

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20240046		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF JEFF OLSOMMER												
<b>Street Address:</b> P.O. BOX 1001												
<b>City:</b> GREENTOWN						<b>State:</b> PA			<b>Zip Code:</b> 18426			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						4	23	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>	
				2	12	2024		4	8	2024		
<b>A. Amount Brought Forward From Last Report</b>						\$ 25,460.61						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 52,129.43						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 77,590.04						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 65,830.20						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 11,759.84						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 31,905.90						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 26,000.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

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 swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JEFF OLSOMMER	From: <u>2/12/2024</u> To: <u>4/8/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 125.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 204.43
<b>All Other Contributions (Part B)</b>	\$ 800.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,004.43

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 19,000.00
<b>All Other Contributions (Part D)</b>	\$ 32,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 51,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 52,129.43
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# PART A

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**\$50.01 TO \$250.00**

**Use this Part to itemize only contributions received from political committees  
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JEFF OLSOMMER	<b>Reporting Period</b>  From: <u>2/12/2024</u> To: <u>4/8/2024</u>
<div style="display: flex; justify-content: space-between;"> <span><b>DATE</b></span> <span><b>AMOUNT</b></span> </div>	

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 204.43
FRIENDS OF JOE ADAMS			3	11	2024	
<b>Mailing Address</b> PO BOX 100						
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427				

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

<b>PAGE TOTAL</b>
\$ 204.43

**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JEFF OLSOMMER	From: <u>2/12/2024</u> To: <u>4/8/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
JOSEPH CURTIS							
Mailing Address 6497 VIA REGINA				3	1	2024	
City BOCA RARIB	State FL	Zip Code (Plus 4) 33433					
Full Name of Contributor				MO	DAY	YEAR	\$
LANCE SPODEK							
Mailing Address 1891 HEMLOCK FARMS				3	15	2024	
City LORDS VALLEY	State PA	Zip Code (Plus 4) 18428					
Full Name of Contributor				MO	DAY	YEAR	\$
ANTHONY HERZOG							
Mailing Address 8 WHITE TAIL PLACE				4	6	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431					
Full Name of Contributor				MO	DAY	YEAR	\$
VICTORIA GILL							
Mailing Address 170 WHEELER ROAD				3	18	2024	
City MOSCOW	State PA	Zip Code (Plus 4) 18444					
Full Name of Contributor				MO	DAY	YEAR	\$
DEBORAH FISCHER							
Mailing Address 101 BOSTON CT				4	3	2024	
City MILLFORD	State PA	Zip Code (Plus 4) 18337					

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

**PAGE TOTAL**

\$ 800.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JEFF OLSOMMER	<b>Reporting Period</b>  <b>From:</b> <u>2/12/2024</u> <b>To:</b> <u>4/8/2024</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PACAH				3	17	2024	
Mailing Address205 GRANDVIEW AVE SUITE 207							
CityCAMP HILL		StatePA	Zip Code (Plus 4)17011				
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
RPAC				3	15	2024	
Mailing Address500 N. 12TH STREET							
CityLEMOYNE		StatePA	Zip Code (Plus 4)17043				
Full Name of Contributing Committee				MO	DAY	YEAR	\$2,500.00
BAKER FOR SENATE				3	27	2024	
Mailing AddressPO BOX 59							
CityLEHMAN		StatePA	Zip Code (Plus 4)18627				
Full Name of Contributing Committee				MO	DAY	YEAR	\$5,000.00
AGENT PAC OF PENNSYLVANIA				3	15	2024	
Mailing Address5050 RITTER ROAD							
CityMECHANICSBURG		StatePA	Zip Code (Plus 4)17055				
Full Name of Contributing Committee				MO	DAY	YEAR	\$10,000.00
NORTHEAST REPUBLICAN HOUSE DELEGATION				3	4	2024	
Mailing Address612 WYOMING AVE							
CityWEST PITTSTON		StatePA	Zip Code (Plus 4)18643				

**Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.**

<b>PAGE TOTAL</b>
\$ 19,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JEFF OLSOMMER	<b>Reporting Period</b>  <b>From:</b> <u>2/12/2024</u> <b>To:</b> <u>4/8/2024</u>
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				DATE	AMOUNT
<b>Full Name of Contributor</b> JOSEPH DEOLEY				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 307 STRAWBERRY ALLEY				3	17
<b>City</b> MILFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337		2024	\$ 1,000.00
<b>Employer Name</b> JPD FORENSIC ACCOUNTING				<b>Occupation</b> CPA/OWNER	
<b>Employer Mailing Address/Principal Place of Business</b> 306 APPLE ALY		<b>City</b> MILFOND	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337	
<b>Full Name of Contributor</b> NICHOLAS BARNA				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 831 COURT STREET				4	3
<b>City</b> HONESDALE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18431		2024	\$ 1,000.00
<b>Employer Name</b> BARNA LAW				<b>Occupation</b> ATTORNEY	
<b>Employer Mailing Address/Principal Place of Business</b> 207 TENTH STREET		<b>City</b> HONESDALE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18431	
<b>Full Name of Contributor</b> ROBERT GRIMM				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> PO BOX 172				4	3
<b>City</b> WAYMART	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18472		2024	\$ 1,500.00
<b>Employer Name</b> GRIMM CONSTRUCTION				<b>Occupation</b> OWNER	
<b>Employer Mailing Address/Principal Place of Business</b> PO BOX X		<b>City</b> WAYMART	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18472	
<b>Full Name of Contributor</b> MICHAEL GRACI				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> PO BOX 1082				3	11
<b>City</b> MOSCOW	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18444		2024	\$ 2,000.00
<b>Employer Name</b>				<b>Occupation</b> OWNER	
<b>Employer Mailing Address/Principal Place of Business</b> 616 HAMLIN HWY		<b>City</b> LAKE ARIEL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18436	

<b>Full Name of Contributor</b> JEFFREY OLSOMMER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 5,000.00
<b>Mailing Address</b> PO BOX 893				3	21	2024	
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427					
<b>Employer Name</b> OLSOMMER-CLARK INSURANCE				<b>Occupation</b> INSURANCE AGENT/OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 610 HAMLIN HWY			<b>City</b> HAMLIN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	

  

<b>Full Name of Contributor</b> JEFFREY OLSOMMER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 21,000.00
<b>Mailing Address</b> PO BOX 893				4	5	2024	
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427					
<b>Employer Name</b> OLSOMMER-CLARK INSURANCE				<b>Occupation</b> INSURANCE AGENT/OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 610 HAMLIN HWY			<b>City</b> HAMLIN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	

  

<b>Full Name of Contributor</b> LEONARD & MARGENY SCHWARTZ				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 1868 BETHANY TPKE				3	28	2024	
<b>City</b> PLEASANT MOUNT	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18453					
<b>Employer Name</b> OWNERS-WAYNE HOTEL				<b>Occupation</b> HOSPITALITY			
<b>Employer Mailing Address/Principal Place of Business</b> 1202 MAIN STREET			<b>City</b> HONESDALE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18431	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
<b>\$</b> 32,000.00

## 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	Reporting Period  From: <span style="float: right;">To:</span>
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF JEFF OLSOMMER		From: <u>2/12/2024</u> To: <u>4/8/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	31,905.90
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	31,905.90

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JEFF OLSOMMER	From: <u>2/12/2024</u> To: <u>4/8/2024</u>

