### **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 2017                          | 0358        |                        |        |       | port<br>ed B |                             | CANDI       | DATE     |        | СОМ       | 4ITTEE             | ✓                      | LOBI     | BYIST     |           |   |
|---|----------------------------------|-------------|------------------------|--------|-------|--------------|-----------------------------|-------------|----------|--------|-----------|--------------------|------------------------|----------|-----------|-----------|---|
| Name of Filing C  | Committee, Candid                | ate or L    | obbyist:               | •      | CON   | ОММ          | NWEA                        | ALTH LEA    | ADERS    | FUND   | )         |                    |                        |          |           |           |   |
| Street Address:   | 11 CHURCH R                      | OAD         |                        |        |       |              |                             |             |          |        |           |                    |                        |          |           |           |   |
| City:   | HATFIELD<br>-                    |             |                        |        |       |              |                             | State:      | PA       |        |           | Zip Cod            | <b>Zip Code:</b> 19440 |          |           |           |   |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-   | -     | 2.           | 30 DA<br>PRIMA              |             | POST-    | 3.     |           | AMENDM<br>REPORT?  |                        | Yes      | No        | ~         | 1 |
| (place X to<br>the right of                                     | 6TH TUESDAY<br>PRE-ELECTION      | 4. <b>X</b> | 2ND FRIDAY<br>ELECTION | PRE    | -     | 5.           | 30 DA<br>ELECT              |             | POST-    | 6.     |           | TERMINA<br>REPORT? |                        | Yes      | No        | ~         |   |
| report type)  | ANNUAL REPORT                    | 7.          | <b>Year</b> 2018       |        |       |              | FILING METHOD ( ) CHECK ONE |             |          |        |           | PAPER              |                        |          | DISKE     | TTE       |   |
| Name of Office S  | Sought by Candida                | te:         | -                      |        |       |              |                             | DATE 0      | F ELE    | CTIO   | N         | District<br>Number | Office<br>Code         | Par      | ty Code   | County    |   |
|   | ,                                |             |                        |        |       |              |                             | МО          | DAY      | YE     | AR        | Number             | code                   |          |           | Couc      |   |
|   |                                  |             |                        |        |       |              |                             | 11          |          | 6      | 2018      |                    | (SEE IN                | ISTRUCTI | ONS FOR O | ODES)     |   |
| •   | Receipts and                     | МО          | DAY                    | /EAR   | l     |              |                             | МО          | DAY      | YE     | AR        | FO                 | R OFFI                 | CE USE   | ONLY      |           |   |
| Expenditures  | irom:                            |             | 6 5                    | 2      | 018   | T            | 0                           | 9           |          | 17     | 2018      |                    |                        |          |           |           |   |
| A. Amount Bro   | ught Forward Fror                | n Last R    | eport                  |        |       |              | \$                          |             |          | 57,3   | 04.00     |                    |                        |          |           |           |   |
| B. Total Monet  | ary Contributions                | And Rec     | eipts (From S          | Sche   | dule  | eI)          | \$                          |             | 1,       | 763,5  | 00.00     |                    |                        |          |           |           |   |
| C. Total Funds Available (Sum Of Lines A and B) \$ 1,820,804.00 |                                  |             |                        |        |       |              |                             |             |          |        |           |                    |                        |          |           |           |   |
| D. Total Expenditures (From Schedule III) \$ 389,570.69         |                                  |             |                        |        |       |              |                             |             |          |        |           |                    |                        |          |           |           |   |
| E. Ending Cash  | Balance (Subtrac                 | t Line D    | From Line C)           | )      |       |              | \$                          |             | 1,4      | 131,2  | 33.31     |                    |                        |          |           |           |   |
| F. Value Of In-   | Kind Contributions               | Receiv      | ed (From Sch           | nedu   | le II | I)           | \$                          |             |          |        | 0.00      |                    |                        |          |           |           |   |
