# **Campaign Finance Report**

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

REPORT       PREURARY       No       PREURARY       No       PREURARY       No       PREURARY       No         (Jace X to the right of report type)       GHT UESOAN       4.       ELECTION       PRE-1       REPORT       No       No         ANNUAL REPORT       7.       Year       Year       OUTO       PAPER       DISKETTE         Name of Office Sought by Candidate:       Image: Control of Control (Control of Control	Filer Identificati	on	20220	)253		-	Repor		CANDI	DATE	СО	MMITTEE	·   ✓	LOBI	BYIST		
Street Address:       PO BOX 273         City:       CORRY       State:       PA       Zip Code:       16407         TYPE OF REPORT       OTH TUPESDAY       1.       PND PRIDAY PRE- REPORT       2.       BD DAY PRE-REPORT       AMENDAMENT       No       No         Open of the right of the right of the right of the right of the right of the right of aNNUAL REPORT       2.       DAD PRE- ELECTION       POST- ELECTION       3.       AMENDAMENT       No       No         Name of Office Sought by Candidate:       PARE OF ELECTION       ANNUAL REPORT       Peer 2022       FILING METHOD ELECTION       Post- ELECTION       Parts OF ELECTION       Parts OF OFFICE USE ONLY         Name of Office Sought by Candidate:       No       DAY       YEAR       PO OFFICE USE ONLY       DAY       YEAR       PO OFFICE USE ONLY         Summary of Receipts and Expenditures from:       10       25       2022       TO       11       28       2022       Isst Instructions for Code Superiod Superiod S				<u> </u>				-									
Street Address:       City:     CORY     State:     PA     Zip Code:     16407       City:     CORY     State:     PA     Zip Code:     16407       REPORT     State:     PA     State:     PA     AMENOMENT     Yes       (place x to     State:     PA     State:     PA     PARMARY     Yes       (place x to     State:     State:     PA     PAREAUX     Yes     PAREAUX     Yes       No     AMNUAL REPORT     7.     Yes     Yes     PAREAUX     Yes     PAREAUX     Yes       No     AMNUAL REPORT     7.     Yes     Yes     State:     PAREAUX     PAREAUX     PAREAUX     Yes       No     DAY     Yes     Yes     PAREAUX     PAUX     PAREAUX     PAUX     PAREAUX     PAUX     PAUX     PAUX     PAREAUX     PAUX	Name of Filing C			ite or Lo	obbyist:		FRIENL	DS OF	CHELSEA	A OLIVE	R						
Data       Data <thdata< th="">       Data       Data</thdata<>	Street Address:	PO BO	X 273														
REPORT       PREURARY       P	City:	CORRY	ſ						State:	PA		Zip Co	<b>de:</b> 16	.6407			
Charac Nome       RECOUN       ELECTION       ELECTION       REPORT?       PAPER       Diskettre         Name of Office Sought by Candidate:       7.       Year 2022       FILLION       PAPER       Paper       Paper       Diskettre         Name of Office Sought by Candidate:       Paper       P	TYPE OF REPORT			1.		Y PRE	- 2.			POST-	3.			Yes	No	$\checkmark$	
report type) ANNUAL REPORT 7. Year 2022 FILTING METHOD IN THE CONFICUENCE ON CONF				4.		Y PRE	5.			POST-	6. <b>X</b>			Yes	No	$\checkmark$	
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY           Mo         DAY         YEAR         Number         Code         Code         Code         25           Summary of Receipts and Expenditures from:         MO         DAY         YEAR         FOR OFFICE USE ONLY         Site INSTRUCTIONS FOR CODES)           A. Amount Brought Forward From Last Report         \$         40,649.10         FOR OFFICE USE ONLY           B. Total Monetary Contributions And Receipts (From Schedule I)         \$         6.750.49         FOR OFFICE USE ONLY           C. Total Funds Available (Sum Of Lines A and B)         \$         47,399.59         FOR OFFICE USE ONLY           D. Total Expenditures (From Schedule III)         \$         22,983.03         FOR OFFICE USE ONLY           E. Ending Cash Balance (Subtract Line D From Line C)         \$         24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)         \$         0.000           PARTI 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           Sworn to and subscribed before me this         Signature         Email           MO         DAY         YR         Area Code         Daytime Telephone Number	-	ANNUAL F	REPORT	7.	<b>Year</b> 2022											TTE	
REPRESENTATIVE IN THE GENERAL ASSEMBLY         Summary of Receipts and Expenditures from:       Mo       DAY       YEAR       Mo       DAY       YEAR       FOR OFFICE USE ONLY         A. Amount Brought Forward From Last Report       \$       40,649.10       11       28       2022         B. Total Monetary Contributions And Receipts (From Schedule I)       \$       6,770.49       FOR OFFICE USE ONLY         C. Total Funds Available (Sum Of Lines A and B)       \$       47,399.59       24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       205.92       6         6. Unpaid Debts And Obligations (From Schedule IV)       \$       0.00       0.00         Signature of Person Submitting Report, treasurer sign here. If this is a Candidate report, candidate report, candidate sign here.         Signature of Person Submitting Report         My Commission Expires       20	Name of Office S	- Gought by (	Candidat	e:				-	DATE O								
