Campaign Finance Report

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

Filer Identificat Number :	ion 2022	2C1094			Repor Filed		CANDI	DATE	\checkmark	CC	OMMITTE		LOB	BYIST		
Name of Filing	Committee, Candid	late or L	obbyist:		JENNIF	-	SHER									
Street Address:																
City:							State:				Zip Cod	e: 16	441			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3. X		AMENDMI REPORT?	ENT	Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	≣- 5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	✓ No		
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK O				PAPER		DISKETTE			
Name of Office	Sought by Candida	te:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT	IVE IN THE GENER	RAL ASS	SEMBLY				мо	DAY	YE/	R	4	STH	REF)		
	11 8 20						2022		(SEE INS	TRUCTI	ONS FOR (-				
Summary of Expenditures	Receipts and	мо	DAY	YEAF			мо	DAY	YE/	AR	FOI		E USE	ONLY		
	3 H 0111.		5 3	2	022 7	г о	6		6	2022	1					
	ought Forward From		•			\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																
C. Total Funds Available (Sum Of Lines A and B)						\$				0.00						
D. Total Expen	ditures (From Sch	edule II	II)			\$			4,31	.2.47						
	n Balance (Subtrac			-		\$			(4,312	2.47)	-					
	Kind Contribution		•		le II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$				0.00						
							CTION									
	s a Committee rep) that this report, inc		-								-	my know	/ledge	and beli	ef , true	
correct and comp		_														
Sworn to and sub	scribed before me this day of	5	20						Sig	gnatur	e of Person	Submitt	ing Rej	oort		
	Signatu	Ire				_					Print	ed Name				
My Commission E	-										Email					
	МО	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Com	nittee, (Candid	ate shall	sign h	ere.							
I swear (or affirm No 320) as amend) that to the best of r ed.	ny knowl	edge and bel	ief this	political	comm	ittee has n	iot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this									s	ignature of	f Candida	te			
	day of 					_					Printed	i Name				
	Signature					_										
My Commission Ex	pires										Email					
	мо	D	AY	YR	2	_		Area	Code		Da	ytime Te	lephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JENNIFER LESHER From: <u>5/3/2022</u> **To:** 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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	Name of Filing Committee or Candidate				Reporting Period					
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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					
			Fror	rom: To:					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
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			Reporting	Reporting Period					
			From:	То:					
				DATE AMOUNT				AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00	

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				eporting Period					
From:				n: To:					
				DATE AMOUNT				IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00	

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			Report	Reporting Period						
			From:	1: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	Receipt Description									
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Period									
JENNIFER LESHER	From:	<u>5/3/2022</u> то:	<u>6/6/2022</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)									
TOTAL for the Reporting Pe	riod (2)	\$	0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	riod (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, 1		\$	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		A	MOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						1 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	Page, PAGE TOTAL					
					:	\$	0.00	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				om:		То:					
					DATE	AMOUNT					
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor				Occupa	ation						
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporti	ng Period						
JENNIFER LESHER			From	<u>5/</u>	<u>3/2022</u>	То:	<u>6/6/2022</u>			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
USPS										
Mailing Address			5	6	2022	\$	1,740.00			
City WATERFORD	State	Zip Code (Plus 4)	Description of Expenditure							
РА			STAMPS	5 FOR PER	SONALIZ	ED MAI	LINGS			
To Whom Paid			мо	DAY	YEAR					
INSPIRATION TIME INC										
Mailing Address			5	6	2022	\$	1,998.00			
City WATERFORD State Zip Code (Plus 4)				Description of Expenditure						
PA 16441				ADS						
To Whom Paid				DAY	YEAR					
AMAZONSMILE			мо							
Mailing Address			5	6	2022	\$	78.52			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
			ENVELOPES FOR PERSONALIZED MAILINGS							
To Whom Paid			мо	DAY	YEAR					
BLACK JAX BAR AND GRILLE										
Mailing Address			5	17	2022	\$	477.07			
City ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА	16509	ELECTI	ON NIGHT	GATHER	ING				
To Whom Paid			мо	DAY	YEAR					
WEGMANS										
Mailing Address			5	6	2022	\$	18.88			
City ERIE State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
PA 16509			PERSON	NALIZED M	AILING					
Enter Crand Tatal of Evnanditure	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						PAGE TOTAL			
Enter Grand Total of Expenditures	s on Page 1, Repon	t Cover Page, Item I	J.			\$	4,312.47			