					DATE		AMOUNT	
Full Name of Contributor EDWARD NIKLES, SR.					MO 3	DAY 15	YEAR 2024	\$ 1,000.00
Mailing Address    104 BENNETT AVE								
City    MILFORD		State PA	Zip Code(Plus 4) 18337					
Employer of Contributor    RETIRED					Occupation    RETIRED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)		Description of Contribution ADVERTISING	
Full Name of Contributor WILLIAM ROSADO					MO 3	DAY 15	YEAR 2024	\$ 2,000.00
Mailing Address    319 GLEN MARIA DRIVE								
City    MOOSEC		State PA	Zip Code(Plus 4) 18507					
Employer of Contributor    ROSADO GROUP					Occupation    BUSINESSMAN			
Employer Mailing Address/Principal Place of Business ROUTES 60209			City MILFORD	State PA	Zip Code(Plus 4) 18337		Description of Contribution ADVERTISING	
Full Name of Contributor PETE HELMS					MO 3	DAY 15	YEAR 2024	\$ 1,600.00
Mailing Address    2483 ROUTE 6								
City    HAWLEY		State PA	Zip Code(Plus 4) 18428					
Employer of Contributor    DAVID R CHANT REALTORS					Occupation    REALTOR			
Employer Mailing Address/Principal Place of Business 2483 ROUTE 6			City HAWLWY	State PA	Zip Code(Plus 4) 18428		Description of Contribution ADVERTISING	
Full Name of Contributor JOHN KIESENDAHL					MO 3	DAY 15	YEAR 2024	\$ 1,000.00
Mailing Address    731 WELCOME LAKE ROAD								
City    HAWLEY		State PA	Zip Code(Plus 4) 18428					
Employer of Contributor    WOODLOCH					Occupation    HOSPITALITY			
Employer Mailing Address/Principal Place of Business 731 WELCOME LAKE ROAD			City HAWLWY	State PA	Zip Code(Plus 4) 18428		Description of Contribution ADVERTISING	

<b>Full Name of Contributor</b> DEBRA K. GUNNIP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 400.00
<b>Mailing Address</b> 105 DEER ROAD			3	15	2024	
<b>City</b> GREENTOWN	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 18426				
<b>Employer of Contributor</b> DAVIS R CHANT REALTORS			<b>Occupation</b> REALTOR			
<b>Employer Mailing Address/Principal Place of Business</b> 2483 ROUTE 6		<b>City</b> HAWLWY	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 18428	<b>Description of Contribution</b> ADVERTISING	

  

<b>Full Name of Contributor</b> REPUBLICAN PARTY OF PENNSYLVANIA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25,905.90
<b>Mailing Address</b> 3501 N. FRONT STREET SUITE 200			4	8	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code(Plus 4)</b> 17110				
<b>Employer of Contributor</b> N/A			<b>Occupation</b> N/A			
<b>Employer Mailing Address/Principal Place of Business</b> N/A		<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b> CAMPAIGN LITERATURE & POSTAGE	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>						<b>PAGE TOTAL</b> 31,905.90

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JEFF OLSOMMER	From <u>2/12/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
PIKE COUNTY COUNCIL REPUBLICAN WOMEN				
<b>Mailing Address</b> PO BOX 98	3	20	2024	\$ 100.00
<b>City</b> MILFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337	<b>Description of Expenditure</b> ADVERTISING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
PIKE COUNTY COUNCIL REPUBLICAN WOMEN				
<b>Mailing Address</b> PO BOX 98	3	22	2024	\$ 160.00
<b>City</b> MILFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337	<b>Description of Expenditure</b> TICKETS	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
BAILEY DESIGN & ADVERTISING				
<b>Mailing Address</b> 3305 LAKE ARIEL HWY SUITE 3	4	6	2024	\$ 4,050.00
<b>City</b> HONESDALE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18431	<b>Description of Expenditure</b> ADVERTISING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ENCORE OUTDOOR, LLC				
<b>Mailing Address</b> 24 PINEWOOD DRIVE	2	21	2024	\$ 2,286.25
<b>City</b> COVINGTON TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18424	<b>Description of Expenditure</b> ADVERTISING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ENCORE OUTDOOR, LLC				
<b>Mailing Address</b> 24 PINEWOOD DRIVE	2	29	2024	\$ 298.00
<b>City</b> COVINGTON TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18424	<b>Description of Expenditure</b> ADVERTISING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ENCORE OUTDOOR, LLC				
<b>Mailing Address</b> 24 PINEWOOD DRIVE	3	4	2024	\$ 1,690.00
<b>City</b> COVINGTON TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 184	<b>Description of Expenditure</b> ADVERTISING	