Summary of Receipts and Expenditures from:       MO       DAV       YEAR       MO       DAV       VEAR       FOR OFFICE USE ONLY         A. Amount Brought Forward From Last Report       \$ 40,649.10       11       28       2022         A. Amount Brought Forward From Last Report       \$ 40,649.10       \$ 40,649.10       \$ 40,649.10         B. Total Monetary Contributions And Receipts (From Schedule II)       \$ 6,750.49       \$ 47,399.59         D. Total Expenditures (From Schedule III)       \$ 22,983.03       \$ 24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 0.00       \$ 0.00         Control Expenditures (From Schedule IV)       \$ 0.00         Control Expenditures (From Schedule IV)       \$ 0.00         Control Expenditures is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.         Isome (or affittion 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.         Signature         MO       DAY       YR       Email         Signature of Person Submitting Report         Signature of Candidate's authorized Committee, Candidate shall sign here.         I wave (or affitm) that to the best of my knowledge and belief this politica	REPRESENTATI	VE IN THE	GENER	AL ASS	EMBLY				мо	DAY	YEAR	4	STH	DEN	1	25	
Summary or receipts and Expenditures from:       10       25       2022       TO       11       28       2022         A. Amount Brought Forward From Last Report       \$       40,649.10         B. Total Monetary Contributions And Receipts (From Schedule I)       \$       6,750.49         C. Total Funds Available (Sum Of Lines A and B)       \$       47,399.59         D. Total Expenditures (From Schedule III)       \$       22,983.03         E. Ending Cash Balance (Subtract Line D From Line C)       \$       24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       0.00 <b>AFFIDAVIT SECTION</b> PART 1 - If this is a Condidate report, candidate report, candidate sign here.         Isyeer (or affrm) 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.         Signature         Mo       DAY       VR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.         Isynamide         Mo       DAY       VR       Area Code       Daytime Telephone Number         Printed Name         Signature									11		8 202	2	(SEE INS	STRUCTI	ONS FOR	CODES)	
A. Amount Brought Forward From Last Report A. Amount Brought Forward From Last Report 5 40,649.10 B. Total Monetary Contributions And Receipts (From Schedule I) 5 6,750.49 C. Total Funds Available (Sum Of Lines A and B) 5 47,399.59 D. Total Expenditures (From Schedule III) 5 22,983.03 E. Ending Cash Balance (Subtract Line D From Line C) 5 24,416.56 F. Value Of In-Kind Contributions Received (From Schedule II) 5 0.00    AFFIDAVIT SECTION  PART I - If this is a Committee 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.  Signature My Commission Expires  Name Add State St			and	мо	DAY	YEAR			мо	DAY	YEAR	F(	OR OFFIC	E USE	ONLY		
B. Total Monetary Contributions And Receipts (From Schedule 1)       \$       6,750.49         C. Total Funds Available (Sum Of Lines A and B)       \$       47,399.59         D. Total Expenditures (From Schedule III)       \$       22,983.03         E. Ending Cash Balance (Subtract Line D From Line C)       \$       24,416.56         F. Value Of In-Kind Contributions Received (From Schedule III)       \$       205.92         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 affrm) 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       Signature       Signature of Person Submitting Report         My Commission Expires       Image: Mo       DAY       YR       Area Code       Daytime Telephone Number         Signature         My Commission Expires       Signature of Candidate's authorized Committee, Candidate shall sign here.       I swear (or affrm) 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, NS 320) as amended.       Signature of Candidate         My Commission Expires	Expenditures	irom:			10 25	2	022	ГО	11	2	8 202	22					
C. Total Funds Available (Sum Of Lines A and B)       \$       47,399.59         D. Total Expenditures (From Schedule III)       \$       22,983.03         E. Ending Cash Balance (Subtract Line D From Line C)       \$       24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$       205.92         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       Signature       Frinted Name         My Commission Expires       MO       DAY       YR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.         I swaar (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 ameded.         Signature         My Commission Expires       Signature of Candidate         My Commission Expires          Signature of Candidat	A. Amount Bro	ught Forwa	ard From	Last R	eport			\$			40,649.1	0					
D. Total Expenditures (From Schedule III)       \$ 22,983.03         E. Ending Cash Balance (Subtract Line D From Line C)       \$ 24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 205.92         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.         Iswear (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       Signature         My Commission Expires       Email         Mo       DAY       YR         Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Isignature of June 3,1937 (P.L. 1333, No 320) as amended.         Sworn to and subscribed before me this       Signature of Candidate         day of       20       Printed Name         Mo       DAY       YR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Signature of June 3,1937 (P.L. 1333, No 320) as amended.       Signature of Candidate         My Commis	B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (From	Sche	dule I)	\$	5		6,750.4	.9					
E. Ending Cash Balance (Subtract Line D From Line C)       \$ 24,416.56         F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 205.92         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.         Iswear (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.         Signature of Person Submitting Report         day of       20	C. Total Funds	Available (	(Sum Of	Lines A	and B)			\$	;		47,399.5	9					
