### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 201                         | 70358       |                      |         |        | port       |        | CANDI                | DATE     |             | СОМ        | <b>4ITTEE</b>                             | ✓                          | LOB     | BYIST    |           |    |  |
|---|--------------------------------|-------------|----------------------|---------|--------|------------|--------|----------------------|----------|-------------|------------|---|----------------------------|---------|----------|-----------|----|--|
| Name of Filing C                          | Committee, Candi               | date or L   | obbyist:             |         | CON    | 1MO        | NWE    | ALTH LEA             | DERS     | FUNE        | ND         |   |                            |         |          |           |    |  |
| Street Address:                           | 11 CHURCH                      | ROAD        |                      |         |        |            |        |                      |          |             |            |   |                            |         |          |           |    |  |
| City:                                     | HATFIELD                       |             |                      |         |        |            |        | State:               | PA       |             |            | Zip Cod                                   | <b>le:</b> 19              | 9440    |          |           |    |  |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDA<br>PRIMARY | Y PRE   | -      | 2.         | 30 DA  |                      | POST-    | 3. <b>X</b> |            | AMENDM<br>REPORT                          | AMENDMENT Yes No           |         |          |           |    |  |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDATELECTION   | y pri   | ≣-     | 5.         | 30 DA  |                      | POST-    | 6.          |            |   | TERMINATION Yes<br>REPORT? |         |          |           |    |  |
| report type)                              | ANNUAL REPOR                   | 7.          | <b>Year</b> 2018     |         |        |            |        | NG METHO<br>CHECK OI |          |             |            | PAPER                                     | PAPER DISI                 |         |          |           |    |  |
| Name of Office S                          | -<br>Sought by Candid          | ate:        |                      |         |        |            |        | DATE O               | F ELE    | CTIO        | N          | District<br>Number                        | Office<br>Code             | ty Code | County   | /         |    |  |
|   |                                |             |                      |         |        |            |        | МО                   | DAY      | YE          | AR         |   |                            |         |          |           |    |  |
|   |                                |             |                      |         |        |            |        | 11                   |          | 6           | 2018       |   | (SEE INSTRUCTIONS FOR      |         |          |           |    |  |
| Summary of Expenditures                   | Receipts and                   | МО          | DAY                  | YEAR    |        |            | _      | МО                   | DAY      | YI          | AR         | FO  | R OFFI                     | CE USE  | ONLY     |           |    |  |
|   |                                |             | 5 1                  | 2       | 018    | Т          | 0      | 6                    |          | 4           | 2018       |   |                            |         |          |           |    |  |
| A. Amount Bro                             | ught Forward Fro               | m Last R    | eport                |         |        |            | \$     |                      |          | 18,3        | 304.00     |   |                            |         |          |           |    |  |
| B. Total Moneta                           | ary Contributions              | And Rec     | eipts (From          | Sche    | dule   | <b>I</b> ) | \$     |                      |          | 50,0        | 00.00      |   |                            |         |          |           |    |  |
| C. Total Funds                            | Available (Sum C               | of Lines A  | and B)               |         |        |            | \$     |                      |          | 68,3        | 304.00     |   |                            |         |          |           |    |  |
| D. Total Expend                           | ditures (From Sc               | nedule II   | I)                   |         |        |            | \$     |                      |          | 11,0        | 00.00      |   |                            |         |          |           |    |  |
| E. Ending Cash                            | Balance (Subtra                | ct Line D   | From Line (          | C)      |        |            | \$     |                      |          | 57,3        | 04.00      |   |                            |         |          |           |    |  |
| F. Value Of In-                           | Kind Contribution              | s Receiv    | ed (From S           | chedu   | le II  | ()         | \$     |                      |          |             | 0.00       |   |                            |         |          |           |    |  |
| G. Unpaid Debt                            | s And Obligation               | s (From S   | Schedule IV          | )       |        |            | \$     |                      |          |             | 0.00       |   |                            | •       |          |           |    |  |
|   |                                |             |                      | AFF     | ID/    | \VI        | T SE   | CTION                |          |             |            |   |                            |         |          |           |    |  |
| PART I - If this is                       |                                |             |                      |         |        |            |        |                      | •        |             |            |   |                            |         |          |           | Ц  |  |
