Campaign Finance Report

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

					1										
Filer Identificat Number :	ion 2022	20253			Report Filed B		CANDI	DATE	СОМ	MITTEE	\checkmark	LOBI	BYIST		
Name of Filing (Committee, Candio	late or L	obbyist:		FRIEND	S OF	CHELSEA	OLIVER	к						
Street Address:															
City:	CORRY						State:	PA		Zip Co	de: 16	407			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3	-	AMENDI REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D ELEC	AY F CTION	POST- 6		TERMIN REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2022				NG METHO			PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	FION	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YEAR	4	STH	DEN	1	25	
REPRESENTAT.	IVE IN THE GENE	RAL ASS	EMBLY				11	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		11 29	2	022 T	0	12	31	. 2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	5	2	24,416.56						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	4	5	0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			4	5	2	24,416.56						
D. Total Expen	ditures (From Sch	edule II	I)			4	5		705.61						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			5	2	3,710.95						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	4	5		0.00						
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	/)		4	5		0.00						
				AFF	IDAVI	T SI	ECTION								
	s a Committee rep														
I swear (or affirm correct and compl) that this report, inc lete.	luding the	e attached sc	hedule	s filed on	paper	or by elect	ronic med	ium, are to	the best c	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed before me thi day of	s	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
						-				Prir	ited Name				
My Commission E	Signatı xpires									Ema	nil				
	мо	D	AY	YR		_		Area	Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, C	andio	late shall	sign her	e.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowle	edge and beli	ief this	opolitical	com	nittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me this	ł							S	ignature	of Candida	ite			
	day of					-				Printe	ed Name				
	Signature					-									
My Commission Exp	pires									Ema	hil				
	мо	D	AY	YR	ł	-		Area Co	ode	D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF CHELSEA OLIVER From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								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 Candidate Reporting Period									
			From: To			D:			
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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					
			Froi	n:		Т):		
				DATE A				IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE 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 Can	didate		Reporting Period							
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
			.					PAGE TOTAL		
Enter Grand Total of Part E on S	schedule I, Detailed	i Summary Page,	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 Period										
FRIENDS OF CHELSEA OLIVER	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>								
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)										
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, I		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	Period	·							
F				From:			То:					
				DATE			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR							
Mailing Address		_				7 \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:			1									
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:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption 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	e of Filing Committee or Candida	te		Reporting Period							
FRIEN	NDS OF CHELSEA OLIVER			From	<u>11/2</u>	9/2022	То:	<u>12/31/2022</u>			
					DATE			AMOUNT			
To Wh	om Paid			мо	DAY	YEAR					
Laurer	n Seliga										
Mailing	g Address			12	14	2022	\$	593.74			
City	North East	State	Zip Code (Plus 4)	Description of Expenditure							
		РА	16428	Finance	wages						
To Wh	om Paid			мо	DAY	YEAR					
Corry FCU											
Mailing Address				12	9	2022	\$	10.00			
City Corry State Zip Code (Plus 4)				Descrip	tion of Exp	enditure	•				
		РА	16407	Stateme	ent Fee						
To Wh	om Paid			мо	DAY	YEAR					
Gusto											
Mailing Address				12	2	2022	\$	61.48			
City San Francisco State Zip Code (Plus 4)				Descrip	tion of Exp	enditure					
		СА	94107	Payroll							
To Wh	om Paid			мо	DAY	YEAR					
Vantiv	, LLC										
Mailin	g Address			12	9	2022	\$	27.08			
City	Symmes Township	State	Zip Code (Plus 4)	Description of Expenditure							
		ОН	45249	ActBlue fees							
To Wh	om Paid			мо	DAY	YEAR					
Vantiv	, LLC										
Mailin	g Address			12	12	2022	\$	0.93			
City	Symmes Township	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
		ОН	45249	ActBlue	fees						
To Wh	om Paid			мо	DAY	YEAR					
ActBlu	ie, LLC										
Mailin	g Address			12	5	2022	\$	12.38			
City Somerville State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	-					
MA 02144			Fee								
Enter	Grand Total of Expenditure	on Dage 1. Dage	t Cover Dage Them	n				PAGE TOTAL			
Linter		, on raye 1, kepor	it cover raye, item i				\$	705.61			