F. Value Of In-Kind Contributions Received (From Schedule II)       \$ 205.92         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       Signature         Mo       DAY       YR         Area Code       Daytime Telephone Number         Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Signature of Candidate         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.       Signature of Candidate         Sworn to and subscribed before me this       Signature of Candidate       Printed Name         My Commission Expires       20       Printed Name       Signature of Candidate         My Commission Expires       20       Printed Name       Printed Name         My Commission Expires       20       Printed Name       Printed Name	D. Total Expen	ditures (Fr	om Sche	dule II	I)			\$	5		22,983.0	3					
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       Signature of Person Submitting Report         day of       20         Finali         MO       DAY       YR         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.         Signature         My Commission Expires       Signature of Candidate         day of       20       Printed Name         My Commission Expires       Signature of Candidate         My Commission Expires       Signature       Signature of Candidate	E. Ending Cash	Balance (	Subtract	Line D	From Line	C)		\$	5		24,416.5	6					
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.         Signature of Person Submitting Report         Signature of Person Submitting Report         My Commission Expires         M0       DAY       YR       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.         Signature         My Commission Expires       Signature of Candidate         My of       20       Printed Name         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.         Signature of Candidate         My Commission Expires       Signature         Email         UR         Email	F. Value Of In-	Kind Contr	ibutions	Receiv	ed (From S	chedu	le II)	\$	;		205.9	2					
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       Signature of Person Submitting Report         day of	G. Unpaid Debt	s And Obli	gations	(From S	Schedule IV	)		\$	;		0.0	0					
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 Sworn to and subscribed before me this20						AFF	IDAV	IT SE	CTION								
correct and complete.       Signature of Person Submitting Report         day of       20         My Commission Expires       Finited Name         MO       DAY       YR         Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Iswear (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       Signature of Candidate																	
day of       20       Printed Name         My Commission Expires       Email         MO       DAY       YR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Isignature of Candidate's authorized 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       Signature of Candidate         My Commission Expires       Signature         Bignature       Email         My Commission Expires       Signature         Is support of a candidate show 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 a mended.         Sworn to and subscribed before me this       Signature of Candidate         My Commission Expires       Signature       Email         My Commission Expires       Signature       Email			port, inclu	iding the	e attached scl	hedules	s filed on	paper	or by elect	ronic me	dium, are t	o the best (	of my knov	vledge	and beli	ef , true	
My Commission Expires       Signature       Email         MO       DAY       YR       Area Code       Daytime Telephone Number         Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.       Iswear (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       Signature of Candidate         My Commission Expires       20         My Commission Expires       Email	Sworn to and subs		e me this		20						Signati	ure of Perso	on Submitt	ing Rep	oort		
My Commission Expires       Email         MO       DAY       YR       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       Signature of Candidate         My Commission Expires       Signature			Signatur	e				_				Pri	nted Name	1			
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 of20 Printed Name Signature Signature Email	My Commission Ex	cpires	-					_				Ema	ail				
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 of20 Printed Name Signature Signature Email	MO DAY YR Area Code Daytime Telephone Number																
No 320) as amended. Sworn to and subscribed before me this day of20 Printed Name Signature Signature Email	Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nittee, 0	Candid	late shall	sign he	re.						
day of     20       Signature of Candidate       Printed Name       Signature       Email			best of m	y knowle	edge and beli	ef this	political	comm	nittee has n	ot violate	ed any prov	isions of ti	ne act of Ju	ine 3,1	937 (P.L	. 1333,	
Signature Signature Email	Sworn to and subso		Signature of Candidate														
My Commission Expires Email								_				Print	ed Name				
MO DAY YR Area Code Daytime Telephone Number	My Commission Exp		gnature					_				Ema	ail				
			мо	D	AY	YR		_		Area C	ode		Daytime Te	elephor	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CHELSEA OLIVER	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	800.49
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)	\$	1,450.00		
TOTAL for the Reporting	Period	(2)	\$	1,450.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,500.00
All Other Contributions (Part D)			\$	3,000.00
TOTAL for the Reporting	Period	(3)	\$	4,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	6,750.49

