

# Campaign Finance Report

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

Filer Identification Number : 20240046		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JEFF OLSOMMER											
Street Address:											
City: GREENTOWN				State: PA		Zip Code: 18426					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	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	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		4	9	2024		5	13	2024			
A. Amount Brought Forward From Last Report					\$ 11,759.84						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 40,127.60						
C. Total Funds Available (Sum Of Lines A and B)					\$ 51,887.44						
D. Total Expenditures (From Schedule III)					\$ 49,517.30						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 2,370.14						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 75,000.00						

## 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>4/9/2024</u> To: <u>5/13/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 12,000.00
<b>All Other Contributions (Part D)</b>	\$ 28,100.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 40,100.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 27.60

<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>	\$ 40,127.60
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# 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>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
NORTHEAST LEADERSHIP FUND						
Mailing Address				4	16	2024
City	WILKES-BARRE	State	PA			
		Zip Code (Plus 4)	18711			
						\$ 7,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
PRESIDENTIAL COALITION, LLC						
Mailing Address				4	24	2024
City	WASHINGTON	State	DC			
		Zip Code (Plus 4)	20003			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
MID-ATLANTIC LABORERS' POLITICAL LEAGUE						
Mailing Address				4	24	2024
City	RESTON	State	VA			
		Zip Code (Plus 4)	20190			
						\$ 2,500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PENNSYLVANIA BANKERS PUBLIC AFFAIRS COM.						
Mailing Address				5	3	2024
City	HARRISBURG	State	PA			
		Zip Code (Plus 4)	17110			
						\$ 2,000.00

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

<b>PAGE TOTAL</b>
\$ 12,000.00

**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>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> JEFFREY OLSOMMER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 23,500.00
<b>Mailing Address</b> City HAMLIN State PA Zip Code (Plus 4) 18427				5	3	2024	
<b>Employer Name</b> OLSOMMER-CLARKE INSURANCE				<b>Occupation</b> INSURANCE AGENT/OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> HAMLIN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427
<b>Full Name of Contributor</b> PAUL EDWARDS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> City HONESDALE State PA Zip Code (Plus 4) 18431				4	24	2024	
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
<b>Full Name of Contributor</b> WILLIAM CLAUSS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> City TAFTON State PA Zip Code (Plus 4) 18464				4	13	2024	
<b>Employer Name</b> DAVIS R CHANT REALTORS				<b>Occupation</b> REALTOR			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> HAWLEY		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18428
<b>Full Name of Contributor</b> DONALD & JANET OLSOMMER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> City MOSCOW State PA Zip Code (Plus 4) 18444				4	9	2024	
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>

<b>Full Name of Contributor</b> JOSEPH HARCUM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b>			4	16	2024	
<b>City</b> EQUINUNK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18417				
<b>Employer Name</b> DUCK HARBOR COMPANY			<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> EQUINUNK	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 18417	

<b>Full Name of Contributor</b> MARK VOLPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>			4	16	2024	
<b>City</b> MILFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18337				
<b>Employer Name</b> RETIRED			<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

<b>Full Name of Contributor</b> CHARLIE GILLINDER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,500.00
<b>Mailing Address</b>			4	15	2024	
<b>City</b> MATAMORAS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18336				
<b>Employer Name</b> RETIRED			<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
<b>\$</b> 28,100.00

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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JEFF OLSOMMER	<b>Reporting Period</b>  From: 4/9/2024 To: 5/13/2024
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					DATE			AMOUNT	
Full Name					MO	DAY	YEAR	\$	27.60
TOM QUICK INN									
Mailing Address									
City		State		Zip Code (Plus 4)	4	24	2024		
MILFORD		PA		18337					
Receipt Description									
REFUND									

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

<b>PAGE TOTAL</b>
\$ 27.60



## 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>4/9/2024</u> To: <u>5/13/2024</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)		\$	0.00
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.)		\$	0.00

**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**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JEFF OLSOMMER	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>				
BAILEY DESIGN & ADVERTISING				
<b>Mailing Address</b>				
<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>				
BAILEY DESIGN & ADVERTISING				
<b>Mailing Address</b>				
<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>				
ENCORE OUTDOOR, LLC				
<b>Mailing Address</b>				
<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>				
ERIE INSURANCE				
<b>Mailing Address</b>				
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16530	<b>Description of Expenditure</b> INSURANCE	
<b>To Whom Paid</b>				
GRESHAM'S CHOPHOUSE				
<b>Mailing Address</b>				
<b>City</b> HAWLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18428	<b>Description of Expenditure</b> MEETING EXPENSE	
<b>To Whom Paid</b>				
JEFFREY OLSOMMER				
<b>Mailing Address</b>				
<b>City</b> HAMLIN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18427	<b>Description of Expenditure</b> MEETING EXPENSE	

<b>To Whom Paid</b> RGB POLITICS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 5,295.14
<b>Mailing Address</b>			4	23	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> RGB POLITICS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 17,514.00
<b>Mailing Address</b>			5	3	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> WARRIOR FOOTBALL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 600.00
<b>Mailing Address</b>			4	21	2024	
<b>City</b> MOSCOW	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18444	<b>Description of Expenditure</b> DONATION			

  

<b>To Whom Paid</b> ANEDOT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 72.30
<b>Mailing Address</b>			4	15	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>
						<b>\$</b> 49,517.30

**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: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor JEFFREY OLSOMMER				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				3	21	2024	
City HAMLIN		State PA	Zip Code (Plus 4) 18427	Description of Debt LOAN TO COMMITTEE			
Name of Creditor JEFFREY OLSOMMER				MO	DAY	YEAR	\$ 21,000.00
Mailing Address				4	5	2024	
City HAMLIN		State PA	Zip Code (Plus 4) 18427	Description of Debt LOAN TO COMMITTEE			
Name of Creditor JEFFREY OLSOMMER				MO	DAY	YEAR	\$ 500.00
Mailing Address				2	1	2024	
City HAMLIN		State PA	Zip Code (Plus 4) 18427	Description of Debt LOAN TO COMMITTEE			
Name of Creditor JEFFREY OLSOMMER				MO	DAY	YEAR	\$ 25,000.00
Mailing Address				2	7	2024	
City HAMLIN		State PA	Zip Code (Plus 4) 18427	Description of Debt LOAN TO COMMITTEE			
Name of Creditor JEFFREY OLSOMMER				MO	DAY	YEAR	\$ 23,500.00
Mailing Address				5	3	2024	
City HAMLIN		State PA	Zip Code (Plus 4) 18427	Description of Debt LOAN TO COMMITTEE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 75,000.00