

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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	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		
		10	22	2024		11	25	2024			
A. Amount Brought Forward From Last Report					\$ 30,435.27						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 30,260.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 60,695.27						
D. Total Expenditures (From Schedule III)					\$ 56,952.67						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 3,742.60						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 334.80						
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>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 375.00

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)	\$ 1,090.00
TOTAL for the Reporting Period (2)	\$ 1,090.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 16,000.00
All Other Contributions (Part D)	\$ 12,795.00
TOTAL for the Reporting Period (3)	\$ 28,795.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 30,260.00
---	--------------

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
	From: To:

DATE	AMOUNT
------	--------

Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$0.00

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.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JEFF OLSOMMER	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE			AMOUNT
Full Name of Contributor ANTHONY HERZOG				MO 11	DAY 21	YEAR 2024	\$ 90.00
Mailing Address							
City	HONESDALE	State PA	Zip Code (Plus 4) 18431				
Full Name of Contributor KATHLEEN HUMMELL				MO 10	DAY 31	YEAR 2024	\$ 100.00
Mailing Address							
City	HAWLEY	State PA	Zip Code (Plus 4) 18428				
Full Name of Contributor RICHARD OLSOMMER				MO 10	DAY 30	YEAR 2024	\$ 100.00
Mailing Address							
City	CANADENSIS	State PA	Zip Code (Plus 4) 18325				
Full Name of Contributor VICTORIA GILL				MO 10	DAY 24	YEAR 2024	\$ 200.00
Mailing Address							
City	MOSCOW	State PA	Zip Code (Plus 4) 18444				
Full Name of Contributor HARRY & JEAN HOWELL				MO 11	DAY 21	YEAR 2024	\$ 200.00
Mailing Address							
City	LAKE ARIEL	State PA	Zip Code (Plus 4) 18436				
Full Name of Contributor MARK BUYNAC				MO 11	DAY 21	YEAR 2024	\$ 200.00
Mailing Address							
City	GLADSTONE	State NJ	Zip Code (Plus 4) 07934				
Full Name of Contributor ROSS ZUCKERMAN				MO 11	DAY 21	YEAR 2024	\$ 200.00
Mailing Address							
City	GREAT NECK	State NY	Zip Code (Plus 4) 11023				

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

PAGE TOTAL

\$ 1,090.00

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 FRIENDS OF JEFF OLSOMMER	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
--	--

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
PGG-STATE GOOD (PPL PEOPLE FOR GOOD GOVT)						
Mailing Address						
City	ALLENTOWN	State	PA	10	31	2024
		Zip Code (Plus 4)	18101			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
LAWPAC						
Mailing Address						
City	HARRISBURG	State	PA	10	31	2024
		Zip Code (Plus 4)	17101			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF MARTINA WHITE						
Mailing Address						
City	PHILADELPHIA	State	PA	10	31	2024
		Zip Code (Plus 4)	19154			
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF TIM O'NEAL						
Mailing Address						
City	HARRISBURG	State	PA	10	31	2024
		Zip Code (Plus 4)	17112			
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
CITIZENS FOR KAIL						
Mailing Address						
City	BEAVER	State	PA	11	21	2024
		Zip Code (Plus 4)	15009			
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
CITIZENS FOR SETH GROVE						
Mailing Address						
City	DOVER	State	PA	10	31	2024
		Zip Code (Plus 4)	17315			
						\$ 2,000.00

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 10,000.00
NORTHEAST LEADERSHIP FUND			10	31	2024	
Mailing Address						
City	WILKES-BARRE	State	PA		Zip Code (Plus 4)	18711

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

PAGE TOTAL
\$ 16,000.00

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 FRIENDS OF JEFF OLSOMMER	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 4,500.00
TIMOTHY MOREY							
Mailing Address							
City LORDS VALLEY	State PA	Zip Code (Plus 4) 18428		10	31	2024	
Employer Name TM MOREY				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City LORDS VALLEY		State PA		Zip Code (Plus 4) 18428
Full Name of Contributor				MO	DAY	YEAR	\$ 1,500.00
DONALD & JANET OLSOMMER							
Mailing Address							
City MOSCOW	State PA	Zip Code (Plus 4) 18444		10	31	2024	
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor				MO	DAY	YEAR	\$ 45.00
DONALD & JANET OLSOMMER							
Mailing Address							
City MOSCOW	State PA	Zip Code (Plus 4) 18444		10	31	2024	
Employer Name RETIRED				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
DONALD SHERWOOD							
Mailing Address							
City TUNKHANNOCK	State PA	Zip Code (Plus 4) 18657		11	21	2024	
Employer Name SHERWOOD CHEVROLET				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City TUNKHANNOCK		State PA		Zip Code (Plus 4) 18657

Full Name of Contributor GARY LINDE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	31	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431					
Employer Name LEEWARD CONSTRUCTION				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City HONESDALE	State PA		Zip Code (Plus 4) 18431	

Full Name of Contributor CHRISTOPHER MORGAN				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	31	2024	
City MATAMORAS	State PA	Zip Code (Plus 4) 18336					
Employer Name PIKE DEVELOPMENT GROUP				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City MATAMORAS	State PA		Zip Code (Plus 4) 18336	