PAGE 3

# 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 Candida	te		Rep	porting	Period			
	F					From: To:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
					-		Γ	PAGE TOTAL

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

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 Candida	te		Repo	orting Pe	eriod					
FRIENDS OF CHELSEA OLIVER			From	1:	<b>11/28/2022</b>					
					DATE		AMOUNT			
Full Name of Contributor Robert Schlaudecker				мо	DAY	YEAR				
Mailing Address 603 California Driv	e					<b>\$</b> 50.00				
City Erie	Erie State Zip Code (Plus 4) PA 16505									
Full Name of Contributor Joyce Savocchio		мо	DAY	YEAR						
Mailing Address 4015 Allegheny Road							<b>\$</b> 50.00			
City Erie	<b>State</b> PA	Zip Code (Plus 4)		10	26	2022				
Full Name of Contributor Carolyn Ruth				мо	DAY	YEAR				
Mailing Address 7830 East Lake Ro	ad						<b>\$</b> 250.00			
City Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16511		10	31	2022				
Full Name of Contributor Zarina Syed				мо	DAY	YEAR				
Mailing Address 180 North 9th Stre	et Apt 3R			10			<b>\$</b> 250.00			
<b>City</b> Brooklyn	State NY	Zip Code (Plus 4)		10	29	2022				
Full Name of Contributor Jane Dunshie				мо	DAY	YEAR				
Mailing Address 309 Pennsylvania	Ave. W. Apt. 18						<b>\$</b> 150.00			
City Warren	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16365		11	2	2022				

