

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: P.O. BOX 1001												
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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JEFF OLSOMMER	From: <u>4/9/2024</u> To: <u>5/13/2024</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)	\$ 12,000.00
All Other Contributions (Part D)	\$ 28,100.00
TOTAL for the Reporting Period (3)	\$ 40,100.00

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

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.)	\$ 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.

Name of Filing Committee or Candidate FRIENDS OF JEFF OLSOMMER	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
NORTHEAST LEADERSHIP FUND				4	16	2024
Mailing Address 1140 HWY RTE 315						
City WILKES-BARRE	State PA	Zip Code (Plus 4) 18711				
Full Name of Contributing Committee				MO	DAY	YEAR
PRESIDENTIAL COALITION, LLC				4	24	2024
Mailing Address 1006 PENNSYLVANIA AVE, SE						
City WASHINGTON	State DC	Zip Code (Plus 4) 20003				
Full Name of Contributing Committee				MO	DAY	YEAR
MID-ATLANTIC LABORERS' POLITICAL LEAGUE				4	24	2024
Mailing Address 1875 EXPLORER STREET STE 920						
City RESTON	State VA	Zip Code (Plus 4) 20190				
Full Name of Contributing Committee				MO	DAY	YEAR
PENNSYLVANIA BANKERS PUBLIC AFFAIRS COM.				5	3	2024
Mailing Address 3897 NORTH FRONT STREET						
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				

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

PAGE TOTAL	
\$	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.)**

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

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 23,500.00
JEFFREY OLSOMMER				5	3	2024	
Mailing Address PO BOX 893		State	Zip Code (Plus 4)				
City HAMLIN		PA	18427				
Employer Name OLSOMMER-CLARKE INSURANCE				Occupation INSURANCE AGENT/OWNER			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
610 HAMLIN HWY			HAMLIN		PA		18427
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
PAUL EDWARDS				4	24	2024	
Mailing Address 221 KELLOWS ROAD		State	Zip Code (Plus 4)				
City HONESDALE		PA	18431				
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
N/A							
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
WILLIAM CLAUSS				4	13	2024	
Mailing Address 206 PAPER BIRCH SOUTH		State	Zip Code (Plus 4)				
City TAFTON		PA	18464				
Employer Name DAVIS R CHANT REALTORS				Occupation REALTOR			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
2483 ROUTE 6			HAWLEY		PA		18428
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
DONALD & JANET OLSOMMER				4	9	2024	
Mailing Address 321 SPRING HILL ROAD		State	Zip Code (Plus 4)				
City MOSCOW		PA	18444				
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)

Full Name of Contributor JOSEPH HARCUM			MO	DAY	YEAR	\$ 500.00
Mailing Address 617-A DUCK HARBOR ROAD			4	16	2024	
City EQUINUNK	State PA	Zip Code (Plus 4) 18417				
Employer Name DUCK HARBOR COMPANY			Occupation OWNER			
Employer Mailing Address/Principal Place of Business 617-A DUCK HARBOR ROAD		City EQUINUNK	State PA		Zip Code (Plus 4) 18417	

Full Name of Contributor MARK VOLPE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 37			4	16	2024	
City MILFORD	State PA	Zip Code (Plus 4) 18337				
Employer Name RETIRED			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A		City	State		Zip Code (Plus 4)	

Full Name of Contributor CHARLIE GILLINDER			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 3 AVENUE N			4	15	2024	
City MATAMORAS	State PA	Zip Code (Plus 4) 18336				
Employer Name RETIRED			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A		City	State		Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate FRIENDS OF JEFF OLSOMMER	Reporting Period 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 411 BROAD STREET							
City MILFORD		State PA	Zip Code (Plus 4) 18337				
Receipt Description REFUND							

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

PAGE TOTAL
\$ 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

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF JEFF OLSOMMER		From: <u>4/9/2024</u> To: <u>5/13/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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 <div style="display: flex; justify-content: space-between;"> From: To: </div>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	<div style="display: flex; align-items: center;"> \$ 0.00 </div>
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.						PAGE TOTAL <div style="display: flex; align-items: center;"> \$ 0.00 </div>

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

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

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BAILEY DESIGN & ADVERTISING				
Mailing Address 3305 LAKE ARIEL HWY SUITE 3	4	23	2024	\$ 11,749.70
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
BAILEY DESIGN & ADVERTISING				
Mailing Address 3305 LAKE ARIEL HWY SUITE 3	5	3	2024	\$ 9,301.76
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
ENCORE OUTDOOR, LLC				
Mailing Address 24 PINWOOD DRIVE	4	24	2024	\$ 4,165.00
City COVINGTON TWP	State PA	Zip Code (Plus 4) 18424	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
ERIE INSURANCE				
Mailing Address 100 ERIE INSURANCE PLACE	5	3	2024	\$ 415.00
City ERIE	State PA	Zip Code (Plus 4) 16530	Description of Expenditure INSURANCE	
To Whom Paid	MO	DAY	YEAR	
GRESHAM'S CHOPHOUSE				
Mailing Address 2495 ROUTE 6	4	16	2024	\$ 125.00
City HAWLEY	State PA	Zip Code (Plus 4) 18428	Description of Expenditure MEETING EXPENSE	
To Whom Paid	MO	DAY	YEAR	
JEFFREY OLSOMMER				
Mailing Address PO BOX 893	5	3	2024	\$ 279.40
City HAMLIN	State PA	Zip Code (Plus 4) 18427	Description of Expenditure MEETING EXPENSE	

To Whom Paid RGB POLITICS			MO	DAY	YEAR	\$ 5,295.14
Mailing Address 3031 LOGAN STREET			4	23	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure ADVERTISING			

To Whom Paid RGB POLITICS			MO	DAY	YEAR	\$ 17,514.00
Mailing Address 3031 LOGAN STREET			5	3	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure ADVERTISING			

To Whom Paid WARRIOR FOOTBALL			MO	DAY	YEAR	\$ 600.00
Mailing Address 363 SPRING HILL ROAD			4	21	2024	
City MOSCOW	State PA	Zip Code (Plus 4) 18444	Description of Expenditure DONATION			

To Whom Paid ANEDOT			MO	DAY	YEAR	\$ 72.30
Mailing Address 1340 POYDRAS STREET SUITE 1770			4	15	2024	
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure PROCESSING FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 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

Name of Filing Committee or Candidate FRIENDS OF JEFF OLSOMMER	Reporting Period 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 PO BOX 893				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 PO BOX 893				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 PO BOX 893				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 PO BOX 893				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 PO BOX 893				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