | | | FAGL 6 |
|---------|-----------------------------------|---------------------|--------------------|-------------------|----|-----|------------------|------------------|
| Full Na | ame of Contril | butor | | | | | | |
| Stacey | / Gentile | | | | МО | DAY | YEAR | |
| Mailing | g Address | 12825 Plank Road | | | | | | \$ 25.00 |
| City | Waterford | | State | Zip Code (Plus 4) | 5 | 20 | 2022 | |
| | | | PA | 16441 | | | | |
| | ame of Contril | butor | | | МО | DAY | YEAR | |
| Mailin | g Address | 12607 Forrest Drive | 2 | | | | | \$ 100.00 |
| City | Edinboro | | State | Zip Code (Plus 4) | 5 | 20 | 2022 | |
| | Lumboro | | PA | 16412 | | | | |
| | ame of Contril | butor | | | мо | DAY | YEAR | |
| Mailing | g Address | 216 Maple Ave | | | | | | \$ 50.00 |
| City | Corry | | State | Zip Code (Plus 4) | 5 | 22 | 2022 | |
| | | | PA | 16407 | | | | |
| | ame of Contril | butor | | | МО | DAY | YEAR | |
| Mailing | g Address | 1039 W. 24th Stree | t | | | | | \$ 50.00 |
| City | Erie | | State | Zip Code (Plus 4) | 5 | 24 | 2022 | |
| | | | PA | 16502 | | | | |
| | ame of Contril | butor | | | мо | DAY | YEAR | |
| Mailin | g Address | 5685 Meadowlane [| Drive | | | | | \$ 50.00 |
| City | Edinboro | | State | Zip Code (Plus 4) | 5 | 26 | 2022 | |
| | | | PA | 16412 | | | | |
| | ame of Contril e Korein | butor | | | мо | DAY | YEAR | |
| Mailin | Mailing Address 8427 Prospect Ave | | | | | | \$ 180.00 | |
| I | | | T | l=: 0 1 (5) () | 5 | 26 | 2022 | |
| City | Philadelnhia | 1 | State | Zip Code (Plus 4) | | -~ | | |
| City | Philadelphia | 1 | State PA | 29128 | | | | |

| | | | | | | | PAG | |
|--|--|--------------------|---|-----------|--------------|----------------------|-----|--------|
| Full Name of Con | tributor | | | | DAY | VEAD | | |
| David Karrfalt | | | | МО | DAY | YEAR | | |
| Mailing Address | 12001 Angling Roa | d | | | | | \$ | 50.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 5 | 29 | 2022 | | |
| | | PA | 16412 | | | | | |
| Full Name of Con | tributor | | | мо | DAY | YEAR | | |
| Meredith Harber | | | | | | | | |
| Mailing Address | 44950 Knight Drive | | | | | | \$ | 100.00 |
| City Soldotna | | State | Zip Code (Plus 4) | 5 | 30 | 2022 | | |
| | | AK | 99669 | | | | | |
| Full Name of Con Sara Bartko | tributor | | | МО | DAY | YEAR | | |
| Mailing Address | 5701 Timbercreek | Orive | | | | | \$ | 66.00 |
| City Erie | | State | Zip Code (Plus 4) | 6 | 1 | 2022 | | |
| | | PA | 16509 | | | | | |
| | | | | | | | | |
| Full Name of Con Pamela Mikulcik | tributor | | | МО | DAY | YEAR | | |
| | tributor Pamela Mikulcik | | | МО | DAY | YEAR | \$ | 150.00 |
| Pamela Mikulcik Mailing Address | | State | Zip Code (Plus 4) | MO | DAY 3 | YEAR 2022 | \$ | 150.00 |
| Pamela Mikulcik Mailing Address | | State PA | Zip Code (Plus 4) 16412 | | | | \$ | 150.00 |
| Pamela Mikulcik Mailing Address | Pamela Mikulcik | | | | 3 | | \$ | 150.00 |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con | Pamela Mikulcik | PA | | 6 | 3 | 2022 | \$ | 150.00 |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address | Pamela Mikulcik | PA | | 6 | 3 | 2022 | | |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address | Pamela Mikulcik | PA | 16412 | мо | DAY | 2022 YEAR | | |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address | Pamela Mikulcik tributor 326 Meadville Stree | PA et State | 16412 Zip Code (Plus 4) | мо | DAY | 2022 YEAR | | |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address City Edinboro Full Name of Con | Pamela Mikulcik tributor 326 Meadville Stree | PA et State PA | 16412 Zip Code (Plus 4) | MO | DAY 2 | 2022 YEAR 2022 | | |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address City Edinboro Full Name of Con Cynthia Yard Mailing Address | Pamela Mikulcik tributor 326 Meadville Stree | PA et State PA | 16412 Zip Code (Plus 4) | MO | DAY 2 | 2022 YEAR 2022 | \$ | 200.00 |
| Pamela Mikulcik Mailing Address City Edinboro Full Name of Con Edmund Abegg Mailing Address City Edinboro Full Name of Con Cynthia Yard Mailing Address | Pamela Mikulcik tributor 326 Meadville Stree | PA et State PA | 16412 Zip Code (Plus 4) 16412 | мо 6 | 2 DAY | 2022 YEAR 2022 | \$ | 200.00 |