City     Edinboro     State     Zip Code (Plus 4)       PA     16412       Full Name of Contributor     Mo       Daria McKay     Mo       Mailing Address     117 Harrison Drive       City     Edinboro       State     Zip Code (Plus 4)       PA     16412       Full Name of Contributor     PA       Anthony Costulas     Mo       Mailing Address     2415 Orchard Drive       City     Pittsburgh     State       PA     Zip Code (Plus 4)       16412     1       Full Name of Contributor     Mo       Mailing Address     2415 Orchard Drive       City     Pittsburgh     State       PA     15241       Full Name of Contributor     Mo       David Robinson     Mo       Mailing Address     10175 Dietzel Rd       City     Union City     State       PA     16438       Full Name of Contributor     Mo       Brenda Carrier     Mo       Mailing Address     7749 Maple St. Apt 1       City     Fairvew     State       PA     16415       Full Name of Contributor     Mo       Stephanie Morley     Mo	10		1	
City       Edinboro       State       Zip Code (Plus 4)       1         Full Name of Contributor       Daria McKay       MO         Mailing Address       117 Harrison Drive       MO         City       Edinboro       State       Zip Code (Plus 4)       1         PA       16412       MO         Mailing Address       117 Harrison Drive       MO         Full Name of Contributor       State       Zip Code (Plus 4)       1         Anthony Costulas       PA       16412       MO         Mailing Address       2415 Orchard Drive       MO         City       Pittsburgh       State       Zip Code (Plus 4)       1         PA       15241       MO         Mailing Address       10175 Dietzel Rd       MO         Gity       Union City       State       Zip Code (Plus 4)       1         PA       16438       MO       1       1         Full Name of Contributor       PA       16438       MO         Mailing Address       10175 Dietzel Rd       MO       1         Full Name of Contributor       PA       16438       1       1         Mailing Address       7749 Maple St. Apt 1       PA       16415		DAY	YEAR	
City       Edinboro       State       Zip Code (Plus 4)       Mo         Full Name of Contributor       117 Harrison Drive       Mo         Mailing Address       117 Harrison Drive       16412         City       Edinboro       State       Zip Code (Plus 4)         PA       16412       16412         City       Edinboro       State       Zip Code (Plus 4)         Full Name of Contributor       PA       16412       Mo         Mailing Address       2415 Orchard Drive       Mo         Mailing Address       2415 Orchard Drive       Mo         Mailing Address       2415 Orchard Drive       Mo         PA       15241       Mo         Mailing Address       10175 Dietzel Rd       Mo         Mailing Address       10175 Dietzel Rd       Mo         Mailing Address       10175 Dietzel Rd       Mo         Full Name of Contributor       PA       16438       Mo         Full Name of Contributor       PA       16438       11         Full Name of Contributor       PA       16438       11         Mailing Address       7749 Maple St. Apt 1       710 Code (Plus 4)       14         City       Fairvew       State       Zip				<b>\$</b> 100.00
PA       16412         Full Name of Contributor Daria McKay       MO         Mailing Address       117 Harrison Drive       Zip Code (Plus 4) 16412       1         City       Edinboro       State PA       Zip Code (Plus 4) 16412       1         Full Name of Contributor Anthony Costulas       State PA       Zip Code (Plus 4) 16412       MO         Mailing Address       2415 Orchard Drive       MO         City       Pittsburgh       State PA       Zip Code (Plus 4) 15241       MO         Full Name of Contributor David Robinson       State PA       Zip Code (Plus 4) 16438       Mo         Full Name of Contributor Brenda Carrier       State PA       Zip Code (Plus 4) 16438       Mo         Full Name of Contributor Brenda Carrier       State PA       Zip Code (Plus 4) 16438       Mo         Mailing Address       7749 Maple St. Apt 1       Mo         Mailing Address       7749 Maple St. Apt 1       City Fairvew       State PA       Zip Code (Plus 4) 16415       Mo         Mailing Address       7749 Maple St. Apt 1       Mo       Mo         Full Name of Contributor Stephanie Morley       Mo       Mo	11	10	2022	
Daria McKay     Mo       Mailing Address     117 Harrison Drive     Image: Address of Contributor     Attach and the address of Contributor       City     Edinboro     State     Zip Code (Plus 4)     16412       Full Name of Contributor     Anthony Costulas     Mo       Mailing Address     2415 Orchard Drive     Mo       City     Pittsburgh     State     Zip Code (Plus 4)       PA     15241     1       Full Name of Contributor     State     Zip Code (Plus 4)       David Robinson     10175 Dietzel Rd     Mo       Mailing Address     10175 Dietzel Rd     Zip Code (Plus 4)       City     Union City     State     Zip Code (Plus 4)       PA     16438     1       Full Name of Contributor     PA     Zip Code (Plus 4)       PA     16438     1       Full Name of Contributor     PA     Zip Code (Plus 4)       Brenda Carrier     PA     16438       Mo     Mo     1       Mailing Address     7749 Maple St. Apt 1     Zip Code (Plus 4)       PA     Zip Code (Plus 4)     14       Gity     Fairvew     State     Zip Code (Plus 4)       PA     16415     14				
City       Edinboro       State       Zip Code (Plus 4)       1         Full Name of Contributor       PA       16412       MO         Mailing Address       2415 Orchard Drive       MO         City       Pittsburgh       State       Zip Code (Plus 4)       1         Full Name of Contributor       PA       15241       1         Full Name of Contributor       PA       15241       MO         Mailing Address       10175 Dietzel Rd       MO       1         City       Union City       State       Zip Code (Plus 4)       1         PA       16438       1       1       1         Mailing Address       10175 Dietzel Rd       MO       1       1         City       Union City       State       Zip Code (Plus 4)       1       1         Full Name of Contributor       PA       16438       1       1       1         Mailing Address       7749 Maple St. Apt 1       MO       1       1       1         City       Fairvew       State       Zip Code (Plus 4)       1       1       1         Full Name of Contributor       PA       16415       1       1       1         Full Name of Contributor <td>10</td> <td>DAY</td> <td>YEAR</td> <td></td>	10	DAY	YEAR	