| I swear (or affirm)<br>correct and comple | ) that this report, in<br>ete. | cluding the | e attached scl       | hedule  | s file | d on       | paper  | or by electi         | ronic m  | edium       | , are to t | he best o                                 | f my kno                   | wledge  | and beli | ef , true | 9, |  |
| Sworn to and subs                         | cribed before me th<br>day of  | is          | 20                   |         |        |            |        |                      |          | S           | ignature   | of Perso                                  | n Submit                   | ting Re | oort     |           | •  |  |
|   | Signat                         |             |                      |         |        |            | -<br>- |                      |          |             |            | Prin                                      | ted Name                   | e       |          |           | -  |  |
| My Commission Ex                          | _                              | uie         |                      |         |        |            |        | •                    |          |             |            | Ema                                       | il                         |         |          |           | .  |  |
|   | мо                             | D           | AY                   | YR      |        |            |        |                      | Ar       | ea Coc      | le         | Daytim                                    | e Telepi                   | none Nu | mber     |           | •  |  |
| Part II- If this is                       | a report of a car              | ndidate's   | authorized           | Comn    | nitte  | e, C       | andid  | ate shall :          | sign h   | ere.        |            |   |                            |         |          |           |    |  |
| I swear (or affirm)<br>No 320) as amende  |                                | my knowl    | edge and beli        | ef this | polit  | tical      | comm   | ittee has n          | ot viola | ted an      | y provis   | ions of the act of June 3,1937 (P.L. 1333 |                            |         |          |           |    |  |
| Sworn to and subsc                        |                                | 5           |                      |         |        |            |        |                      |          |             | s          | ignature of Candidate                     |                            |         |          |           |    |  |
|   | day of                         |             |                      |         |        |            | _      |                      |          |             |            | Printe                                    | d Name                     |         |          |           | .  |  |
|   | Signature                      | ı           |                      |         |        |            | -      |                      |          |             |            |   |                            |         |          |           |    |  |
| My Commission Exp                         | _                              |             |                      |         |        |            |        |                      |          |             |            | Ema                                       | il                         |         |          |           |    |  |
|   | МО                             | D           | AY                   | YR      | ł      |            | -      |                      | Area     | Code        |            | Da  | aytime T                   | elephor | ne Numb  | er        |    |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period       |              |           |
|--|-----------|----------------|--------------|-----------|
| COMMONWEALTH LEADERS FUND  | From:     | <u>5/1/201</u> | <u>8</u> To: | 6/4/2018  |
| 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)   |           |                | \$           | 50,000.00 |
| TOTAL for the Reporting  | ) Period  | (3)            | \$           | 50,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                |              |           |
| TOTAL for the Reporting  | ) 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 |           |                | \$           | 50,000.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize onl<br>with an aggregate val | -                 |     |         | •      |      |    |            |
|---------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm       | ittee or Candidate                               |                   | Re  | porting | Period |      |    |            |
|                           |  |                   | Fre | om:     |        | То   | :  |            |
|                           |  | 1                 |     |         | DATE   |      |    | AMOUNT     |
| Full Name of Contribution | ng Committee                                     |                   |     | 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

## 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 Filling 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) | 1 |                            |      |      |    |        |

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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary 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 of Candida              | ie             |           |               | кер     | orting Pe | riod       |     |               |          |                            |
|--|----------------|-----------|---------------|---------|-----------|------------|-----|---------------|----------|----------------------------|
| COMMONWEALTH LEADERS FUND                        |                |           |               | Fror    | n:        | <u>5/1</u> | /20 | <u>18</u> To: |          | 6/4/2018                   |
|  |                |           |               |         | D         | ATE        |     |               | AN       | 10UNT                      |
| Full Name of Contributor GERARD ALEXANDER        |                |           |               |         | МО        | DAY        |     | YEAR          |          |                            |
