### **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 :	cation 2024C0302 Report Filed By :					CC	MMITTEE		LOB	BYIST								
Name of Filing C	Committee, Candi	date or L	obbyist:		JEF	FREY	/ H. C	LSOMM	1ER									
Street Address:																		
City:								State:					Zip Cod	e: 18	3444			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		PC	OST-	3. <b>X</b>		AMENDME REPORT?	ENT	Yes	N	lo	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?	TION	Yes	١	lo	<b>\</b>
report type)	ANNUAL REPORT	Г 7.	<b>Year</b> 202	4				ING METHOD ) CHECK ONE					PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	Sought by Candid	ate:	•					DATE	OF	ELEC	CTION		District Number	Office Code	Pai	rty Cod	e Cou	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					МО	ı	DAY	YEA	R	139	STH	REI	)		
								1	.1		5	2024		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures	Receipts and from:	МО	DAY	YEAF		<b>│</b>	^	МО		DAY	YEA			R OFFI	CE USE	ONLY	•	
4 9 2024 10 5 13 20								2024										
	ary Contributions		-	m Sche	edule	e I)	\$ \$			(	51,50	0.00	_					
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			(	51,50	0.00)	-					
D. Total Expend	ditures (From Scl	nedule II	I)				\$			(2	23,50	0.00)						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	e C)			\$			(7	75,000	0.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule 1	(V)			\$					0.00						
				AFF	FID	AVI	T SE	CTIO	V									
PART I - If this is	s a Committee re	ort, trea	surer sigi	n here.	If th	nis is	a Car	ndidate	rep	oort, c	andid	ate sig	jn here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached s	chedule	s file	ed on	paper	or by ele	ctro	onic me	edium,	are to t	the best of	my knov	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						-		Sig	ınature	of Person	Submit	ting Re	port		_
	Signat	ure					- -		-				Print	ed Name	•			_
My Commission Ex	cpires						_		_				Email					_
	мо	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorize	d Comr	nitte	ee, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and be	elief this	s poli	itical	comm	ittee has	no	t violat	ed any	provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this	;	20						•			s	ignature of	Candida	ate			-
							-		-				Printed	l Name				-
My Commission Exp	Signature						-		-				Email					-
		n	AY	YF			-		-	Area	Code		Da	ytime T	elephoi	ne Num	ber	-
	-	0			-													

# 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:	5/13/2024
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	lame of Filing Committee or Candidate			Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		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.

### **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.

(Exclu	de contributions fron	n political comm	itte	es re <sub>l</sub>	oortea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
			Froi	m:		To	<b>o</b> :	
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)	)					
	•	•	•		•	•		PAGE TOTAL

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

0.00

#### **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.

Name of Filing Committee or Candidate	ne of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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				Rep	orting Pe	eriod			
				Fron	n:		Te	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umma	ary Page,	Section	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	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 (	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	d							
JEFFREY H. OLSOMMER	From:	<u>4/9/2024</u> <b>To:</b>	5/13/2024						
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** 

Name of Filing Committee or Candidate	me 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				Re	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	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 Candidate	Reporting Period						
JEFFREY H. OLSOMMER	From	4/9/2024	То:	<u>5/13/2024</u>			

					DATE		AMOUNT
To W	hom Paid			МО	DAY	YEAR	
FRIE	NDS OF JEFF OLSOMME	R		MO		TEAR	
Mailing Address					3	2024	\$ 23,500.00
City	GREENTOWN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	
		PA	18426	LOAN TO	о сомміт	TEE	
		PAGE TOTAL					
Ente	r Grand Total of Expe	\$ 23,500.00					