### **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 :	<b>on</b> 20	240046				port		CANDI	DATE		СОМ	1ITTEE	<b>✓</b>	LOB	BYIST	
Name of Filing C	Committee, Cand	lidate or	Lobbyist:		FRIE	END	S OF	JEFF OLS	ОММЕ	R						
Street Address:	P.O. BOX 1	001														
City:	GREENTOW	'N						State:	PA			Zip Cod	de: 18	3426		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E- !	5.	30 DA		POST-	6. <b>X</b>		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	Year 202	1				NG METHO				PAPER		<b>\</b>	DISKE	TTE
Name of Office S	Sought by Candi	date:	-					DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County
								МО	DAY	YI	AR		1000			
								11		5	2024		(SEE IN	STRUCTI	ONS FOR (	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAF		_	_	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
			10 2	2 2	024	I	0	11	:	25	2024					
A. Amount Bro	ught Forward F	om Last	Report				\$			30,4	135.27					
B. Total Monet	ary Contribution	s And Re	ceipts (Fro	m Sche	dule	: I)	\$			30,2	260.00					
C. Total Funds	Available (Sum	Of Lines	A and B)				\$			60,6	595.27					
D. Total Expen	ditures (From S	chedule I	II)				\$			56,9	52.67					
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$			3,7	42.60					
F. Value Of In-	Kind Contribution	ns Recei	ved (From	Schedu	le II	:)	\$			3	34.80					
G. Unpaid Debt	s And Obligatio	ns (From	Schedule I	V)			\$			75,0	00.00			1		
				AFF	IDA	\VI	T SE	CTION								
PART I - If this is	s a Committee r	eport, tre	asurer sigr	here.	If th	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple		ncluding th	e attached s	chedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true
Sworn to and subs	cribed before me	:his	20							S	Signature	of Perso	n Submit	ting Re	ort	
							- -					Prin	ted Name	e		
My Commission Ex	-	ature										Ema	il			
	мо	ľ	DAY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nitte	e, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my know	ledge and be	lief this	s polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me th	nis									s	ignature o	of Candid	ate		
	day of —— ———						_					Dulmt-	d Name			
	Signatu	·e					-					Printe	d Name			
My Commission Exp	_	-										Ema	il			
	мо	ı	DAY	YF	<b>1</b>		-		Area	Code		Da	aytime T	elephor	ne Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	D			
	Reporting	g Period		
FRIENDS OF JEFF OLSOMMER	From:	10/22/20	<u>24</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g 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 Reportin	g 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 Reportin	g Period	(3)	\$	28,795.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1, Report Cover Page 2, Report Cover Page 3, Report Cover P			\$	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 C	andidate	R	eporting	Period			
		Fi	rom:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		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.

### 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 Repo			Reporting	eporting Period					
FRIENDS OF JEFF OLSOMMER			From:	10/22/	2024 <b>T</b> o	<u>11/25/2024</u>			
				DATE		AMOUNT			
Full Name of Contributor ANTHONY HERZOG			МО	DAY	YEAR				
Mailing Address 8 WHITE TAIL PLA	ACE					\$ 90.00			
City HONESDALE	<b>State</b> PA	Zip Code (Plus 4	) 1	1 21	2024				
Full Name of Contributor KATHLEEN HUMMELL			МО	DAY	YEAR				
Mailing Address 109 HOOPER LAN	E					\$ 100.00			
City HAWLEY	<b>State</b> PA	Zip Code (Plus 4	) 1	31	2024				
Full Name of Contributor RICHARD OLSOMMER			МО	DAY	YEAR				
Mailing Address 1196 BLUEBERRY	СТ					\$ 100.00			
City CANADENSIS	<b>State</b> PA	Zip Code (Plus 4	) 1	30	2024				
Full Name of Contributor VICTORIA GILL	•		МО	DAY	YEAR				
Mailing Address 170 WHEELER RC	AD					\$ 200.00			
City MOSCOW	<b>State</b> PA	Zip Code (Plus 4	) 1	24	2024				
Full Name of Contributor HARRY & DEAN HOWELL			МО	DAY	YEAR				
Mailing Address 1228 CORTEZ RO	AD					\$ 200.00			
City LAKE ARIEL	<b>State</b> PA	<b>Zip Code (Plus 4</b> 18436	)   1	1 21	2024				
Full Name of Contributor MARK BUYNAK			МО	DAY	YEAR				
Mailing Address PO BOX 189						\$ 200.00			
City GLADSTONE	<b>State</b> NJ	Zip Code (Plus 4	) 1	1 21	2024				

