## **Campaign Finance Report**

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

Filer Identificat Number :	ion 201	70358			Report Filed B		CANDI	DATE		СОМИ	<b>1ITTEE</b>	✓	LOB	BYIST			
Name of Filing	Committee, Candi	date or L	obbyist:				ALTH LEA	DERS	FUND								
Street Address:	Street Address:																
City:	HATFIELD						State:	PA			<b>Zip Code:</b> 19440						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRI PRIMARY	DAY PRE	- 2.	30 DA PRIMA		POST- 3.			AMENDMENT REPORT?		Yes	✓ N	C		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	day pre N	E- 5.	30 DA ELECT		POST- 6.			TERMIN/ REPORT		Yes	N	D		
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 203	19		FILING METHOD ( ) CHECK ONE					PAPER		$\checkmark$	DISK	ETTE		
Name of Office	L Sought by Candid	ate:					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y	
							MO DAY YEAR					•			•		
							11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of Receipts and MO DAY YEAR							мо	DAY	YE/	AR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		1	1 2	019 <b>T</b>	0	4		1	2019							
A. Amount Bro	ought Forward Fro	om Last R	leport			\$	-	-	108,40	63.69							
B. Total Monet	tary Contributions	s And Rec	eipts (Fr	om Sche	dule I)	\$		15,000.00									
C. Total Funds	Available (Sum C	Of Lines A	and B)			\$		:	123,40	53.69							
D. Total Exper	nditures (From Sc	hedule II	I)			\$				0.00							
E. Ending Casl	n Balance (Subtra	ct Line D	From Lin	e C)		\$		1	123,46	53.69							
F. Value Of In	-Kind Contributio	ns Receiv	ed (From	Schedu	le II)	\$				0.00	-						
G. Unpaid Deb	ts And Obligation	s (From	Schedule	IV)		\$				0.00							
				AFF	IDAVI	T SE	CTION										
	is a Committee re		-					• •		-							
I swear (or affirm correct and comp	i) that this report, in lete.	cluding th	e attached	schedule	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	f my knov	vledge	and bel	ief , tru	e,	
Sworn to and sub	scribed before me th day of	is	20						Si	gnature	e of Perso	n Submitt	ing Rej	oort		-	
	Signat					-					Prin	ted Name				-	
My Commission E	-	ure									Ema	il				-	
	мо	D	AY	YR		-		Are	ea Code	)	Daytin	ne Teleph	one Nu	mber		-	
Part II- If this is	a report of a ca	ndidate's	authoriz	ed Comn	nittee, C	andid	ate shall	sign he	ere.								
I swear (or affirm No 320) as amend	) that to the best of led.	my knowl	edge and b	elief this	oplitical	comm	ittee has n	ot violat	ted any	provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333,	,	
Sworn to and subscribed before me this										s	ignature (	of Candida	ite			-	
	day of 					-					Printe	ed Name				-	
	Signature	•				-								-			
My Commission Ex	pires										Ema	ull.					
	мо	D	AY	YR	2	-		Area Code Daytime Telephone Numbe						ber			

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	<u>1/1/2019</u>	<u>)</u> To:	<u>4/1/2019</u>
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)			\$	5,000.00
All Other Contributions (Part D)			\$	10,000.00
TOTAL for the Reporting	Period	(3)	\$	15,000.00
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 Page			\$	15,000.00

## PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period				
				om:		То	1	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
							Г	PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City	Zip Code (Plus 4	)							
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00	

### PAGE 5

## 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	Name of Filing Committee or Candidate			Reporting Period					
COMMONWEALTH LEADERS FUND From:				From:	<u>1/1/2019</u> <b>To:</b>			To: <u>4/1/2019</u>	
					DA	TE		Å	AMOUNT
Full N	ame of Contributing Committee				мо	DAY	YEAR		
FRIE	IDS OF WARREN KAMPF							\$	5,000.00
Mailir	g Address				4	1	2019		·
City	PAOLI	State	Zip Cod	e (Plus 4)	т	-	2015		
		РА	19301						
			_		_				PAGE TOTAL
Enter	Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	5,000.00

### PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

## Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period					
COMMONWEALTH LEADERS FUND From			rom: <u>1/1/2019</u>			9 <b>To:</b> <u>4/1/2019</u>			
				DA	TE			AMOUNT	
Full Name of Contributor HOWARD RICH				мо	DAY	YEAR	\$	10,000.00	
Mailing Address				3	28	2019			
City PHILADELPHIA	State	Zip Code (Plu	s 4)	5	20	2013			
	PA	19102							
Employer Name RICH & amp; RICH				Occupat	ion	OWNEF	ર		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	ode (Plus 4)	
		PHILADE	PHIA		PA		1910	2	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	Sectio	on 3.			\$	<b>PAGE TOTAL</b> 10,000.00	

### PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Peric	d				
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Se				4.			\$		0.00

## SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	<b>Reporting Period</b>		
COMMONWEALTH LEADERS FUND	From:	<u>1/1/2019</u> <b>то:</b>	<u>4/1/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>]</b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)				oenditure			
Enter Grand Total of Exponditures	<b>`</b>				PAGE TOTAL			
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00	