City     Edinboro     State     Zip Code (Plus 4)       PA     16412       Full Name of Contributor     Mo       Mailing Address     2415 Orchard Drive       City     Pittsburgh     State       PA     Zip Code (Plus 4)       PA     15241       City     Pittsburgh       PA     15241       Full Name of Contributor     PA       David Robinson     10175 Dietzel Rd       Mo     16438       City     Union City       PA     21p Code (Plus 4)       PA     16438       Full Name of Contributor     State       David Robinson     State       PA     21p Code (Plus 4)       16438     1       City     Union City       PA     16438       Full Name of Contributor     Mo       Brenda Carrier     Mo       Mailing Address     7749 Maple St. Apt 1       City     Fairvew     State       PA     16415       Full Name of Contributor     PA       16415     10				<b>\$</b> 100.00
Full Name of Contributor       Mo         Mailing Address       2415 Orchard Drive       Attach         City       Pittsburgh       State       Zip Code (Plus 4)         David Robinson       PA       15241         Mailing Address       10175 Dietzel Rd       Mo         Mailing Address       10175 Dietzel Rd       Mo         Mailing Address       10175 Dietzel Rd       Mo         Full Name of Contributor       State       Zip Code (Plus 4)         PA       16438       10         Full Name of Contributor       PA       16438         Full Name of Contributor       PA       16438         Full Name of Contributor       PA       16415         Full Name of Contributor       State       Zip Code (Plus 4)         PA       16415       10	11	3	2022	
Anthony Costulas 2415 Orchard Drive Mailing Address 2415 Orchard Drive City Pittsburgh State PA 2ip Code (Plus 4) 15241 15241 15241 MO Mo Mailing Address 10175 Dietzel Rd City Union City State PA 2ip Code (Plus 4) PA 216438 161 Full Name of Contributor Brenda Carrier MO Mailing Address 7749 Maple St. Apt 1 City Fairvew State PA 2ip Code (Plus 4) PA 216438 161 Full Name of Contributor Brenda Carrier MO Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo				
City       Pittsburgh       State       Zip Code (Plus 4)       1         Full Name of Contributor       PA       15241       Mo         Mailing Address       10175 Dietzel Rd       Mo         City       Union City       State       Zip Code (Plus 4)       1         PA       16438       1       1       1         City       Union City       State       Zip Code (Plus 4)       1         PA       16438       16438       1       1         Full Name of Contributor       PA       16438       Mo         Mailing Address       7749 Maple St. Apt 1       Mo       1         City       Fairvew       State       Zip Code (Plus 4)       1         PA       16415       1       1       1         Full Name of Contributor       PA       16415       1         Full Name of Contributor       PA       16415       1         Full Name of Contributor       PA       16415       Mo	10	DAY	YEAR	
City       Pittsburgh       State       Zip Code (Plus 4)       Mo         Full Name of Contributor       David Robinson       MO         Mailing Address       10175 Dietzel Rd       MO         City       Union City       State       Zip Code (Plus 4)       1         PA       16438       16438       1       1         Full Name of Contributor       State       Zip Code (Plus 4)       MO         Mailing Address       7749 Maple St. Apt 1       MO       1         City       Fairvew       State       Zip Code (Plus 4)       1         PA       16438       1       1       1         Full Name of Contributor       State       Zip Code (Plus 4)       1       1         Full Name of Contributor       PA       16415       1       1         Full Name of Contributor       PA       16415       1       1         Full Name of Contributor       PA       16415       MO         Full Name of Contributor       MO       1       1       1         Full Name of Contributor       MO       1       1       1         Total Contributor       Full Name of Contributor       MO       1       1         T				<b>\$</b> 100.00
Full Name of Contributor       Mo         Mailing Address       10175 Dietzel Rd       Image: Contributor         Mailing Address       10175 Dietzel Rd       Image: Contributor         City       Union City       State       Zip Code (Plus 4)         PA       16438       Mo         Full Name of Contributor       PA       If Code (Plus 4)         Brenda Carrier       PA       If Code (Plus 4)         Mo       If Code (Plus 4)       If Code (Plus 4)         Full Name of Contributor       State       Zip Code (Plus 4)         Fairvew       State       Zip Code (Plus 4)         PA       16415       Image: Code (Plus 4)         Full Name of Contributor       PA       If Code (Plus 4)         PA       16415       Image: Code (Plus 4)         Full Name of Contributor       PA       If Code (Plus 4)         Stephanie Morley       PA       If Code (Plus 4)         Full Name of Contributor       PA       If Code (Plus 4)         Full Name of Contributor       Mo	11	3	2022	
David Robinson MO   Mailing Address 10175 Dietzel Rd   City Union City   PA Zip Code (Plus 4) 16438     Full Name of Contributor Brenda Carrier   MO   Mailing Address   7749 Maple St. Apt 1   City Fairvew   State PA   Zip Code (Plus 4) 16415   MO     Mo     Full Name of Contributor Stephanie Morley     Mo				
City       Union City       State       Zip Code (Plus 4)       1         PA       16438       16438       16438       MO         Full Name of Contributor       Brenda Carrier       MO       MO         Mailing Address       7749 Maple St. Apt 1       1000000000000000000000000000000000000	10	DAY	YEAR	
City     Union City     State     Zip Code (Plus 4)       PA     16438       Full Name of Contributor     MO       Brenda Carrier     MO       Mailing Address     7749 Maple St. Apt 1       City     Fairvew       Fairvew     State       PA     Zip Code (Plus 4)       16415     16415				<b>\$</b> 100.00
Full Name of Contributor Brenda Carrier     MO       Mailing Address     7749 Maple St. Apt 1       City     Fairvew       PA     Zip Code (Plus 4) 16415       Full Name of Contributor Stephanie Morley     MO	11	2	2022	
Brenda Carrier MO Mailing Address 7749 Maple St. Apt 1 City Fairvew State Zip Code (Plus 4) PA 16415 Full Name of Contributor Stephanie Morley MO				
City     Fairvew     State     Zip Code (Plus 4)     10       PA     16415     16415     MO	10	DAY	YEAR	
City     Fairvew     State     Zip Code (Flus 4)       PA     16415				<b>\$</b> 100.00
PA     16415       Full Name of Contributor     MO       Stephanie Morley     Image: Contributor	10	26	2022	
Stephanie Morley MO				
Mailing Address		DAY	YEAR	
Mailing Address 46 Unity Square	10			<b>\$</b> 100.00
City Greensburg State Zip Code (Plus 4)	10			
PA 15601	10 10	25	2022	
City     Greensburg     State     Zip Code (Plus 4)     10	10		1	<b>\$</b> 100.00