| G. Unpaid Debt  | s And Obligations                | (From S     | Schedule IV)           |        |       |              | \$                          |             |          |        | 0.00      |                    |                        | •        |           |           |   |
|   |                                  |             |                        | AFF    | ΊDΑ   | ٩VI          | ΓSE                         | CTION       |          |        |           |                    |                        |          |           |           |   |
| PART I - If this is   | s a Committee rep                | ort, trea   | surer sign he          | ere. 1 | If th | is is        | a Can                       | ididate re  | eport, o | andio  | late sig  | ın here.           |                        |          |           |           |   |
| I swear (or affirm) correct and comple                          | ) that this report, incl<br>ete. | uding the   | attached sche          | dules  | file  | d on         | paper (                     | or by elect | ronic m  | edium, | are to t  | he best o          | f my kno               | wledge   | and belie | ef , true |   |
| Sworn to and subs   | cribed before me this<br>day of  | i           | 20                     |        |       |              |                             |             |          | s      | ignature  | of Perso           | n Submit               | ting Rep | ort       |           |   |
|   | Signatu                          | re          |                        |        |       |              | -                           |             |          |        |           | Prin               | ted Nam                | e        |           |           |   |
| My Commission Ex  | cpires                           |             |                        |        |       |              | _                           |             |          |        |           | Ema                | il                     |          |           |           |   |
|   | мо                               | D.          | AY                     | YR     |       |              |                             |             | Are      | ea Cod | e         | Daytim             | e Telepi               | none Nu  | mber      |           |   |
| Part II- If this is   | a report of a cand               | lidate's    | authorized C           | omn    | nitte | e, C         | andida                      | ate shall   | sign h   | ere.   |           |                    |                        |          |           |           |   |
| I swear (or affirm)<br>No 320) as amende                        | that to the best of n            | ny knowl    | edge and belief        | this   | polit | tical        | commi                       | ittee has n | ot viola | ted an | y provisi | ions of the        | e act of J             | une 3,1  | 937 (P.L  | . 1333,   |   |
| Sworn to and subsc  | ribed before me this             |             |                        |        |       |              |                             |             |          |        | Si        | ignature o         | of Candid              | ate      |           |           |   |
|   | day of                           |             |                        |        |       |              | -                           |             |          |        |           | Printe             | d Name                 |          |           |           |   |
|   | Signature                        |             |                        |        |       |              | -                           |             |          |        |           |                    |                        |          |           |           |   |
| My Commission Exp   | ires                             |             |                        |        |       |              |                             |             |          |        |           | Ema                | il                     |          |           |           |   |
|   | МО                               | D           | AY                     | YR     |       |              | •                           |             | Area     | Code   |           | Da                 | aytime T               | elephor  | e Numb    | er        |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                |              |              |
|--|-----------|----------------|--------------|--------------|
| Name of Filing Committee or Candidate  | Reporting | g Period       |              |              |
| COMMONWEALTH LEADERS FUND  | From:     | <u>6/5/201</u> | <u>8</u> To: | 9/17/2018    |
| 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)   |           |                | \$           | 250.00       |
| TOTAL for the Reporting  | ) Period  | (2)            | \$           | 250.00       |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |                |              |              |
| Contributions Received From Political Committees (Part C)  |           |                | \$           | 1,750,000.00 |
| All Other Contributions (Part D)   |           |                | \$           | 13,500.00    |
| TOTAL for the Reporting  | ) Period  | (3)            | \$           | 1,763,500.00 |
| 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 |           |                | \$           | 1,763,750.00 |

