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 :	on	2022	C1094				port ed B		CANDI	DATE	√	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		JEN	INIF	ER LES	SHER									
Street Address:																		
City:									State:				Zip Code	e: 16	441			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	ENT	Yes	No	\	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No		
report type)	ANNUAL	. REPORT	7.	Year 2022					IG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by	· Candidat	te:	•		•			DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	
									МО	DAY	YE	AR	4	STH	REP	<u> </u>		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of		s and	МО	DAY	YEAR	Ł			МО	DAY	YE	AR	FOF					
Expenditures	from:			5 3	2	022	Т	0	6	5	6	2022						
A. Amount Bro	ught Forv	ward Fron	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00	00					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			4,3	12.47						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(4,31	2.47)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00						
					AFF	·ID/	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ididate r	eport, d	candid	late sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper (or by elect	tronic m	edium,	are to	the best of	my knov	vledge	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this		20							S	ignature	e of Person	Submitt	ing Rep	oort		
	_	Signatur	re					- -					Printe	ed Name	1			
My Commission Ex	cpires							_					Email					
		МО	D/	AY	YR					Are	ea Cod	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	itical	commi	ittee has r	ot viola	ted an	y provis	ions of the	act of Ju	ıne 3,1	937 (P.L.	1333,	
Sworn to and subsc		re me this										s	ignature of	Candida	ate			
	day of —							-					Printed	Name				
		Signature						-										
My Commission Exp													Email					
	_	мо	D/	AY	YR	1		-		Area	Code		Day	time To	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JENNIFER LESHER	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

Name of Filing Comm	nittee or Candidate		Reporting Period					
			From:		То	:		
		I		DATE			AMOUNT	
Full Name of Contribut	ing Committee		МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL	
\$ 0.00	

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 Fining Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

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 Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Januario 1, Betailet	a cannual y 1 age,	200011	••			\$	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> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	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	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
JENNIFER LESHER			From	<u>5/:</u>	3/2022	То:	6/6/2022
				DATE			AMOUNT
To Whom Paid USPS			МО	DAY	YEAR		
Mailing Address 101 HIGH S	ST		5	6	2022	\$	1,740.00
City WATERFORD	State PA	Zip Code (Plus 4)		otion of Exp S FOR PER			INGS
To Whom Paid INSPIRATION TIME INC			мо	DAY	YEAR		
Mailing Address 10912 ROU	TE 19 N		5	6	2022	\$	1,998.00
City WATERFORD	State PA	Zip Code (Plus 4) 16441	Descrip RADIO	otion of Exp	penditure	.	
To Whom Paid AMAZONSMILE			МО	DAY	YEAR		
Mailing Address ONLINE			5	6	2022	\$	78.52
City	State	Zip Code (Plus 4)		otion of Exp			AILINGS
To Whom Paid BLACK JAX BAR AND GRILLE	•		мо	DAY	YEAR		
Mailing Address 8040 PERR	Y HWY		5	17	2022	\$	477.07
City ERIE	State PA	Zip Code (Plus 4) 16509		otion of Exp			
To Whom Paid WEGMANS			мо	DAY	YEAR		
Mailing Address 6143 PEAC	H ST		5	6	2022	\$	18.88
City ERIE	State PA	Zip Code (Plus 4) 16509		tion of Exp NALIZED N		<u> </u>	
Futou Cupy d Tatal CT	likuwa sa Ba	neat Course Bass Tr					PAGE TOTAL
Enter Grand Total of Expend	iitures on Page 1, Re	port Cover Page, Item I	J.			\$	4,312.47