| Full Name o | of Contribu | ıtor | | | | | | | |
|--|------------------------------------|--------------------------------------|--------------------------------|--------------------------------|-------------|-----|---|------------------|--------------|
| Martin Mitc | hell | | | | МО | DAY | | YEAR | |
| Mailing Add | lress _j | 12270 Woodside Dr | ive | | | | | | \$ 100.00 |
| City Edir | nboro | | State | Zip Code (Plus 4) | 6 | | 2 | 2022 | |
| | | | PA | 16412 | | | | | |
| Full Name o | | ıtor | | | МО | DAY | | YEAR | |
| LOUIS KOLZII | 11411 | | | | | | | | |
| Mailing Add | lress 2 | 2782 Rice Road | | | | | | | \$ 100.00 |
| City Edir | nboro | | State | Zip Code (Plus 4) | 6 | | 2 | 2022 | |
| | | | PA | 16412 | | | | | |
| Full Name of Richard Hyr | | itor | | | МО | DAY | | YEAR | |
| Mailing Add | lress [| 5521 Briarcliff Drive | 2 | | | | | | \$ 50.00 |
| City _{Edir} | nboro | | State | Zip Code (Plus 4) | 6 | | 2 | 2022 | |
| Luii | ПВОГО | | PA | 16412 | | | | | |
| Full Name of | | ıtor | | | МО | DAY | | YEAR | |
| Mailing Add | lress 1 | Mailing Address 103 South Perry Lane | | | | | | | |
| | | 105 South Ferry La | | | | | | | \$ 100.00 |
| City Edir | | • | State | Zip Code (Plus 4) | 6 | | 2 | 2022 | \$ 100.00 |
| City Edir | nboro | • | | Zip Code (Plus 4) 16412 | 6 | | 2 | 2022 | \$ 100.00 |
| City Edir Full Name of Brian Pitzer | nboro of Contribu | | State | | мо | DAY | 2 | 2022 YEAR | \$ 100.00 |
| Full Name o | nboro of Contribu | | State PA | | | DAY | | YEAR | \$ 50.00 |
| Full Name of Brian Pitzer | nboro of Contribu r dress | ıtor | State PA | | | DAY | 2 | | |
| Full Name of Brian Pitzer | nboro of Contribu | ıtor | State PA Prive | 16412 | мо | DAY | | YEAR | |
| Full Name of Brian Pitzer | of Contribu | utor 12329 Culbertson D | State PA Prive State | 16412 Zip Code (Plus 4) | мо | DAY | | YEAR | |
| Full Name of Brian Pitzer Mailing Add City Edir | of Contribu | utor 12329 Culbertson D | State PA Prive State PA | 16412 Zip Code (Plus 4) | MO | | 2 | YEAR 2022 YEAR | |
| Full Name of Brian Pitzer Mailing Add City Edir Full Name of Janice Burt Mailing Add | of Contribu | utor 12329 Culbertson D | State PA Prive State PA | 16412 Zip Code (Plus 4) | MO | | | YEAR 2022 | \$ 50.00 |
| Full Name of Brian Pitzer Mailing Add City Edir Full Name of Janice Burt | of Contribu | utor 12329 Culbertson D | State PA Prive State PA oad | Zip Code (Plus 4) 16412 | мо 6 | | 2 | YEAR 2022 YEAR | \$ 50.00 |