Full N	ame of Contributor			мо	DAY	YEAR	
ROSS	ZUCKERMAN						
Mailin	g Address 10 WOOLEYSLANE	APT A2					\$ 200.00
City	GREAT NECK	State	Zip Code (Plus 4)	11	21	2024	
		NY	11023				

**PAGE TOTAL**\$ 1,090.00

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	ame of Filing Committee or Candidate Report					Period				
FRIENDS OF JEFF OLSOMMER			From:	10/2	22/2024	То:	11/25/2024			
				DA	TE		AMOUNT			
Full Name of Contributing Committee PGG-STATE GOOD (PPL PEOPLE FOR GO	OOD GOVT)			мо	DAY	YEAR	\$ 500.00			
Mailing Address 645 HAMILTON ST 5	SUITE 900			10	31	2024	300.00			
City ALLENTOWN	State	Zip Code	e (Plus 4)		31	2024				
	PA	18101								
Full Name of Contributing Committee  LAWPAC				мо	DAY	YEAR	\$ 500.00			
Mailing Address 212 N. THIRD ST SU	JITE 101			10	31	2024	300.00			
City HARRISBURG	State	Zip Code	e (Plus 4)							
	PA	17101								
Full Name of Contributing Committee FRIENDS OF MARTINA WHITE				МО	DAY	YEAR	\$ 1,000.00			
Mailing Address PO BOX 16041				10	31	2024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
City PHILADELPHIA	State	Zip Code	e (Plus 4)	]	"					
	PA	19154								
Full Name of Contributing Committee FRIENDS OF TIM O'NEAL				мо	DAY	YEAR	\$ 1,000.00			
Mailing Address 4075 LINGLESTOWN	RD PMB 119			10	31	2024	_,			
City HARRISBURG	State	Zip Code	e (Plus 4)							
	PA	17112								
Full Name of Contributing Committee CITIZENS FOR KAIL				мо	DAY	YEAR	\$ 1,000.00			
Mailing Address PO BOX 94				11	21	2024	1,000.00			
City BEAVER	State	Zip Code	e (Plus 4)	]						
	PA	15009								
Full Name of Contributing Committee CITIZENS FOR SETH GROVE				мо	DAY	YEAR	\$ 2,000.00			
Mailing Address 1854 ASHCOMBE DR	IVE			10	31	2024	2,000.00			
City DOVER	State	Zip Code	e (Plus 4)	1 10	31	2024				
	PA	17315								

Full Name of Contributing Committee			мо	DAY	YEAR	
NORTHEAST LEADERSHIP FUND			1-10	DAI	ILAK	<b>\$</b> 10,000.00
Mailing Address 1140 HWY RTE 315			10	31	2024	
City WILKES-BARRE	State	Zip Code (Plus 4)	10	31	2021	
	PA	18711				