#### **PART A**

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

\$50.01 TO \$250.00

|                           | nis Part to itemize onl<br>with an aggregate valu |                  |    |     |      |      |               |        |
|---------------------------|---|------------------|----|-----|------|------|---------------|--------|
| Name of Filing Commit     | ttee or Candidate                                 |                  | Re |     |      |      |               |        |
|                           |   |                  | Fr | om: |      | То   | :             |        |
|                           |   | 1                |    |     | DATE |      |               | AMOUNT |
| Full Name of Contributing | g Committee                                       |                  |    | МО  | DAY  | YEAR |               |        |
| Mailing Address           |   |                  |    |     |      |      | \$            | 0.00   |
| City                      | State   | Zip Code (Plus 4 | )  |     |      |      |               |        |
|                           | •   | •                |    |     | •    |      | $\overline{}$ |        |

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

| PAGE TOTAL |  |
|------------|--|
| \$<br>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 Filing Committee or Candidate

COMMONWEALTH LEADERS FUND

From: 6/5/2018 To: 9/17/2018

DATE AMOUNT

| Full Name of Contributor SANDRA GREENWOOD | МО | DAY                        | YEAR |                  |      |  |
|---|----|----------------------------|------|------------------|------|--|
| Mailing Address 511 AUBURN AVEN           |    |                            |      | <b>\$</b> 250.00 |      |  |
| City WYNDMOOR State                       |    | Zip Code (Plus 4)<br>19038 | 6    | 25               | 2018 |  |

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

**PAGE TOTAL \$** 250.00

#### **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 Candidat                   | ame of Filing Committee or Candidate Reporti                      |                         |            | g Period  |                |      |           |              |
|--|---|-------------------------|------------|-----------|----------------|------|-----------|--------------|
| COMMONWEALTH LEADERS FUND                              |   |                         | From:      | <u>6/</u> | <u>/5/2018</u> | То:  | 9/17/2018 |              |
|  |   |                         |            | DA        | TE             |      | P         | MOUNT        |
| Full Name of Contributing Committee STUDENTS FIRST PAC |   |                         |            | мо        | DAY            | YEAR |           |              |
| Mailing Address PO BOX 416                             | _   |                         |            | 7         | 24             | 2018 | \$        | 1,000,000.00 |
| City WYNNEWOOD   | <b>State</b><br>PA  | <b>Zip Cod</b> 19096    | e (Plus 4) | ,         | 24             | 2016 |           |              |
| Full Name of Contributing Committee STUDENTS FIRST PAC |   |                         |            | МО        | DAY            | YEAR |           |              |
| Mailing Address PO BOX 416                             |   |                         |            |           |                |      | <b>\$</b> | 750,000.00   |
| City WYNNEWOOD   | <b>State</b><br>PA  | <b>Zip Cod</b><br>19096 | e (Plus 4) | 9         | 13             | 2018 |           |              |
|  |   |                         |            |           |                |      |           | PAGE TOTAL   |
| Enter Grand Total of Part C on Sch                     | r Grand Total of Part C on Schedule I, Detailed Summary Page, Sec |                         |            |           |                |      | \$        | 1 750 000 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 Co   | ame of Filing Committee or Candidate                      |                    |         |                      | Rep             | orting Pe  | riod              |        |          |                   |  |  |
|---|---|--------------------|---------|----------------------|-----------------|------------|-------------------|--------|----------|-------------------|--|--|
| COMMONWEALT   | H LEADERS FUND  |                    |         |                      | Fron            | n:         | <u>6/5/2</u>      | 018 To | o:       | 9/17/2018         |  |  |
|   |   |                    |         |                      |                 | D/         | ATE               |        | АМ       | IOUNT             |  |  |
| Full Name of Cont<br>CHRIS & CHRIS & CHRI |   |                    |         |                      |                 | МО         | DAY               | YEAR   |          |                   |  |  |
| Mailing<br>Address  | 1220 MORGAN RIDGE   | CIRCLE             |         |                      |                 |            |                   |        | \$       | 5,000.00          |  |  |
| City SHAVERT  | OWN   | State              | Zip     | Code (Plus           | <del>(</del> 4) | 8          | 11                | 2018   | 3        |                   |  |  |
|   |   | PA                 | 18      | 3707                 |                 |            |                   |        |          |                   |  |  |
| Employer Name   | I2M   |                    |         |                      |                 | Occupat    | ion P             | ENT    |          |                   |  |  |
| Employer Mailing<br>Business  | Address/Principal Plac                                    | e of               |         | City                 |                 | l          | State             |        | Zip Code | Zip Code (Plus 4) |  |  |
|   | 755 OAK HILL ROAD MOUNTAIN TO                             |                    |         | IN TOP               | ı               | PA         |                   | 18707  |          |                   |  |  |
| Full Name of Contributor  JULIA T. ALEXANDER  Mailing 108 AVON ROAD   |   |                    |         |                      | МО              | DAY        | YEAR              |        |          |                   |  |  |
| Address   | 100 AVOIN ROAD  | <b>,</b>           |         |                      |                 | 6          | 21                | 2018   | ,   \$   | 1,000.00          |  |  |
| City HAVERFO  | PRD   | <b>State</b><br>PA |         | o Code (Plus<br>9041 | s 4)            |            | 21                | 2010   | <b>'</b> |                   |  |  |
| Employer Name   | HOUSEWIFE   |                    |         |                      |                 | Occupat    | ion               |        |          |                   |  |  |
| Employer Mailing<br>Business  | Address/Principal Plac                                    | e of               |         | City                 |                 |            | State             |        | Zip Code | e (Plus 4)        |  |  |
| Full Name of Cont   | tributor<br>RETCHEN FARRAGUT                              |                    |         |                      |                 | мо         | DAY               | YEAR   |          |                   |  |  |
| Mailing<br>Address  | 222 MORRIS ROAD   |                    |         |                      |                 |            |                   |        | \$       | 1,000.00          |  |  |
| City AMBLER   |   | <b>State</b><br>PA |         | o Code (Plus         | s 4)            | 6          | 19                | 2018   | 3        |                   |  |  |
| Employer Name UNITED STATES ROOFING CORPORATION   |   |                    | Occupat | cion (               | CEO             | •          |                   |        |          |                   |  |  |
| Employer Mailing<br>Business  | Employer Mailing Address/Principal Place of Business City |                    |         | State                |                 |            | Zip Code (Plus 4) |        |          |                   |  |  |
| 901 E MAIN STRE   | EETSUITE 300  |                    |         | NORRIST              | OWN             | N PA 19401 |                   |        |          |                   |  |  |

