

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: 11 CHURCH ROAD										
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	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		4	2	2019		5	6	2019		
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

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

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

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

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 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
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City				
State				
Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 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 Candidate	Reporting Period
COMMONWEALTH LEADERS FUND	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
CORTNEY & ABHI SAMUEL					
Mailing Address 22 N SUNSET DR					\$ 250.00
City VORHEES	4	25	2019		
State NJ					
Zip Code (Plus 4) 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	
DUANE MORRIS GOVERNMENT COMMITTEE						\$ 1,500.00
Mailing Address 30 S 17TH STREET			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	MO	DAY	YEAR	\$			
MATTHEW J BROULLETTE	4	9	2019	5,000.00			
Mailing Address 5 PLUM STREET							
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 225 STATE STREETSUITE 300		City HARRISBURG		State PA	Zip Code (Plus 4) 17101		
MICHAEL P & TERESA L GAETANO	4	10	2019	5,000.00			
Mailing Address 2171 STOPPER DRIVE							
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754					
Employer Name THE HARTMAN GROUP				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 420 WILLIAM STREET		City WILLIAMSPORT		State PA	Zip Code (Plus 4) 17701		
NATHAN A BENEFIELD	4	16	2019	500.00			
Mailing Address 95 KENSINGTON DRIVE							
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 225 STATE STREETSUITE 302		City HARRISBURG		State PA	Zip Code (Plus 4) 17101		
NICHOLAS & EILEEN DE BENEDICTIS	5	3	2019	500.00			
Mailing Address 231 GOLFVIEW ROAD							
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: _____

			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 COMMONWEALTH LEADERS FUND	Reporting Period 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	4	2	2019	\$	1,000.00
Mailing Address 4013 DAVID LANE					
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22311	Description of Expenditure DIRECT MAIL		
To Whom Paid COMMONWEALTH PARTNERS	4	2	2019	\$	154.00
Mailing Address 225 STATE STREET SUITE 300					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PO BOX REIMBURSEMENT FOR DIRECT MAIL		
To Whom Paid CHURCHILL STRATEGIES	4	2	2019	\$	6,000.00
Mailing Address 23 N FRONT STREET					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING		
To Whom Paid JUDICIAL INTEGRITY PACK	5	1	2019	\$	25,000.00
Mailing Address 112 STATE STREET					
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION		
To Whom Paid FRIENDS OF DOUG MASTRIANO	5	1	2019	\$	15,000.00
Mailing Address PO BOX 138					
City FAYETTEVILLE	State PA	Zip Code (Plus 4) 17222	Description of Expenditure CAMPAIGN CONTRIBUTION		
To Whom Paid JIM JOHNSTON	5	1	2019	\$	1,000.00
Mailing Address 4013 DAVID LANE					
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

