### **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	2024C	0835				Repo Filed	_		CAND	IDAT	Έ	<b>/</b>	СО	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Ca	ndida	te or Lo	obbyi	st:	J	EFFR	REY	H. C	LSOMM	ER									
Street Address:																				
City:	_									State:					Zip Code	e: 18	444			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND PRIM	FRIDAY ARY	PRE-	2.		30 DA PRIMA		POST	·- 3			AMENDME REPORT?	NT	Yes	N	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.		FRIDAY TION	PRE-	- 5.		30 DA		POST	<sup>-</sup> - 6			TERMINAT REPORT?	ΓΙΟΝ	Yes	٨	lo	<b>/</b>
report type)	ANNUAL REP	ORT	7.	Year	2024					IG METH CHECK (					PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	- Sought by Can	didate	e:	-			-			DATE (	OF E	LECT	ΓΙΟΝ		District Number	Office Code	Pai	ty Cod	e Cou	
REPRESENTATI	VE IN THE G	FNFR <i>I</i>	AL ASSI	FMBI	Υ					МО	DA	Y	YEAR		139	STH	REF	)		
										,	1	23	20	)24		(SEE INS	TRUCTI	ONS FOI	CODES	5)
Summary of Expenditures		ıd	МО	DA		YEAR		_	_	МО	DA	Y	YEAR		FOF	OFFIC	E USE	ONLY	<b>'</b>	
— Expenditures				4	9	20	24	T	) 		5	3	3 20	)24						
A. Amount Bro	ught Forward	From	Last R	eport					\$			(5	1,500.	_						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts	(From	Sched	lule I	()	\$				0	.00						
C. Total Funds	Available (Su	m Of I	ines A	and I	В)				\$			(5	1,500.	00)						
D. Total Expend	ditures (From	Sche	dule II	I)					\$			(23	3,500.0	00)						
E. Ending Cash	Balance (Sub	tract	Line D	From	Line C	)			\$			(75	5,000.0	00)						
F. Value Of In-							e II)		\$				0.	00						
G. Unpaid Debt	s And Obligat	tions (	From S	ched	ule IV)				\$				0	.00						
						AFFI	DA۱	VΙ٦	SE	CTION										
PART I - If this is		-	-		_						-	-		_						
I swear (or affirm) correct and comple		t, inclu	ding the	attac	hed sch	edules	filed o	on p	aper	or by elec	tronic	med	ium, are	to t	he best of	my knov	vledge	and be	lief , tr	rue
Sworn to and subs	cribed before m day of	e this		20									Signa	ture	of Person	Submitt	ing Re	oort		_
	Sig	gnature	e	_					-						Printe	ed Name				
My Commission Ex	xpires								-						Email					
	МО		DA	AY		YR						Area	Code		Daytime	Teleph	one Nu	mber		$\perp$
Part II- If this is	a report of a	candi	date's	autho	rized (	Commi	ittee,	, Ca	ndid	ate shal	sign	her	e.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge a	nd belie	f this p	politic	al (	comm	ittee has	not vi	olate	d any pr	ovisi	ons of the	act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me	this		20										Si	gnature of	Candida	ite			_
				_							_				Printed	Name				-
	Signa	ture							•		_				Ema:					_
My Commission Exp	ires														Email					
	мс	0	DA	ΑY		YR					Ar	ea Co	ode		Day	time Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
JEFFREY H. OLSOMMER	From:	4/9/202	<u>4</u> To:	<u>5/3/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 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 Candidat	e	F	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)					

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

PAGE TOTAL
0.00

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commi	ttee or Candidate	F	Reporting P	Period			
		F	From:		To	<b>:</b>	
		·		DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
						\$	0.00
Mailing Address						<b>,</b> →	0.00
Mailing Address City	State	Zip Code (Plus 4)				7	0.00

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.

Name of Filing Committee or Candidate	ne of Filing Committee or Candidate				Reporting Period				
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				riod			
			Fror	n:		To	<b>:</b>	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	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	d	
JEFFREY H. OLSOMMER	From:	<u>4/9/2024</u> <b>To:</b>	<u>5/3/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
	From:			To:							
				DATE			AMOUNT				
Full Name of Contributor			мо	DAY	YEAR						
Mailing Address		_				<b> </b>		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:		•	•	•		•					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL				
						\$	(	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					porting	Period				
				Fro	m:		To:			
						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 <sub>l</sub>	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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period					
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	<b>,</b> .			\$	0.00