| | | | | | | | • |
|--|--------------------|-------|-------------------|----|-----|------|------------------|
| Full Name of Contr Mary Jo Campbell | ibutor | | | мо | DAY | YEAR | |
| Mailing Address | 5431 Linden Avenu | е | | | | | \$ 200.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 2 | 2022 | |
| Lamboro | | PA | 16412 | | | | |
| Full Name of Contr Jay Marcinowski | ibutor | | | мо | DAY | YEAR | |
| Mailing Address | 5481 Old State Roa | ad | | | | | \$ 100.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 2 | 2022 | |
| Lumboro | | PA | 16412 | | | | |
| Full Name of Contr Laurie Parendes | ibutor | | | мо | DAY | YEAR | |
| Mailing Address | 302 W. Plum Stree | t | | | | | \$ 100.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 2 | 2022 | |
| Lumboro | | PA | 16412 | | | | |
| Full Name of Contr Marliyn Marszalek | | | | МО | DAY | YEAR | |
| Mailing Address | 313 Waterford Stre | et | | | | | \$ 100.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 2 | 2022 | |
| Lumboro | | PA | 16412 | | | | |
| Full Name of Contr John Howell | ibutor | | | МО | DAY | YEAR | |
| Mailing Address | 6521 Old State Roa | ad | | | | | \$ 100.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 2 | 2022 | |
| City Edinboro | | PA | 16412 | | | | |
| Full Name of Contributor Dorothy Cokinos | | | | | DAY | YEAR | |
| Mailing Address 5481 Old State Road | | | | | | | \$ 100.00 |
| City Edinboro | | State | Zip Code (Plus 4) | 6 | 6 | 2022 | |
| City Edinboro | | PA | 16412 | | | | |
| | | 1 | 1 | | | | |

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

PAGE TOTAL \$ 3,013.34

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.

| ame of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--------------------------------------|----------------------|----------|------------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Sche | dule I, Detailed Sun | nmary 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.)

