

# CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <b>27-9674370</b>	Report Filed By: <b>CANDIDATE</b> <input checked="" type="checkbox"/> <b>COMMITTEE</b> <input checked="" type="checkbox"/> <b>LOBBYIST</b> <input type="checkbox"/>
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Name of Filing Committee, Candidate or Lobbyist: **FRIENDS TO ELECT GARY HESS COMMISSIONER**

Street Address: **738 So. LIBERTY ST.**

City: **ORWINGSBURG** State: **PENNA.** Zip Code: **17961-2108**

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup> <input checked="" type="checkbox"/>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>5.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: **COMMISSIONER**

DATE OF ELECTION: MO. **5** DAY **16** YEAR **2023**

District Number: Office Code: Party Code: **9** County Code: **57**

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward From Last Report						
B. Total Monetary Contributions and Receipts (From Schedule I)	<b>1</b>	<b>1</b>	<b>2023</b>	To	<b>4</b>	<b>30</b>	<b>2023</b>
C. Total Funds Available (Sum of Lines A and B)	\$ <b>13,962.78</b>						
D. Total Expenditures (From Schedule III)	\$ <b>1,880.00</b>						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <b>15,342.78</b>						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <b>1,437.30</b>						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <b>1,3905.48</b>						
	\$ <b>X X X X</b>						
	\$ <b>X X X X</b>						

### 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **3<sup>rd</sup>** day of **May** 20**23**

Signature of Person Submitting Report: **WALTER J. LEASNEFSKI**

Signature: **Janet I. Rodnick, Notary Public** (Notary Seal)

My commission expires **4-7-26** Commission number **1139640**

Area Code: **570** Daytime Telephone Number: **[REDACTED]**

**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 **3<sup>rd</sup>** day of **May** 20**23**

Signature of Candidate: **GARY J HESS**

Signature: **Janet I. Rodnick, Notary Public** (Notary Seal)

My commission expires **4-7-26** Commission number **1139640**

Area Code: **570** Daytime Telephone Number: **[REDACTED]**

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS TO ELECT GARY HESS, R-11-11</b>	Reporting Period From <b>1-1-23</b> To <b>5-1-2023</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>36.00</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>X X</b>
All Other Contributions (Part B)	\$ <b>850.00</b>
TOTAL for the Reporting Period	(2) \$ <b>850.00</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>X X</b>
All Other Contributions (Part D)	\$ <b>1000.00</b>
TOTAL for the Reporting Period	(3) \$

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <b>X X X</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>1880.00</b>
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**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 <b>FRIENDS TO ELECT GARY HESS COMMISSIONER</b>	Reporting Period From <b>1-1-23</b> To <b>5-1-2023</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
CAROL J & DAVID W. BOWEN	2	23	2023	\$ 250.00
Mailing Address 10 N. LEHIGH AVE	MO.	DAY	YEAR	\$
City FRACKVILLE	State PA	Zip Code (Plus 4) 17931 -		\$
HARRY & DAMIE CRESSWELL	2	24	2023	\$ 100.00
Mailing Address 334 MAPLE BLVD.	MO.	DAY	YEAR	\$
City DEWESBURG	State PA	Zip Code (Plus 4) 17961 -		\$
ALBERT & LINDA, A. DEATRICH	2	21	2023	\$ 100.00
Mailing Address 815 N GARFIELD AVE.	MO.	DAY	YEAR	\$
City SCHUYLKILL HAVEN	State PA	Zip Code (Plus 4) 17972 -		\$
NEAL P. & VICTORIA GOODMAN	2	2	2023	\$ 100.00
Mailing Address 238 R. CENTRE ST	MO.	DAY	YEAR	\$
City SHENANDOAH	State PA	Zip Code (Plus 4) 17948 -2707		\$
JOHN M. & MARY BETH MATZ	2	21	23	\$ 100.00
Mailing Address 24 WOODLAWN DRIVE	MO.	DAY	YEAR	\$
City SCHUYLKILL HAVEN	State PA	Zip Code (Plus 4) 17972 4381		\$
THOMAS J. & KAREN PAULICK	2	21	23	\$ 100.00
Mailing Address 214 PIKE ST.	MO.	DAY	YEAR	\$
City PORT CARBON	State PA	Zip Code (Plus 4) 17965 -1505		\$
TINA BURNS				\$ 100.00
Mailing Address 321 OWL CREEK ROAD	MO.	DAY	YEAR	\$
City TAMAQUA	State PA	Zip Code (Plus 4) 18252		\$
<del>Full Name of Contributor</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>Mailing Address</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>