Full Name of Contributor Jacob Bartko	Jacob Bartko					
Mailing Address 1303 Timber Ridge Drive						\$ 100.00
City Erie	<b>State</b> PA	Zip Code (Plus 4) 16509	10	25	2022	
Enter Grand Total of Part A on	\$ <b>PAGE TOTAL</b> 1,450.00					

# 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				
FRIENDS OF CHELSEA OLIVER			From:	<u>10/2</u>	<u>5/2022</u>	То:	<u>11/28/2022</u>	
				DA	TE		Α	MOUNT
Full Name of Contributing Committee 203 PAC				мо	DAY	YEAR		
Mailing Address 101 WEST 24 STREE					\$	1,000.00		
City <sub>ERIE</sub>	<b>State</b> PA	<b>Zip Code</b> 16508	(Plus 4)	11	1	2022	: 	
Full Name of Contributing Committee GREAT LAKES BUILDING & CONSTRUCT	TION TRADES COUNC	IL		мо	DAY	YEAR		
Mailing Address 185 PENNBRIAR DR							\$	500.00
City ERIE	<b>State</b> PA	<b>Zip Code</b> 16509	(Plus 4)	11	2	2022	2	
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sum	nmary Pa	ge, Sectio	n 3.			\$	1,500.00

## 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 Cand	idate			Reporting Period						
FRIENDS OF CHELSEA OLIVER				Fror	n:	<u>10/25/2</u>	. <u>022</u> To	<b>11/28/2022</b>		
					D	ATE		AMOUNT		
Full Name of Contributor Gregory Antoun					мо	DAY	YEAR			
Mailing 14701 Middle Ro Address	bad							\$ 2,000.00		
City Meadville	PA 16335				10	27	2022			
Employer Name <sub>N/A</sub>					Occupat					
Employer Mailing Address/Principa Business	Employer Mailing Address/Principal Place of City					State		Zip Code (Plus 4)		
14701 Middle Road			Meadville	2		PA		16335		
Full Name of Contributor Steve Gilman						DAY	YEAR			
Mailing 1460 South Sho Address	re Drive							<b>\$</b> 1,000.00		
City Erie	<b>State</b> PA		i <b>p Code (Plus</b> 6505	; 4)	10	31	2022			
Employer Name UPMC Hamot					Occupat	tion F	hyscian	1		
Employer Mailing Address/Principa Business	I Place of		City			State		Zip Code (Plus 4)		
201 State Street			Erie			PA		16550		
Enter Grand Total of Part C on	inter Grand Total of Part C on Schedule I, Detailed Summary Page,			Sectio	ction 3.			PAGE TOTAL		
								\$ 3,000.00		

## 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		Report	ting Perio	bd					
			From:			То:	):			
			DATE					AMOUNT		
Full Name					DAY	YEAR				
Mailing Address	Mailing Address						\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description				I						
Enter Grand Total of Part E c	n Schedule I. Detailer	l Summary Page	Section	4				PAGE TOT	AL	
	in Schedule I, Detailet	i Summaly Paye,	Section	4.			\$		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 Perio	od	
FRIENDS OF CHELSEA OLIVER	From:	<u>10/25/2022</u> <b>To:</b>	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	205.92
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	205.92

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
				DATE		АМС	DUNT
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 Sche	iled Sum	mary Pag	je,	PAG	E TOTAL		
Section 2.					4	;	0.00

#### PAGE 12

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

Name of Filing Committee or Candidate					Re	porting F	Period			
					From:			То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	e Zip Code(Plus 4)								
Employer of Contributor	•		•		Occupation					
Employer Mailing Address/Principal Place of City State				State		Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-	-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF CHELSEA OLIVER			From	<u>10/2</u>	5/2022	То:	<u>11/28/2022</u>		
					DATE			AMOUNT	
<b>To Whom Paid</b> PA House Democratic Campaign Committee				мо	DAY	YEAR			
Mailing Address PO Box 555			10	26	2022	\$	14,500.00		
City Harrisburg	]	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	Description of Expenditure Campaign services					
To Whom Paid Walmart				мо	DAY	YEAR			
Mailing Address 961 E. Columbus Ave				11	7	2022	\$	29.64	
City Corry		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16407	Description of Expenditure Film					
To Whom Paid Country Fair			мо	DAY	YEAR				
Mailing Address	406 N. Center Stree	t		11	8	2022	\$	100.00	
City Corry		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16407	Description of Expenditure Gas					
To Whom Paid Engine House 39				мо	DAY	YEAR			
Mailing Address 1000 Washington Drive			11	8	2022	\$	65.00		
City Edinboro		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16412	Description of Expenditure Lunch					
To Whom Paid Corry FCU			мо	DAY	YEAR				
Mailing Address 728 Worth St			10	26	2022	\$	15.00		
City Corry		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16407	Description of Expenditure Fee					