To Whom Paid			MO	DAY	YEAR	\$ 225.00
GREENE DREHER VOLUNTEER FIRE ASSOC.			4	6	2024	
Mailing Address PO BOX 111						
City NEW FOUNDLAND	State PA	Zip Code (Plus 4) 18445	Description of Expenditure MEETING EXPENSE			
To Whom Paid			MO	DAY	YEAR	\$ 900.00
HORTON PLACE			3	11	2024	
Mailing Address 324 SPRING HILL ROAD						
City MOSCOW	State PA	Zip Code (Plus 4) 18444	Description of Expenditure SIGN FRAMES			
To Whom Paid			MO	DAY	YEAR	\$ 12,000.00
HRCC			3	11	2024	
Mailing Address 500 N. 3RD STREET 4TH FLOOR						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DONATION			
To Whom Paid			MO	DAY	YEAR	\$ 12,000.00
HRCC			3	21	2024	
Mailing Address 500 N. 3RD STREET 4TH FLOOR						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DONATION			
To Whom Paid			MO	DAY	YEAR	\$ 12,000.00
HRCC			4	4	2024	
Mailing Address 500 N. 3RD STREET 4TH FLOOR						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DONATION			
To Whom Paid			MO	DAY	YEAR	\$ 3,719.30
PIKE T-SHIRT, LLC			2	29	2024	
Mailing Address 111 HULST DRIVE SUITE 706						
City MATAMORAS	State PA	Zip Code (Plus 4) 183356	Description of Expenditure SIGNS			
To Whom Paid			MO	DAY	YEAR	\$ 3,359.14
RGB POLITICS			2	25	2024	
Mailing Address 3031 LOGAN STREET						
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure ADVERTISING			
To Whom Paid			MO	DAY	YEAR	\$ 7,750.00
RGB POLITICS			3	11	2024	
Mailing Address 3031 LOGAN STREET						
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure ADVERTISING			

<b>To Whom Paid</b> RGB POLITICS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 286.20
<b>Mailing Address</b> 3031 LOGAN STREET			3	17	2024	
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Expenditure</b> ADVERTISING			

  

<b>To Whom Paid</b> STEVE'S SIGN WORKS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,067.00
<b>Mailing Address</b> P.O. BOX 454			2	29	2024	
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	<b>Description of Expenditure</b> SIGNS			

  

<b>To Whom Paid</b> TOM QUICK INC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,750.00
<b>Mailing Address</b> 411 BROAS STREET			4	5	2024	
<b>City</b> MILFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337	<b>Description of Expenditure</b> MEETING EXPENSE			

  

<b>To Whom Paid</b> STEVE'S SIGN WORKS, INC.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 297.86
<b>Mailing Address</b> PO BOX 454			4	8	2024	
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	<b>Description of Expenditure</b> SIGNS			

  

<b>To Whom Paid</b> JEFFREY OLSOMMER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 706.05
<b>Mailing Address</b> P.O. BOX 893			4	8	2024	
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	<b>Description of Expenditure</b> REIMBURSE-DINNER TICKETS BASKET ITEMS-SUPPLIES			

  

<b>To Whom Paid</b> DEBRA K GUNNIO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 162.60
<b>Mailing Address</b> 105 DEER ROAD			4	8	2024	
<b>City</b> GREENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18426	<b>Description of Expenditure</b> POSTAGE			

  

<b>To Whom Paid</b> ANEDOT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 22.80
<b>Mailing Address</b> 1340 POYDRAS STREET SUITE 1770			3	31	2024	
<b>City</b> NEW ORLEANS	<b>State</b> LA	<b>Zip Code (Plus 4)</b> 70112	<b>Description of Expenditure</b> PROCESSING FEES			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 65,830.20

**SCHEDULE IV**  
**STATEMENT OF UNPAID DEBTS**  
Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JEFF OLSOMMER	<b>Reporting Period</b>  From: 2/12/2024 To: 4/8/2024
------------------------------------------------------------------------------	-------------------------------------------------------------

DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> JEFFREY OLSOMMER				
<b>Mailing Address</b> PO BOX 893				
<b>City</b> HAMLIN				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 18427				
<b>Description of Debt</b> LOAN TO COMMITTEE				
<b>Name of Creditor</b> JEFFREY OLSOMMER				
<b>Mailing Address</b> PO BOX 893				
<b>City</b> HAMLIN				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 18427				
<b>Description of Debt</b> LOAN TO COMMITTEE				
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>				<b>PAGE TOTAL</b>
				\$ 26,000.00