| Mailing 3103 P STREET, NV                        | V              |           |               |         |           |            |     |               | \$       | 50,000.00                  |
| City WASHINGTON                                  | State          | Zi        | ip Code (Plus | 4)      | 5         |            | 1   | 2018          |          |                            |
|  | DC             | 20        | 0007          |         |           |            |     |               |          |                            |
| Employer Name UNIVERSITY OF VII                  | RGINIA         |           |               |         | Occupat   | tion       | PR  | ROFESS        | OR       |                            |
| Employer Mailing Address/Principal P<br>Business | lace of        |           | City          |         | •         | State      |     |               | Zip Code | e (Plus 4)                 |
| 1827 UNIVERSITY AVENUE                           |                |           | CHARLOT       | TESVI   | LLE       | VA         |     |               | 22903    |                            |
| Enter Grand Total of Part C on Sci               | hedule I, Deta | iled Sumr | mary Page,    | Section | on 3.     |            |     | \$            |          | <b>AGE TOTAL</b> 50,000.00 |
|  |                |           |               |         |           |            |     |               |          |                            |

## 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  | ting 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 o | on Schedule I. Detaile | d Summary Page                | Section | 4          |     |      | ,  | PAGE TOTAL |
|                               | m Schedule 1, Betailet | <i>z</i> 50a. <b>y</b> 1 dgc, | Section |            |     |      | \$ | 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 |                            |          |
|--|------------------|----------------------------|----------|
| COMMONWEALTH LEADERS FUND  | From:            | <u>5/1/2018</u> <b>To:</b> | 6/4/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER 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, 1 |                  | \$                         | 0.00     |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia Contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |         |            |         | Re     | porting l | Period    |       |          |                        |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|----------|------------------------|
|  |             |         |            |         | Fro    | om:       |           | To:   |          |                        |
|  |             |         |            |         | •      |           | DATE      |       |          | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |         |        | МО        | DAY       | YEAR  |          |                        |
| Mailing Address  |             |         |            |         |        |           |           |       | \$<br>\$ | 0.00                   |
| City   | State       |         | Zip Code(I | Plus 4) |        |           |           |       |          |                        |
| Employer of Contributor  |             |         |            |         |        | Occupa    | ition     |       |          |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | ption    | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |          | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or C                   | Candidate             |                         | Reporti | ng Period         |                |          |            |
|---|-----------------------|-------------------------|---------|-------------------|----------------|----------|------------|
| COMMONWEALTH LEADERS F                          | UND                   |                         | From    | <u>5/</u>         | 1/2018         | То:      | 6/4/2018   |
|   |                       |                         |         | DATE              |                |          | AMOUNT     |
| <b>To Whom Paid</b><br>FRIENDS OF KEEFER COMMIT | TEE                   |                         | мо      | DAY               | YEAR           |          |            |
| Mailing Address 150 ORE B                       | ANK ROAD              |                         | 5       | 4                 | 2018           | \$       | 500.00     |
| City DILLSBURG                                  | State                 | Zip Code (Plus 4)       | Descri  | ption of Ex       | enditure       |          |            |
| PA 17019  |                       |                         | FOR D   | AWN KEEFI         | ER CAMPA       | AIGN     |            |
| To Whom Paid<br>CITIZENS FOR GROVE              |                       |                         | МО      | DAY               | YEAR           |          |            |
| Mailing Address 1854 ASHO                       | COMBE DRIVE           |                         | 5       | 4                 | 2018           | \$       | 500.00     |
| City DILLSBURG                                  | State                 | Zip Code (Plus 4)       | Descri  | ption of Ex       | penditure      |          |            |
|   | PA                    | 17019                   | FOR SE  | ETH GROVE         | E CAMPAI       | :GN      |            |
| To Whom Paid<br>FRIENDS OF JEREMY SHAFFER       |                       |                         | МО      | DAY               | YEAR           |          |            |
| Mailing Address 118 BERW                        | YN ROAD               |                         | 5       | 31                | 2018           | \$       | 10,000.00  |
| City PITTSBURGH                                 | State                 | Zip Code (Plus 4)       | Descri  | l<br>ption of Exp | l<br>nenditure | <u> </u> |            |
| PA 15237  |                       |                         |         | REMY SHA          |                |          |            |
|   | I                     | ı                       |         |                   |                |          | PAGE TOTAL |
| <b>Enter Grand Total of Expen</b>               | ditures on Page 1, Re | port Cover Page, Item [ | ).      |                   |                | •        | 11 000 00  |

11,000.00