Full Name of Contributor WILLIAM ROSADO				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	31	2024	
City MOOSIC	State PA	Zip Code (Plus 4) 18507					
Employer Name ROSADO GROUP				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City MILFORD	State PA		Zip Code (Plus 4) 18337	

Full Name of Contributor CHARLES KANNEBECKER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	31	2024	
City MILFORD	State PA	Zip Code (Plus 4) 18337					
Employer Name KANNEBECKER LAW				Occupation ATTORNEY/OWNER			
Employer Mailing Address/Principal Place of Business			City	State		Zip Code (Plus 4)	

Full Name of Contributor KOOK JIN MOON				MO	DAY	YEAR	\$ 500.00
Mailing Address				11	21	2024	
City LAKE ARIEL	State PA	Zip Code (Plus 4) 18436					
Employer Name KAHR ARMS				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City GREELEY	State PA		Zip Code (Plus 4) 18425	

Full Name of Contributor WILLIAM ONOFRY				MO	DAY	YEAR	\$ 500.00
Mailing Address				10	31	2024	
City PORT JERVIS	State NY	Zip Code (Plus 4) 12771					
Employer Name WALSH & ONOFRY				Occupation ATTORNEY/OWNER			
Employer Mailing Address/Principal Place of Business			City POER JERVIS	State NY		Zip Code (Plus 4) 12771	

Full Name of Contributor LUIS BOCALETTI			MO 10	DAY 31	YEAR 2024	\$ 500.00
Mailing Address						
City MATAMORAS	State PA	Zip Code (Plus 4) 18336				
Employer Name TRI-STATE DUMPTER KINGS			Occupation OWNR			
Employer Mailing Address/Principal Place of Business		City MATAMORAS	State PA		Zip Code (Plus 4) 18336	

Full Name of Contributor RICHARD OTWAY			MO 11	DAY 21	YEAR 2024	\$ 250.00
Mailing Address						
City GREENTOWN	State PA	Zip Code (Plus 4) 18426				
Employer Name DUTCH'S MARKET			Occupation OWNER			
Employer Mailing Address/Principal Place of Business		City GREENTOWN	State PA		Zip Code (Plus 4) 18426	

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

PAGE TOTAL
\$ 12,795.00

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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	0.00
Mailing Address								
City		State	Zip Code (Plus 4)					
Receipt Description								

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

PAGE TOTAL
\$ 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	
FRIENDS OF JEFF OLSOMMER		From: <u>10/22/2024</u> To: <u>11/25/2024</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)	\$ 334.80
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.)			\$ 334.80

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$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)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate FRIENDS OF JEFF OLSOMMER	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
--	--

				DATE	AMOUNT		
Full Name of Contributor HRCC				MO	DAY	YEAR	\$ 334.80
Mailing Address				11	18	2024	
City HARRISBURG	State PA	Zip Code(Plus 4) 17101					
Employer of Contributor N/A				Occupation N/A			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution POSTCARDS & POSTAGE	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 334.80	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JEFF OLSOMMER	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE	AMOUNT		
To Whom Paid BAILEY DESIGN & ADVERTISING				MO	DAY	YEAR	\$ 3,000.00
Mailing Address				10	31	2024	
City	HONESDALE	State	PA	Zip Code (Plus 4)	18431	Description of Expenditure ADVERTISING	
To Whom Paid BAILEY DESIGN & ADVERTISING				MO	DAY	YEAR	\$ 180.00
Mailing Address				11	23	2024	
City	HONESDALE	State	PA	Zip Code (Plus 4)	18431	Description of Expenditure ADVERTISING	
To Whom Paid HRCC				MO	DAY	YEAR	\$ 23,000.00
Mailing Address				10	22	2024	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure DONATION	
To Whom Paid IGNITE STRATEGIES				MO	DAY	YEAR	\$ 4,856.01
Mailing Address				10	31	2024	
City	HERSHEY	State	PA	Zip Code (Plus 4)	17033	Description of Expenditure ADVERTISING	
To Whom Paid IGNITE STRATEGIES				MO	DAY	YEAR	\$ 1,449.45
Mailing Address				11	23	2024	
City	HERSHEY	State	PA	Zip Code (Plus 4)	17033	Description of Expenditure ADVERTISING	
To Whom Paid RGB POLITICS				MO	DAY	YEAR	\$ 10,250.00
Mailing Address				10	31	2024	
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17011	Description of Expenditure ADVERTISING	

To Whom Paid RGB POLITICS			MO	DAY	YEAR	\$ 4,288.71
Mailing Address			11	23	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure			

To Whom Paid WAYNE COUNTY COUNCIL REPUBLICAN WOMEN			MO	DAY	YEAR	\$ 95.00
Mailing Address			11	23	2024	
City HONESDALE	State PA	Zip Code (Plus 4) 18431	Description of Expenditure DINNER TICKET			

To Whom Paid WOODLOCH RESORT			MO	DAY	YEAR	\$ 9,776.00
Mailing Address			10	31	2024	
City HAWLEY	State PA	Zip Code (Plus 4) 18428	Description of Expenditure MEETING/DINNER EXPENSE			

To Whom Paid ANEDOT			MO	DAY	YEAR	\$ 57.50
Mailing Address			10	31	2024	
City NEW ORLEANS	State LA	Zip Code (Plus 4) 70112	Description of Expenditure BANK FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 56,952.67

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: 10/22/2024 To: 11/25/2024
--	--

				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