Campaign Finance Report

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

Filer Identificati Number :	on 2	024C08	35			Rep File	oort		CAND	DATE	/	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Car	didate o	or Lo	bbyist:		JEFF	RE	/ H. C	LSOMME	ĒR							•	
Street Address:																		
City:	_								State:				Zip Code	e: 18	444			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	N	O	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDA ELECTION	AY PRE	≣- !	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	N	O	\
report type)	ANNUAL REPO	PRT 7.	,	Year 2024	,				NG METH CHECK O				PAPER		\	DISK	ETTE	
Name of Office S	ought by Cand	lidate:	-			_			DATE C)F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GE	NERAL A	ASSE	MBLY					МО	DAY		YEAR	139	STH	REP	•		
									4	+	23	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		мс		DAY	YEAR		_	0	МО	DAY		YEAR	FOF	OFFIC	E USE	ONLY		
-				2 12	2	024	•		4		8	2024						
A. Amount Bro				•	n Sche	dule	· I)	\$ \$			(25,	0.00						
C. Total Funds	Available (Sun	n Of Line	es A a	and B)				\$			(25,	500.00)						
D. Total Expend	ditures (From	Schedule	e III)				\$			_	000.00)						
E. Ending Cash	Balance (Subt	ract Line	e D F	rom Line	C)			\$		((51,	500.00)						
F. Value Of In-	Kind Contribut	ions Rec	ceive	d (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligati	ons (Fro	om So	chedule I\	/)			\$				0.00		'				
					AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	a Committee	report, t	treas	urer sign	here.	If th	is is	a Car	ndidate r	eport,	cano	didate sig	ın here.					
I swear (or affirm) correct and comple		including	g the	attached so	hedules	s filed	d on	paper	or by elect	tronic m	ediu	m, are to t	he best of	my knov	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20								Signature	of Person	Submitt	ing Rep	oort		_
	Sigi	nature						- -					Printe	d Name				_
My Commission Ex	rpires							_					Email					
	МО		DA	Y	YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candidat	te's a	uthorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
	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 subsc	ribed before me	this		20								s	ignature of	Candida	te			_
				20				-					Printed	Name				-
My Commission F	Signati	ure						-					Email					_
My Commission Exp								_					2					_
	МО		DA	Υ	YR					Area	Cod	e	Day	time Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JEFFREY H. OLSOMMER	From:	2/12/2024	<u>4</u> То:	<u>4/8/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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					
		F	rom:		То	:		
				DATE			AMOUNT	
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

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 Commi	ttee or Candidate		Rep	orting P	eriod			
			Fro	m:		To):	
		•			DATE			AMOUNT
Full Name of Contributor	r			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.

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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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.)

lame of Filing Committee or Candidate				Reporting Period						
				From:			To	То:		
					DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	(4)						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se					on 3.				PAGE TOTAL	
								\$	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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plus 4)						
Receipt Description	•	•			•				
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL	
Enter Grand Total of Part	e on Schedule I, Detalled	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 Perio	od							
JEFFREY H. OLSOMMER	From:	2/12/2024 To:	<u>4/8/2024</u>						
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 PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

lame of Filing Committee or Candidate				Reporting Period				
						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.			ailed Summary Page,		je,	PAGE TOTAL		
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period					
				From:			To:	То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	me of Filing Committee or Candidate				Reporting Period					
JEFFREY H. OLSOMMER				From <u>2/12/2024</u> To: <u>4/</u>						
		DATE								
To Whom Paid				DAY	YEAR					
FRIENDS OF JEFF OLSOMMER			МО							
Mailing Address			3	21	2024	\$	5,000.00			
City GREENTOWN	State	Zip Code (Plus 4) Descrip	Description of Expenditure						
	PA	18426	LOAN T	о сомміт	TEE					
To Whom Paid			МО	DAY	YEAR					
FRIENDS OF JEFF OLSOMMER	FRIENDS OF JEFF OLSOMMER				LAR					
ailing Address				5	2024	\$	21,000.00			

	PA	18426	LOAN TO COMMITTEE	
				PAGE TOTAL
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item D.		\$ 26,000.00

Zip Code (Plus 4)

Description of Expenditure

State

City

GREENTOWN