Campaign Finance Report

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

Filer Identification	on	20240	C0302				eport led B		CAN	NDIDATE COMMITTEE LOBBYIST										
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:	_	JEF	FRE	Y H. O	LSOM	MEI	R									
Street Address:																				
City:			,						State:					Zip Code	Zip Code: 18444					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	POST-	3.		AMENDME REPORT?	NT	Yes	No	\		
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDAY	Y PRE	E-	5.	30 DA		P	POST-	6.		TERMINAT REPORT?	ION	Yes	No	ightharpoonup		
report type)	ANNUAL RE	EPORT	7. X	Year 2024					NG MET					PAPER		\checkmark	DISKE	ΓΤΕ		
Name of Office S	Sought by C	andidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code		
	-								МО		DAY	YEAR	R	139	STH	REP				
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY						11		5 2	024		(SEE INS	TRUCTIO	ONS FOR C	ODES)		
Summary of I		and	МО	DAY	YEAR	.			МО		DAY	YEAR	2	FOR	OFFIC	E USE	ONLY			
Expenditures	from:		Į	11 26	2	2024	‡ T	0		12	3	31 2	024							
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$				0	0.00							
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (From	Sche	dul	e I)	\$				0	0.00							
C. Total Funds	Available (§	Sum Of	Lines A	and B)				\$				0	0.00							
D. Total Expend	ditures (Fro	om Sche	dule II	I)				\$				0	.00							
E. Ending Cash	Balance (S	ubtract	Line D	From Line (C)	_		\$		_	(75,000.0	00)							
F. Value Of In-l	Kind Contril	butions	Receiv	ed (From So	chedu	ıle I	Ι)	\$				0	.00							
G. Unpaid Debt	s And Oblig	jations ((From S	chedule IV)			\$				0	.00		,					
					AFF	·ID	AVI	T SE	CTIO	N										
PART I - If this is	a Committ	tee repo	rt, trea	surer sign l	nere.	If th	his is	a Car	ndidate	e re	port, c	andidat	e sig	ın here.						
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	nedules	s file	ed on	paper (or by el	ectr	onic me	edium, ar	e to t	he best of ı	my knov	vledge	and belie	f , true		
Sworn to and subs	scribed before day of	e me this		20						•		Sign	ature	of Person	Submitt	ing Rep	ort			
		Signature				_		<u>-</u>		•				Printe	d Name			—		
My Commission Ex		Signature	E							-				Email				— [
	мо	0	D/	AY	YR	:				_	Are	ea Code		Daytime	Teleph	one Nu	mber			
Part II- If this is	a report of	f a cand	idate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.								
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	s poli	itical	comm	ittee ha	s no	ot violat	ted any p	rovisi	ions of the	act of Ju	ine 3,19	937 (P.L.	1333,		
Sworn to and subsc		me this											Si	ignature of	Candida	ite				
	day of — —			_ 20				-						Printed	Name					
	Sig	gnature				—		-												
My Commission Exp	_													Email						
		мо	D/	AY	YR			-			Area	Code		Day	time Te	lephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JEFFREY H. OLSOMMER	From:	11/26/202	<u>4</u> To:	12/31/2024
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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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 Candidat	Reporting Period						
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

Name of Filing Comn	nittee or Candidate		Repo	rting P	eriod			
			From	n:		To):	
		L			DATE			AMOUNT
Full Name of Contribut	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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									
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule 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					riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	od	
JEFFREY H. OLSOMMER	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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	Reporting Period							
	From:		То:					
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		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					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 _l	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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00