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

**PAGE TOTAL**\$ 16,000.00

### 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	riod		
FRIENDS OF JEFF OLSOMMER			Fron	n:	10/22/2	<u>024</u> To	: <u>11/25/2024</u>
				DA	ATE		AMOUNT
Full Name of Contributor				MO	DAY	VEAD	
TIMOTHY MOREY				МО	DAY	YEAR	\$ 4,500.00
Mailing Address 485 ROUTE 739				10	31	2024	1
City LORDS VALLEY	State	Zip Code (Plu	ıs 4)		31	2024	
	PA	18428					
Employer Name TM MOREY				Occupat	ion	OWNER	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
485 ROUTE 739		LORDS V	ALLEY		PA		18428
Full Name of Contributor		•					
DONALD & JANET OLSOMMER				МО	DAY	YEAR	\$ 1,500.00
Mailing Address 321 SPRING HILL R	OAD			4.0	0.1	2024	1
City MOSCOW	State	Zip Code (Plu	ıs 4)	10	31	2024	
	PA	18444					
Employer Name RETIRED				Occupat	ion	RETIREI	)
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
NA							
Full Name of Contributor		•					
DONALD & DON				МО	DAY	VEAD	l
						YEAR	\$ 45.00
Mailing Address 321 SPRING HILL R	OAD			10			-
Mailing Address 321 SPRING HILL ROCK MOSCOW	OAD <b>State</b>	Zip Code (Plu	ıs 4)	10	31	2024	-
		Zip Code (Plu	ıs 4)	10			-
	State		is 4)	10 Occupat	31		
City MOSCOW	State PA		s 4)		31	2024	
City MOSCOW  Employer Name RETIRED	State PA	18444	s 4)		31	2024	
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place	State PA	18444	s 4)	Occupat	31	2024 RETIREI	Zip Code (Plus 4)
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA	State PA	18444	is 4)		31	2024	
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA  Full Name of Contributor	State PA e of Business	18444	is 4)	Occupat	31 sion State DAY	2024 RETIREI	zip Code (Plus 4)  \$ 1,000.00
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA  Full Name of Contributor DONALD SHERWOOD	State PA e of Business	18444		Occupat	31	2024 RETIREI	zip Code (Plus 4)  \$ 1,000.00
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA  Full Name of Contributor  DONALD SHERWOOD  Mailing Address 41 SHERWOOD DRI	State PA e of Business	18444 City		Occupat	31 sion State DAY	2024 RETIREI	zip Code (Plus 4)  \$ 1,000.00
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA  Full Name of Contributor  DONALD SHERWOOD  Mailing Address 41 SHERWOOD DRI	State PA  e of Business  VE State PA	City Zip Code (Plu		Occupat	31 State  DAY 21	2024 RETIREI	zip Code (Plus 4)  \$ 1,000.00
City MOSCOW  Employer Name RETIRED  Employer Mailing Address/Principal Place NA  Full Name of Contributor  DONALD SHERWOOD  Mailing Address 41 SHERWOOD DRI  City TUNKHANNOCK	State PA e of Business  VE State PA ET	City Zip Code (Plu		MO 11	31 State  DAY 21	2024 RETIREI YEAR 2024	zip Code (Plus 4)  \$ 1,000.00