| Full Name of Contributor  |       |    |                 | МО      | DAY                  | YEAR |                     |
|---|-------|----|-----------------|---------|----------------------|------|---------------------|
| WILLIAM E. KASSLING   |       |    |                 |         |                      |      |                     |
| Mailing PO BOX 67   |       |    |                 |         |                      |      | <b>\$</b> 5,000.00  |
| City WILMERDING   | State | Zi | p Code (Plus 4) | 6       | 11                   | 2018 | 3                   |
|   | PA    |    |                 |         |                      |      |                     |
| Employer Name RETIRED   |       |    |                 |         | tion                 |      |                     |
| Employer Mailing Address/Principal Place of Business City                 |       |    |                 |         | State                |      | Zip Code (Plus 4)   |
| business  |       |    |                 |         |                      |      |                     |
|   |       |    |                 |         | <u> </u>             |      |                     |
| Full Name of Contributor  |       |    |                 |         | DAY                  | VEAD |                     |
| CHARLES F. & CHARISSA R. MITC   | HELL  |    |                 | МО      | DAY                  | YEAR |                     |
| Mailing 911 WOODLAND DRI'   | VE    |    |                 | _       | _                    |      | \$ 1,500.00         |
| City LEMOYNE  | State | Zi | p Code (Plus 4) | 6       | 5                    | 2018 | 3                   |
|   | PA    | 1  | 7043            |         |                      |      |                     |
| Employer Name COMONWEALTH FOUNDATION                                      |       |    |                 | Occupat | Occupation PRESIDENT |      |                     |
| Employer Mailing Address/Principal Place of Business  City                |       |    |                 | •       | State                |      | Zip Code (Plus 4)   |
| 225 STATE STREETSUITE 302 HARRISBURG                                      |       |    |                 |         | PA                   |      | 17101               |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section |       |    |                 | on 3.   |                      |      | PAGE TOTAL          |
|   |       |    | -               |         |                      |      | <b>\$</b> 13,500.00 |

