

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 : 20170358		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: COMMONWEALTH LEADERS FUND										
Street Address:										
City: HATFIELD				State: PA		Zip Code: 19440				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		4	2	2019	5					
A. Amount Brought Forward From Last Report				\$ 123,463.69						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 12,750.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 136,213.69						
D. Total Expenditures (From Schedule III)				\$ 48,154.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 88,059.69						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMONWEALTH LEADERS FUND	From: <u>4/2/2019</u> To: <u>5/6/2019</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)	\$ 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)	\$ 1,500.00
All Other Contributions (Part D)	\$ 11,000.00
TOTAL for the Reporting Period (3)	\$ 12,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 12,750.00
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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 Candidate COMMONWEALTH LEADERS FUND	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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DATE					AMOUNT		
Full Name of Contributor CORTNEY & ABHI SAMUEL				MO	DAY	YEAR	\$ 250.00
Mailing Address				4	25	2019	
City	VORHEES	State	Zip Code (Plus 4)				
		NJ	08043				

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 Candidate COMMONWEALTH LEADERS FUND	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,500.00
DUANE MORRIS GOVERNMENT COMMITTEE									
Mailing Address					4	22	2019		
City	PHILADELPHIA		State	PA				Zip Code (Plus 4)	19103

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

PAGE TOTAL	
\$	1,500.00

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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE	AMOUNT		
Full Name of Contributor MATTHEW J BROULLETTE				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				4	9	2019	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003					
Employer Name COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business			City HARRISBURG	State PA	Zip Code (Plus 4) 17101		
Full Name of Contributor MICHAEL P & TERESA L GAETANO				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				4	10	2019	
City MONTGOMERYVILLE	State PA	Zip Code (Plus 4) 17754					
Employer Name THE HARTMAN GROUP				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business			City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701		
Full Name of Contributor NATHAN A BENEFIELD				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	16	2019	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011					
Employer Name COMMONWEALTH FOUNDATION				Occupation VP AND COO			
Employer Mailing Address/Principal Place of Business			City HARRISBURG	State PA	Zip Code (Plus 4) 17101		
Full Name of Contributor NICHOLAS & EILEEN DE BENEDICTIS				MO	DAY	YEAR	\$ 500.00
Mailing Address				5	3	2019	
City ARDMORE	State PA	Zip Code (Plus 4) 19003					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 11,000.00

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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>4/2/2019</u> To: <u>5/6/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMONWEALTH LEADERS FUND	From <u>4/2/2019</u> To: <u>5/6/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
JIM JOHNSTON				
Mailing Address	4	2	2019	\$ 1,000.00
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22311	Description of Expenditure DIRECT MAIL	
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH PARTNERS				
Mailing Address	4	2	2019	\$ 154.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PO BOX REIMBURSEMENT FOR DIRECT MAIL	
To Whom Paid	MO	DAY	YEAR	
CHURCHILL STRATEGIES				
Mailing Address	4	2	2019	\$ 6,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING	
To Whom Paid	MO	DAY	YEAR	
JUDICIAL INTEGRITY PACK				
Mailing Address	5	1	2019	\$ 25,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF DOUG MASTRIANO				
Mailing Address	5	1	2019	\$ 15,000.00
City FAYETTEVILLE	State PA	Zip Code (Plus 4) 17222	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
JIM JOHNSTON				
Mailing Address	5	1	2019	\$ 1,000.00
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22311	Description of Expenditure DIRECT MAIL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 48,154.00