Full Name of Contributor GARY LINDE			МО	DAY	YEAR	\$	1,000.00
Mailing Address 201 SPRING HILL	ROAD		10	31	2024	7	
City HONESDALE	State 2	Zip Code (Plus 4)		31	2027	1	
	PA 1	18431					
Employer Name LEEWARD CONSTRU	CTION		Occupat	ion	OWNER		
Employer Mailing Address/Principal Pla	ice of Business	City		State		Zip Code (	(Plus 4)
239 GOLF HILL ROAD		HONESDALE		PA		18431	
Full Name of Contributor		-					
CHRISTOPHER MORGAN			МО	DAY	YEAR	\$	1,000.00
Mailing Address PO BOX 205			10	31	2024		
City MATAMORAS	State	Zip Code (Plus 4)	7 10	31	2024		
	PA 1	18336					
Employer Name PIKE DEVELOPMENT	GROUP		Occupat	ion	OWNER		
Employer Mailing Address/Principal Pla		City	•	State		Zip Code (	(Plus 4)
PO BOX 205		MATAMORAS		PA		18336	-
						1	
Full Name of Contributor WILLIAM ROSADO			МО	DAY	YEAR	\$	1,000.00
Mailing Address 1 AMATO DRIVE						-	
City MOOSIC	State	Lip Code (Plus 4)	10	31	2024		
City MOOSIC	1						
Franksian Nama - DOCADO CDOUD	I PA I 1	18507	0		OWNED	1	
Employer Name ROSADO GROUP		T a	Occupat	1	OWNER		(D)
Employer Mailing Address/Principal Pla	ice of Business	City		State		Zip Code (	(Plus 4)
ROUTES 6 & amp; 209		MILFORD		PA		18337	
Full Name of Contributor			мо	DAY	YEAR	\$	1,000.00
CHARLES KANNEBECKER  Mailing Address 104 W. HIGH STRI	ET					-	
City MILFORD		Zip Code (Plus 4)	10	31	2024		
City MILPORD	1						
Employer Name   MANINEDECKED   ANN	IPA II	18337	Occupat		ATTODA	IEV//OVA/NIE	<u> </u>
Employer Name KANNEBECKER LAW	an of Business	City.	Occupat		ATTORN	Zip Code	
Employer Mailing Address/Principal Pla	ice of Business	City		State		Zip Code (	(Plus 4)
104 CO. HIGH STREET							
Full Name of Contributor		-	_			_	
			МО	DAY	YEAR		500.00
KOOK JIN MOON			МО	DAY	YEAR	\$	500.00
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE	<del></del>		<b>MO</b>	<b>DAY</b> 21	<b>YEAR</b> 2024	\$	500.00
KOOK JIN MOON	State	Zip Code (Plus 4)				\$	500.00
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE  City LAKE ARIEL	State	<b>Lip Code (Plus 4)</b> 18436	_ 11	21		\$	500.00
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE	State			21		\$	500.00
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE  City LAKE ARIEL	State Z		_ 11	21	2024	\$ Zip Code (	
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE  City LAKE ARIEL  Employer Name KAHR ARMS	State Z	18436	_ 11	21	2024		
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE  City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Plate 105 KAHR AVE  Full Name of Contributor	State Z	L8436 City	_ 11	21	2024	Zip Code (	(Plus 4)
KOOK JIN MOON  Mailing Address 18 ROLLING ACRE  City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Plate 105 KAHR AVE  Full Name of Contributor  WILLIAM ONOFRY	State Z	L8436 City	Occupat	21 State PA	2024 OWNER	<b>Zip Code</b> (18425	
Mailing Address 18 ROLLING ACRE City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Plate 105 KAHR AVE  Full Name of Contributor  WILLIAM ONOFRY  Mailing Address PO BOX 711	State Z	City GREELEY	Occupat	21 State PA	2024 OWNER	<b>Zip Code</b> (18425	(Plus 4)
Mailing Address 18 ROLLING ACRE City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Platestands 105 KAHR AVE  Full Name of Contributor  WILLIAM ONOFRY	State 2 PA 1 ace of Business State 2	L8436 City	Occupat	21 State PA DAY	2024 OWNER	<b>Zip Code</b> (18425	(Plus 4)
Mailing Address 18 ROLLING ACRE City LAKE ARIEL  Employer Name KAHR ARMS Employer Mailing Address/Principal Plates 105 KAHR AVE  Full Name of Contributor WILLIAM ONOFRY Mailing Address PO BOX 711 City PORT JERVIS	State 2 PA 1 ace of Business State 2	City GREELEY	Occupat	21 State PA DAY	2024 OWNER	<b>Zip Code</b> (18425	(Plus 4)
Mailing Address 18 ROLLING ACRE City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Plate 105 KAHR AVE  Full Name of Contributor  WILLIAM ONOFRY  Mailing Address PO BOX 711	State Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	City GREELEY  Cip Code (Plus 4)	Occupat	21 State PA DAY 31	2024 OWNER YEAR 2024	<b>Zip Code</b> (18425	( <b>Plus 4)</b> 500.00
Mailing Address 18 ROLLING ACRE City LAKE ARIEL  Employer Name KAHR ARMS  Employer Mailing Address/Principal Plate 105 KAHR AVE  Full Name of Contributor  WILLIAM ONOFRY  Mailing Address PO BOX 711  City PORT JERVIS	State Z PA 1  ace of Business  State Z NY 1	City GREELEY  Cip Code (Plus 4)	— 11 Occupat	21 State PA DAY 31	2024 OWNER YEAR 2024	<b>Zip Code</b> (18425	( <b>Plus 4)</b> 500.00