## 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               |                   | Repor   |    |     |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|----|-----|------|----|----------|
|                               |                         |                   | From:   |    |     | To:  |    |          |
|                               |                         |                   | •       | D  | ATE |      | AI | MOUNT    |
| 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. Detailed | d Summary Page    | Section | 4  |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |    |     |      | \$ | 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>6/5/2018</u> <b>To:</b> | 9/17/2018 |
| 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, |                  | \$                         | 0.00      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Candidat | ame of Filing Committee or Candidate    |                      |          |          | Reporting Period |           |            |  |  |  |
|--------------------------------------|---|----------------------|----------|----------|------------------|-----------|------------|--|--|--|
|                                      | F                                       |                      |          |          |                  | To:       |            |  |  |  |
|                                      |   |                      |          | 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   | edule II, In-Kin                        | d Contributions Deta | iled Sum | mary Pac | ie, F            |           | PAGE TOTAL |  |  |  |
| Section 2.                           | , |                      |          | ,        |                  | \$        | 0.00       |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          | ame of Filing Committee or Candidate |        |                  |        |           | 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<br>Business            | ce of Cit                            | ity    | State            |        | Zip<br>4) | Code(Plus | Descri | ption o | f Contribution     |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-K                       | Kind ( | Contributions De | etaile | ed        |           |        |         | PAGE TOTAL<br>0.00 |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee or Candidate                 |  |        |               | Reporting Period                                 |                                    |     |            |  |  |  |
|---|--|--------|---------------|--|------------------------------------|-----|------------|--|--|--|
| COMMONWEALTH LEADERS FUND                             |  |        | From 6/5/2018 |  |                                    | То: | 9/17/2018  |  |  |  |
|   |  | AMOUNT |               |  |                                    |     |            |  |  |  |
| To Whom Paid ROCKWOOD STRATEGIES                      |  |        |               | DAY  | YEAR                               |     |            |  |  |  |
| Mailing Address PO BOX 201                            |  |        |               | 10   | 2018                               | \$  | 12,400.00  |  |  |  |
| City CARVERSVILLE                                     | Y CARVERSVILLE PA    State   Zip Code (Plus 4)   19440 |        |               |  | Description of Expenditure POLLING |     |            |  |  |  |
| To Whom Paid<br>FRIENDS OF JEREMY SHAFFER             |  |        | МО            | DAY  | YEAR                               |     |            |  |  |  |
| Mailing Address 118 BERWYN R                          | OAD  |        | 8             | 6  | 2018                               | \$  | 100,000.00 |  |  |  |
| ty PITTSBURGH  State  PA  2ip Code (Plus 4)  15237    |  |        |               | Description of Expenditure CAMPAIGN CONTRIBUTION |                                    |     |            |  |  |  |
| To Whom Paid<br>ROCKWOOD STRATEGIES                   | •  |        | мо            | DAY  | YEAR                               |     |            |  |  |  |
| Mailing Address PO BOX 201                            |  |        | 8             | 7  | 2018                               | \$  | 8,000.00   |  |  |  |
| City CARVERSVILLE                                     | CARVERSVILLE  State  PA  19440                         |        |               |  | Description of Expenditure POLLING |     |            |  |  |  |
| <b>To Whom Paid</b><br>MIKE REGAN FOR SENATE          |  |        | мо            | DAY  | YEAR                               |     |            |  |  |  |
| Mailing Address PO BOX 811                            |  |        | 8             | 8  | 2018                               | \$  | 5,000.00   |  |  |  |
| ty MECHANICSBURG  State  PA  2ip Code (Plus 4)  17055 |  |        |               | Description of Expenditure CAMPAIGN CONTRIBUTION |                                    |     |            |  |  |  |
| To Whom Paid<br>FRIENDS OF KRISTIN PHILLIPS-HI        | :LL  | ·      | мо            | DAY  | YEAR                               |     |            |  |  |  |
| Mailing Address PO BOX 149                            | 8  | 8      | 2018          | \$   | 2,500.00                           |     |            |  |  |  |

