



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Ashley Foulkrod-Olson								
Street Address	12161 Eureka Rd								
City	Edinboro	State	PA	Zip Code	16412				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/16/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/1/23	4/30/23	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	450.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-450.50	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,250	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

4th day of May 20 23Abigail Claire Lydic
SignatureMy Commission expires 09 06 2025
MO. DAY YR.Ashley Foulkrod-Olson
Signature of Person Submitting report
Printed Name814 581-5957
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Abigail Claire Lydic, Notary Public
Crawford County
My commission expires September 6, 2025
Commission number 1408136
Member, Pennsylvania Association of Notaries

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

4th day of May 20 23Abigail Claire Lydic
SignatureMy Commission expires 09 06 2025
MO. DAY YR.Ashley Foulkrod-Olson
Signature of Candidate
Printed Name814 581-5957
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Abigail Claire Lydic, Notary Public
Crawford County
My commission expires September 6, 2025
Commission number 1408136
Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Brink Ink				Date [MM/DD/YYYY]	\$	450.50
						04/03/2023		
House #	5430	Street Address	Rt 6N			Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Advertising, Campaign Signs		

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor		Carrie Crow				Date [MM/DD/YYYY]	\$	
						04/01/2023		1,250
House #	5341	Street Address	Rt 6N			Date [MM/DD/YYYY]	\$	
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Employer Name		Kevin Hayes Electric, LLC				Occupation	Business Manager	
Employer Mailing Address / Principal Place of Business		5341 Rt 6N, Edinboro, PA 16412				Description of Contribution	Legal Fees Paid	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		