Full Name of Contributor			мо	DAY	YEAR		
LUIS BOCALETTI			140	DAT	TEAR	\$	500.00
Mailing Address 504 1ST STREET			10	31	2024		
City MATAMORAS	State	Zip Code (Plus 4)		31	2027		
	PA	18336					
Employer Name TRI-STATE DUMPTER I	Occupat	ion (	OWNR				
Employer Mailing Address/Principal Place	e of Business	City		State		Zip Code (F	Plus 4)
504 1ST STREET		MATAMORAS		PA		18336	
Full Name of Contributor			мо	DAY	YEAR		250.00
RICHARD OTWAY			1-10	DAI	ILAK	\$	250.00
Mailing Address 1564 ROUTE 507			11	21	2024		
Mailing Address 1564 ROUTE 507  City GREENTOWN	State	Zip Code (Plus 4)	11	21	2024		
	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18426	11	21	2024		
			Occupat		2024 OWNER		
City GREENTOWN	PA						Plus 4)

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

**PAGE TOTAL \$** 12,795.00

### 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							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•		
Futor Count Total of Boot	Fan Cabadula I Batailad	Comment Dans	Castian	4			PAGE TOTAL
Enter Grand Total of Part	c on schedule 1, 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 Perio	od	
FRIENDS OF JEFF OLSOMMER	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	ł	
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)	\$	334.80
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,		\$	334.80

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidate				g Period				
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail				led Summary Page,			PAGE TOTAL	
Section 2.						\$		0.00

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

 Name of Filing Committee or Candidate
 Reporting Period

 FRIENDS OF JEFF OLSOMMER
 From: 10/22/2024 To: 11/25/2024

						DATE		AMOUNT		
Full Name of Contributor HRCC					мо	DAY YEAR				
Mailing Address 500 N. THIRD ST 4TH FLOOR					11	18	2024	<b>\$</b> 334.80		
City HARRISBURG	State	Zip Code(Plus 4)								
	PA		17101							
Employer of Contributor N/A						Occupation N/A				
Employer Mailing Address/Principal Place of Business City			ty	State	Zip	Code(Plus 4)	Descri	otion of Contribution		
N/A							POSTC	ARDS & amp; POSTAGE		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								PAGE TOTAL		
Summary Page, Section 3.								334.80		

### SCHEDULE III STATEMENT OF EXPENDITURES

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

		DATE		AMOUNT					
To Whom Paid			мо	DAY	YEAR				
BAILEY DESIGN & amp; ADVERT	М		1 Z / LIK						
Mailing Address 3305 LAKE A	10	31	2024	\$	3,000.00				
City HONESDALE	State	Zip Code (Plus 4)	Description of Expenditure						
	ADVERTISING								
To Whom Paid			мо	DAY	YEAR				
BAILEY DESIGN & amp; ADVERT	MO	DAT	TEAR						
Mailing Address 3305 LAKE A	11	23	2024	\$	180.00				
City HONESDALE	Descrip	tion of Exp	enditure						
	ADVERT	ΓISING							
To Whom Paid			МО	DAY	YEAR				
HRCC			MO	DAT	TEAR				
Mailing Address 500 N. THIRE	10	22	2024	\$	23,000.00				
City HARRISBURG State Zip Code (Plus 4)				Description of Expenditure					
	PA	17101	DONATION						
To Whom Paid			l wo	DAY	YEAR				
IGNITE STRATEGIES			МО	DAT	TEAR				
Mailing Address PO BOX 263			10	31	2024	\$	4,856.01		
City HERSHEY	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17033	ADVERT	ΓISING					
To Whom Paid			мо	DAY	YEAR				
IGNITE STRATEGIES			MO	DAT	TEAR				
Mailing Address PO BOX 263			11	23	2024	\$	1,449.45		
City HERSHEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	ADVERTISING								
To Whom Paid			MC	DAY	YEAR				
RGB POLITICS			МО	DAT	TEAK				
Mailing Address 3031 LOGAN STREET				31	2024	\$	10,250.00		
City CAMP HILL State Zip Code (Plus 4)			Description of Expenditure						
PA 17011				ADVERTISING					
	1/15 1 21(11)								