Zip Code (Plus 4)

17404

City

**JACOBUS** 

State

PΑ

**Description of Expenditure** 

CAMPAIGN CONTRIBUTION

| To Whom Bold  |  |                       |                                   |  |  |  |    |  | 13        |  |
|---|--|-----------------------|-----------------------------------|--|--|--|----|--|-----------|--|
| To Whom Paid SCOTT WAGNER FOR GOVERNOR  |  |                       |                                   |  | DAY  | YEAR   |    |  |           |  |
| Mailing Address PO BOX 141  |  |                       |                                   | 8  | 8  | 2018   | \$ |  | 10,000.00 |  |
| City MANCHES  | STER   | State                 | Zip Code (Plus 4)                 | Descrip  | tion of Exp                                      | enditure   |    |  |           |  |
|   |  | CAMPAIGN CONTRIBUTION |                                   |  |  |  |    |  |           |  |
| To Whom Paid FRIENDS OF BRYAN CUTLER  |  |                       |                                   |  | DAY  | YEAR   |    |  |           |  |
| Mailing Address PO BOX 624  |  |                       |                                   | 8  | 8  | 2018   | \$ |  | 5,000.00  |  |
| City QUARRYV  |  | State                 | Zip Code (Plus 4)                 | Descrip  | tion of Exp                                      | enditure   |    |  |           |  |
|   |  | PA 17566              |                                   |  |  | RIBUTION   | I  |  |           |  |
| To Whom Paid<br>JT PARTNERS   |  |                       |                                   | МО   | DAY  | YEAR   |    |  |           |  |
| Mailing Address   | PO BOX 271   |                       |                                   | 8  | 8  | 2018   | \$ |  | 5,500.00  |  |
| City SEWICKLEY  |  | State                 | Zip Code (Plus 4)                 | Description of Expenditure                       |  |  |    |  |           |  |
| PA 15143  |  |                       |                                   |  | CONSULTING                                       |  |    |  |           |  |
| To Whom Paid  |  |                       |                                   |  |  |  |    |  |           |  |
| FRIENDS OF MAT  | THEW DOWLING   |                       |                                   | МО   | DAY  | YEAR   |    |  |           |  |
| FRIENDS OF MAT  | PO BOX 1702  |                       |                                   | <b>MO</b> 8                                      | <b>DAY</b> 27                                    | <b>YEAR</b> 2018   | \$ |  | 2,500.00  |  |
|   | PO BOX 1702  | State                 | Zip Code (Plus 4)                 | 8  |  | 2018   | \$ |  | 2,500.00  |  |
| Mailing Address   | PO BOX 1702  | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b><br>15401 | 8  Descrip                                       | 27   | 2018<br>penditure  |    |  | 2,500.00  |  |
| Mailing Address   | PO BOX 1702<br>DWN   |                       |                                   | 8  Descrip                                       | 27<br>otion of Exp                               | 2018<br>penditure  |    |  | 2,500.00  |  |
| Mailing Address  City UNIONTO   | PO BOX 1702<br>DWN   |                       |                                   | 8  Descrip CAMPA:                                | 27<br>Oction of Exp<br>IGN CONT                  | 2018<br>Denditure<br>RIBUTION  |    |  | 2,500.00  |  |
| Mailing Address  City UNIONTO  To Whom Paid  FRIENDS OF RYA   | PO BOX 1702 DWN IN WARNER PO BOX 585                                       |                       |                                   | B Descrip CAMPA:                                 | 27  Ition of Exp IGN CONT                        | 2018  penditure RIBUTION  YEAR  2018                                 | I  |  |           |  |
| Mailing Address  City UNIONTO  To Whom Paid FRIENDS OF RYA  Mailing Address   | PO BOX 1702 DWN IN WARNER PO BOX 585                                       | PA                    | 15401                             | B Descrip CAMPA:                                 | 27  Pition of Exp IGN CONT                       | 2018  Denditure RIBUTION  YEAR  2018  Denditure                      | \$ |  |           |  |
| Mailing Address  City UNIONTO  To Whom Paid FRIENDS OF RYA  Mailing Address   | PO BOX 1702 DWN IN WARNER PO BOX 585 OLIS                                  | PA                    | 15401  Zip Code (Plus 4)          | B Descrip CAMPA:                                 | 27  Idion of Exp IGN CONT  DAY  27  Ption of Exp | 2018  Denditure RIBUTION  YEAR  2018  Denditure                      | \$ |  |           |  |
| Mailing Address  City UNIONTO  To Whom Paid FRIENDS OF RYA  Mailing Address  City PERRYOPO  To Whom Paid                | PO BOX 1702 DWN IN WARNER PO BOX 585 OLIS                                  | State PA              | 15401  Zip Code (Plus 4)          | MO  8  Descrip CAMPA:  MO  8  Descrip CAMPA:     | DAY  27  DAY  27  DIGN CONTI                     | 2018  Penditure RIBUTION  YEAR  2018  Penditure RIBUTION             | \$ |  |           |  |
| Mailing Address  City UNIONTO  To Whom Paid FRIENDS OF RYA  Mailing Address  City PERRYOP  To Whom Paid FRIENDS OF JUST | PO BOX 1702  OWN  IN WARNER  PO BOX 585  OLIS  TIN WALSH  756 FELLSBURG RO | State PA              | 15401  Zip Code (Plus 4)          | MO  8  Descrip CAMPA:  MO  8  Descrip CAMPA:  MO | DAY  27  DAY  DAY  DAY                           | 2018  Penditure RIBUTION  YEAR  2018  Penditure RIBUTION  YEAR  2018 | \$ |  | 2,500.00  |  |