PAGE TOTAL  
**\$ 850.00**

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

**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 <u>FRIENDS TO ELECT CLARY HESS Comm</u>	Reporting Period From <u>1-1-23</u> To <u>5-1-23</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>ALBERT JOSEPH EVANS</u>	<u>3</u>	<u>9</u>	<u>2023</u>	\$ <u>1,000.00</u>
Mailing Address <u>103 AVE. E.</u>	MO.	DAY	YEAR	\$
City <u>SCHUYLKILL HAVEN,</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>17972</u>	MO.	DAY	YEAR	\$
Employer Name <u>EVANS LAW FIRM.</u>	Occupation <u>ATTORNEY</u>			
Employer Mailing Address/Principal Place of Business <u>1 MAHANTOWN ST, POTTSVILLE PA.</u>				

Full Name of Contributor				
Mailing Address				
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				
Mailing Address				
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				
Mailing Address				
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				
Mailing Address				
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL  
**\$ 1,000.00**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period			
FRIENDS TO ELECT GARY HESS Comm.		From 1-1-23 To 5-1-23			
To Whom Paid		MO.	DAY	YEAR	Amount
POTTSVILLE LIBRARY		1	20	23	\$ 250.00
Mailing Address		Description of Expenditure			
215 W. MARKET ST.		DONATION			
City		State		Zip Code (Plus 4)	
POTTSVILLE		PA		17901	
To Whom Paid		MO.	DAY	YEAR	Amount
GEORGE MITTEN		2	21	23	\$ 19.00
Mailing Address		Description of Expenditure			
1 ERIN WAY		ICE FOR			
City		State		Zip Code (Plus 4)	
MORRISVILLE		PA		19541	
To Whom Paid		MO.	DAY	YEAR	Amount
SAINT CLAIR FISH & GAME					\$ 50.00
Mailing Address		Description of Expenditure			
P.O. BOX 125		DONATION			
City		State		Zip Code (Plus 4)	
SAINT CLAIR		PA		-	
To Whom Paid		MO.	DAY	YEAR	Amount
POTTSVILLE Business ASSOC.		2	23	23	\$ 250.00
Mailing Address		Description of Expenditure			
P.O. BOX 663		DONATION			
City		State		Zip Code (Plus 4)	
POTTSVILLE		PA		17901-	
To Whom Paid		MO.	DAY	YEAR	Amount
CROOND HOG LODGE #8		2	23	23	\$ 30.00
Mailing Address		Description of Expenditure			
90 P.O. BOX 6		DONATION			
City		State		Zip Code (Plus 4)	
ORWIGSBURG		PA		17961	
To Whom Paid		MO.	DAY	YEAR	Amount
SANDRA HESS		2	23	23	\$ 338.30
Mailing Address		Description of Expenditure			
520 MAIN ST.		RE.4 - AMAZON - Food			
City		State		Zip Code (Plus 4)	
SCHUYLKILL HAVEN		PA		17972	
To Whom Paid		MO.	DAY	YEAR	Amount
CIRARDVILLE PARADE Committee					\$ 250.00
Mailing Address		Description of Expenditure			
		DONATION FOR PARADE			
City		State		Zip Code (Plus 4)	
CIRARDVILLE		PA		-	
To Whom Paid		MO.	DAY	YEAR	Amount
SCHUYLKILL CO. CH. SENIOR CHARITY BOUND					\$ 150.00
Mailing Address		Description of Expenditure			
P.O. BOX 1035		DONATION			
City		State		Zip Code (Plus 4)	
POTTSVILLE		PA		17901	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$ 1,337.30

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS TO ELECT GARY HESS COMMISSIONER</b>	Reporting Period From <b>1-1-23</b> To <b>5-1-23</b>
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To Whom Paid <b>Downtown Shenandoah</b>	MO. <b>4</b>	DAY <b>17</b>	YEAR <b>2023</b>	Amount <b>\$ 100.00</b>
Mailing Address		Description of Expenditure <b>Donation / KIELBOSA FESTIVAL</b>		
City <b>SHENANDOAH</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<div style="font-size: 4em; opacity: 0.5; transform: rotate(45deg); position: absolute; top: 50%; left: 50%; width: 100%; height: 100%; pointer-events: none;">             (Remaining rows are crossed out)           </div>				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	<b>PAGE TOTAL</b> <b>\$ 100.00</b>
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## LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate <b>FRIENDS TO ELECT GARY HESS - COMMISSIONER</b>	Filer Identification Number <b>27-4674370</b>
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DATE RECEIVED

Full Name of Contributor <b>WHERE AMERICA STARTED</b>	MO <b>MAY</b>	DAY <b>1</b>	YEAR <b>2023</b>
Mailing Address <b>2387 WAGON WHEEL DR. 570-968-4445</b>	Amount \$ <b>3000.00</b>		
City <b>AUBURN</b>	State <b>NEVA</b>	Zip Code (Plus 4) <b>17922</b>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	
<del>Full Name of Contributor</del>	<del>MO</del>	<del>DAY</del>	<del>YEAR</del>
<del>Mailing Address</del>	<del>Amount \$</del>		
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	

Name of Person Submitting Report: WALTER J. LEASHEFSKI      Date of Report: MAY-2-2023

Contact Phone Number: 570-366-0333

Email Address: cleashefski@gmail.com