							-		
To Whom Paid Hustle				мо	DAY	YEAR			
Mailing Address 251 Kearny Street Suite 200				11	3	2022	\$	910.00	
City San Franc	cisco	State CA	<b>Zip Code (Plus 4)</b> 94108	<b>Descrip</b> Texting	tion of Exp	penditure	I		
			94100	Texting					
To Whom Paid Campaign Verify				мо	DAY	YEAR			
Mailing Address 1215 31st Street NW PO Box 3554				11	3	2022	\$	95.00	
City Washingt	on	State	Zip Code (Plus 4)	<ul> <li>Description of Expenditure</li> <li>Service</li> </ul>					
vasningu	011	DC	20007						
			20007						
To Whom Paid Gusto				мо	DAY	YEAR			
Mailing Address 525 20th Street			10	28	2022	\$	320.98		
City San Franc	sisco	State	Zip Code (Plus 4)	Description of Expenditure					
San Francisco				Payroll					
CA 94107									
To Whom Paid Gusto		1	1	мо	DAY	YEAR			
	525 20th Street	I		<b>мо</b> 10	<b>DAY</b> 28	<b>YEAR</b> 2022	\$	1,024.64	
Gusto Mailing Address		State	Zip Code (Plus 4)	10	28	2022		1,024.64	
Gusto				10 Descrip		2022		1,024.64	
Gusto Mailing Address		State CA	<b>Zip Code (Plus 4)</b> 94107	10	28	2022		1,024.64	
Gusto Mailing Address				10 Descrip	28	2022		1,024.64	
Gusto Mailing Address City San Franc To Whom Paid				10 Descrip Payroll	28 ption of Exp	2022 penditure		1,024.64	
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address	cisco 525 20th Street			10 Descrip Payroll MO 10	28 otion of Exp DAY 31	2022 penditure YEAR 2022	\$		
Gusto Mailing Address City San France To Whom Paid Gusto	cisco 525 20th Street	CA	94107	10 Descrip Payroll MO 10 Descrip	28 otion of Exp DAY	2022 penditure YEAR 2022	\$		
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address	cisco 525 20th Street	СА	94107	10 Descrip Payroll MO 10	28 otion of Exp DAY 31	2022 penditure YEAR 2022	\$		
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address	cisco 525 20th Street	CA	94107	10 Descrip Payroll MO 10 Descrip	28 otion of Exp DAY 31	2022 penditure YEAR 2022	\$		
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address City San Franc To Whom Paid	cisco 525 20th Street	CA	94107	10 Descrip Payroll MO 10 Descrip Payroll	28 Potion of Exp DAY 31 Potion of Exp	2022 penditure YEAR 2022 penditure	\$		
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address Address	cisco 525 20th Street cisco 525 20th Street	CA	94107	10 Descrip Payroll MO 10 Descrip Payroll MO	28 otion of Exp DAY 31 otion of Exp DAY 2	2022 penditure YEAR 2022 penditure YEAR 2022	\$	3,000.00	
Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address City San Franc To Whom Paid Gusto Mailing Address Mailing Address	cisco 525 20th Street cisco 525 20th Street	CA State CA	94107 <b>Zip Code (Plus 4)</b> 94107	10 Descrip Payroll MO 10 Descrip Payroll MO	28 Potion of Exp DAY 31 Potion of Exp DAY	2022 penditure YEAR 2022 penditure YEAR 2022	\$	3,000.00	

<b>To Whom Paid</b> Gusto				DAY	YEAR			
Mailing Address 525 20th Street				7	2022	\$	151.53	
City San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	, Denditure			
CA 94107				Payroll				
To Whom Paid Vantiv, LLC				DAY	YEAR			
Mailing Address 8500 Governors Hill Drive				6	2022	\$	91.24	
City Symmes Township	State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure			
OH 45249				ActBlue fees				
To Whom Paid Gusto				DAY	YEAR			
Mailing Address 525 20th Street			11	17	2022	\$	1,000.01	
City San Francisco	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure			
	СА	94107	Payroll					
<b>To Whom Paid</b> Gusto				DAY	YEAR			
Mailing Address 525 20th Street				17	2022	\$	1,500.00	
City San Francisco	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	94107	Payroll					
To Whom Paid ActBlue, LLC				DAY	YEAR			
Mailing Address 366 Summer Street				7	2022	\$	124.87	
City Somerville	State	Zip Code (Plus 4)	Description of Expenditure					
	MA 02144 Fee							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL		
					\$	22,983.03		