| To Whom Paid   |  |  |  |         |  |          |  |
|--|--|--|--|---------|--|----------|--|
| FRIENDS OF AARON BERNSTINE   | мо   | DAY  | YEAR   |         |  |          |  |
| Mailing Address 254 STATE ROUTE 168  | 8  | 27   | 2018   | \$      |  | 1,000.00 |  |
| City NEW GALILEE PA Zip Code (Plus 4   | Descrip  | Description of Expenditure CAMPAIGN CONTRIBUTION             |  |         |  |          |  |
| To Whom Paid FRIENDS OF GREG ROTHMAN   | мо   | DAY  | YEAR   |         |  |          |  |
| Mailing Address PO BOX 1471  | 8  | 27   | 2018   | \$      |  | 1,000.00 |  |
| City CAMP HILL PA  Zip Code (Plus 4 17001  | Descrip  | Description of Expenditure  CAMPAIGN CONTRIBUTION            |  |         |  |          |  |
| To Whom Paid ROCKWOOD STRATEGIES   | МО   | DAY  | YEAR   |         |  |          |  |
| Mailing Address PO BOX 201   | 8  | 31   | 2018   | \$      |  | 8,000.00 |  |
| T  | <u> </u>   | Description of Expenditure POLLING                           |  |         |  |          |  |
| City CARVERSVILLE State PA 19440   | Descrip  |  | enaiture   |         |  |          |  |
| CARVERSVILLE   | Descrip  |  | YEAR   |         |  |          |  |
| To Whom Paid   | POLLIN   | IG   |  | \$      |  | 500.00   |  |
| To Whom Paid FRIENDS OF FRANK RYAN   | POLLIN  MO  9  Descrip   | DAY  | YEAR 2018  | \$      |  | 500.00   |  |
| To Whom Paid FRIENDS OF FRANK RYAN  Mailing Address 1273 ASH LANE  City LEBANON  State Zip Code (Plus 4)   | POLLIN  MO  9  Descrip   | DAY 4 ption of Exp   | YEAR 2018  | \$      |  | 500.00   |  |
| To Whom Paid FRIENDS OF FRANK RYAN  Mailing Address 1273 ASH LANE  City LEBANON State PA 17042  To Whom Paid   | POLLIN  MO  9  Descrip CAMPA   | DAY  4  ption of Exp. IGN CONT                               | YEAR  2018  Denditure RIBUTION                                 | \$      |  | 500.00   |  |
| To Whom Paid FRIENDS OF FRANK RYAN  Mailing Address 1273 ASH LANE  City LEBANON State PA 17042  To Whom Paid HRCC  | MO  9  Description CAMPA  MO  9  Description CAMPA  MO  9  Description CAMPA | DAY  4  ption of Exp IGN CONT                                | YEAR  2018  Denditure RIBUTION  YEAR  2018  Denditure          | \$<br>V |  |          |  |
| To Whom Paid FRIENDS OF FRANK RYAN  Mailing Address 1273 ASH LANE  City LEBANON State PA 17042  To Whom Paid HRCC  Mailing Address PO BOX 11787  City HARRISBURG State Zip Code (Plus 4) | MO  9  Description CAMPA  MO  9  Description CAMPA  MO  9  Description CAMPA | DAY  4  ption of Exp IGN CONT  DAY  7  ption of Exp          | YEAR  2018  Denditure RIBUTION  YEAR  2018  Denditure          | \$<br>V |  |          |  |
| To Whom Paid FRIENDS OF FRANK RYAN  Mailing Address 1273 ASH LANE  City LEBANON State PA 17042  To Whom Paid HRCC  Mailing Address PO BOX 11787  City HARRISBURG State PA 17108          | POLLIN  MO  9  Descrip CAMPA  MO  Poscrip CAMPA                              | DAY  4  ption of Exp IGN CONT  DAY  7  ption of Exp IGN CONT | YEAR  2018  Denditure RIBUTION  YEAR  2018  Denditure RIBUTION | \$<br>V |  |          |  |