| ame of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--|-------------------|--------|--------------|------------------|--------|-------|------|--------|-----------|-----------------|
| | | | | From: | | | | То: | | |
| | | | , | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | | 0.00 |
| City | State | Zij | p Code (Plus | 4) | | | | | | |
| Employer Name | • | ' | | | Occupa | tion | • | • | | |
| Employer Mailing Address/Principal Pla Business | ce of | | City | | | State | | Zip Co | ode (Plus | 4) |
| Enter Grand Total of Part C on Scho | edule I, Detailed | l Sumn | nary 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 | | | | Reporting Period | | | | | | |
|---------------------------------------|---------------------|------------------|---------|------------------|-----|------|----|------------|--|--|
| | | | From: | | | To: | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | • | • | | | | • | • | | | |
| Enter Grand Total of Part E on | Schedule T Detailed | l Summary Page | Section | 4 | | | ı | PAGE TOTAL | | |
| zinci. Grana rotal or rait z on | ocheance I, betanet | . Janimary rage, | Section | | | | \$ | 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 | | | | | | | |
|--|------------------|----------------------------|----------|--|--|--|--|--|
| FRIENDS OF CHELSEA OLIVER | From: | <u>5/3/2022</u> To: | 6/6/2022 | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 60.00 | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 1,472.03 | | | | | |
| 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, | • | \$ | 1,532.03 | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | Reporting Period | | | | | |
|---|--------------------------|-----------------------|-----------|------------------|----------|-----|------------|--|--|
| FRIENDS OF CHELSEA OLIVER | | | From: | <u>!</u> | 5/3/2022 | То: | 6/6/2022 | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor Ashley Lawson | | | мо | DAY | YEAR | | | | |
| Mailing Address 4303 Lake Pleasant Road | | | | 3 | 2022 | \$ | 60.00 | | |
| City Erie | State | Zip Code (Plus 4) | 7 | | | | | | |
| | PA | 16504 | | | | | | | |
| Description of Contribution: | Gas card | | | | | | | | |
| Enter Grand Total of Part I Section 2. | F on Schedule II, In-Kir | nd Contributions Deta | iled Sum | mary Pag | je, | | PAGE TOTAL | | |
| | | | | | \$ | • | 60.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting Period | | | | | | |
|---|--------------------------|--------|------------|---------|-----|-------------------------|---------------------|-----------|-----------------------------|-------------------------------------|--|--|
| FRIENDS OF CHELSEA OLIVER | | | | | Fro | om: <u>5/3/202</u> | | | <u>22</u> To : | <u>2</u> то: <u>6/6/2022</u> | | |
| | | | | | | | | DATE | | AMOUNT | | |
| Full Name of Contributor | | | | | | мо | | DAY | YEAR | | | |
| Margaret Watts | | | | | | | | JA. | TEAR | | | |
| Mailing Address 12663 Forrest Drive | | | | | | | | | | \$ 125.05 | | |
| City Edinboro | State | | Zip Code(I | Plus 4) | | 5 16 2 | | 2022 | | | | |
| | PA | | 16412 | | | | | | | | | |
| Employer of Contributor Not employ | /ed | | | | | Оссі | upat | tion | lot emplo | pyed | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | | Zip 4) | Code(Plus | Description of Contribution | | | |
| 12663 Forrest Drive | | Edinbo | ro | PA | | | 16412 | | Event envelopes | | | |
| Full Name of Contributor | Full Name of Contributor | | | | | МО | | DAY | YEAR | | | |
| Margaret Watts | | | | | | | | | | | | |
| Mailing Address 12663 Forrest Drive | | | | | | | | | | \$ 870.00 | | |
| City Edinboro | State | | Zip Code(I | Plus 4) | | | 5 19 | | 2022 | | | |
| | PA | 1641 | | 16412 | | | | | | | | |
| Employer of Contributor Not employ | /ed | | | | | Оссі | upat | tion | lot emplo | pyed | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | | Zip Code(Plus 4) | | Description of Contribution | | | |
| 12663 Forrest Drive | | Edinbo | ro | PA | | | , 164 | 12 | Event mailing | | | |
| Full Name of Contributor | | | | | | мо | | DAY | YEAR | | | |
| Margaret Watts | | | | | | MO DAT | | ILAK | | | | |
| Mailing Address 12663 Forrest Drive | | | | | | | | | | \$ 307.40 | | |
| City Edinboro | State | | Zip Code(I | Plus 4) | | | 5 | 19 | 2022 | | | |
| | PA | | 16412 | | | | | | | | | |
| Employer of Contributor Not employed | | | | | | Occupation Not employed | | | | pyed | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | | Code(Plus | Descri | ption of Contribution | | |
| 12663 Forrest Drive Edinboro PA | | | 16412 | | 12 | Printing | | | | | | |

| Full Name of Contributor | | | | | | | | 1 | |
|---|-----------------------|------------------|------------|-------------|-----------|-----------|-----------------------------|------------|--|
| Margaret Watts | | | | | | DAY | YEAR | | |
| Mailing Address 12663 Forrest Drive | | | | | | | | \$ 169.58 | |
| City Edinboro | State | Zip Code(Plus 4) | | Plus 4) | 6 | 2 | 2022 | | |
| | PA | | 16412 | | | | | | |
| Employer of Contributor | Not employed | | • | | Occupat | tion N | lot emplo | pyed | |
| Employer Mailing Address/Principal Place of Business | | | | State | Zip 4) | Code(Plus | Description of Contribution | | |
| 12663 Forrest Drive | | Edinbo | oro | PA | 164 | 12 | Food | | |
| Enter Grand Total of Part | t G on Schedule II. I | n-Kind | Contributi | ons Detaile | ed. | | | PAGE TOTAL | |
| Summary Page, Section | | | | | | | | 1,472.03 | |
| | | | | | | | | | |
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| | | | | | | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Reporting Period | | | | | | | |
|-----------------------------|------------------|-------------------|----------------------------|------|------|-----|------------|--|
| | | | From | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expe |). | | | \$ | 0.00 | | | |