To Whom Paid	МО	DAY	YEAR						
RGB POLITICS	МО	DAT	ILAK						
Mailing Address 3031 LOGAN STREE	11	23	2024	\$	4,288.71				
City CAMP HILL State Zip Code (Plus 4)				Description of Expenditure					
To Whom Paid	мо	DAY	YEAR						
WAYNE COUNTY COUNCIL REPUBLICAN	I WOMEN		MO	DAT	ILAK				
Mailing Address PO BOX 124	11	23	2024	\$	95.00				
City HONESDALE State Zip Code (Plus 4)				Description of Expenditure					
PA 18431				TICKET					
To Whom Paid				DAY	YEAR				
WOODLOCH RESORT					ILAK				
Mailing Address 731 WELCOME LAKE	ROAD		10	31	2024	\$	9,776.00		
City HAWLEY	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	18428	MEETING/DINNER EXPENSE						
To Whom Paid			мо	DAY	YEAR				
ANEDOT			МО		ILAK				
Mailing Address 1340 POYDRAS STREET SUITE 1770				31	2024	\$	57.50		
City NEW ORLEANS State Zip Code (Plus 4)			Description of Expenditure						
	LA	70112	BANK FI	EES					
					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	•			\$	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 Reporting					ng Period							
FRIENDS OF JEFF OLSOMMER From				From:	<u>10/22/2024</u> <b>To:</b> <u>11/</u>			<u>1/25/2024</u>				
							DATE			tstanding ance of Debt		
Name	of Creditor					мо	DAY	YEAR				
JEFFF	REY OLSOMM	1ER				М		ILAK				
Mailing Address PO BOX 893					3	21	2024	\$	5,000.00			
City	HAMLIN		State	Zip Code (F	lus 4)	Descrip	tion of Deb	t				
		PA 18427					О СОММІТ	TEE				
Name	of Creditor					МО	DAY	VEAD				
JEFFF	REY OLSOMM	1ER				МО	DAY	YEAR				
Mailing Address PO BOX 893					4	5	2024	\$	21,000.00			
City	HAMLIN		State	Zip Code (F	Plus 4)	Descrip	tion of Deb	t	•			
			PA	18427		LOAN TO COMMITTEE						
Name	of Creditor					МО	DAY	VEAD				
JEFFF	REY OLSOMM	1ER				МО	DAY	YEAR				
Mailir	ng Address	PO BOX 893				2	1	2024	\$	500.00		
City	HAMLIN		State	Zip Code (F	Plus 4)	Description of Debt						
			PA	18427		LOAN T	О СОММІТ	TEE				
Name	of Creditor					мо	DAY	YEAR				
JEFFF	REY OLSOMM	1ER				МО		ILAK				
Mailir	ng Address	PO BOX 893				2	7	2024	\$	25,000.00		
City	HAMLIN		State Zip Code (Plus 4) Desc				Description of Debt					
			PA	18427		LOAN TO COMMITTEE						
Name	of Creditor					мо	DAY	YEAR				
JEFFF	REY OLSOMM	1ER				МО	DAI	ILAK				
Mailir	ng Address	PO BOX 893				5	3	2024	\$	23,500.00		
City	HAMLIN		State	Zip Code (F	lus 4)	) Description of Debt						
			PA	18427		LOAN T	О СОММІТ	TEE				
	_		_	_		_				PAGE TOTAL		
En	iter Grand 1	Total of Unpaid De	ebts on Page 1	, Report Cover Pa	ge, Item	ı G.			\$	75,000.00		