| To Whom Paid ROCKWOOD STRATEGIES                                       | мо                 | DAY  | YEAR         |           |          |    |            |
|--|--------------------|--|--------------|-----------|----------|----|------------|
| Mailing Address PO BOX 2   | 9                  | 12   | 2018         | \$        | 2,800.00 |    |            |
| City CARVERSVILLE  | State<br>PA        | Description of Expenditure POLLING               |              |           |          |    |            |
| <b>To Whom Paid</b> BENNINGHOFF FOR REPRESE                            | NTATIVE            |  | МО           | DAY       | YEAR     |    |            |
| Mailing Address 328 EAST   | 9                  | 12   | 2018         | \$        | 5,000.00 |    |            |
| City BELLEFONTE  | <b>State</b><br>PA | Description of Expenditure CAMPAIGN CONTRIBUTION |              |           |          |    |            |
| <b>To Whom Paid</b> CAP PAC  |                    |  | МО           | DAY       | YEAR     |    |            |
| Mailing Address 20 ERFORD ROAD SUITE 7                                 |                    |  |              | 12        | 2018     | \$ | 200,000.00 |
| City LEMOYNE   | State<br>PA        | Description of Expenditure CAMPAIGN CONTRIBUTION |              |           |          |    |            |
| To Whom Paid JT PARTNERS   |                    |  | МО           | DAY       | YEAR     |    |            |
| Mailing Address PO BOX 271   |                    |  |              | 12        | 2018     | \$ | 8,500.00   |
| City SEWICKLEY   | State<br>PA        | <b>Descrip</b><br>CONSU                          | otion of Exp | penditure |          |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D |                    |  |              |           |          |    | PAGE TOTAL |
|  |                    | ,  |              |           |          | \$ | 389,570.69 |