

# 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		✓		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.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2019	FILING METHOD ( ) CHECK ONE			PAPER		✓	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	5	2019					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						5	7	2019					
						6	10	2019					
A. Amount Brought Forward From Last Report						\$ 88,059.69							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 257,285.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 345,344.69							
D. Total Expenditures (From Schedule III)						\$ 31,386.91							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 313,957.78							
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH LEADERS FUND	From: <u>5/7/2019</u> To: <u>6/10/2019</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 135.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 650.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 650.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 256,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 256,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 257,285.00
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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)**

<b>Name of Filing Committee or Candidate</b> COMMONWEALTH LEADERS FUND	<b>Reporting Period</b> From: <u>5/7/2019</u> To: <u>6/10/2019</u>
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<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor			MO	DAY	YEAR	\$	100.00
FRANKLIN SHANNHAN							
Mailing Address			5	29	2019		
206 SHORELINE DRIVE							
City	State	Zip Code (Plus 4)					
BERWYN	PA	19312					

Full Name of Contributor JOHN M BRIGGS				MO	DAY	YEAR	\$ 250.00
Mailing Address 435 WILLIAMS ROAD				5	31	2019	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096					

Full Name of Contributor GERALD D EISENHOWER				MO	DAY	YEAR	\$ 100.00
Mailing Address 18 DELPHI ROAD				6	3	2019	
City SCHWENKSVILLE	State PA	Zip Code (Plus 4) 19473					

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
HENRY E. & JEAN E. HALLER							
Mailing Address 5615 HOWE STREET APT 1				6	3	2019	
City	PITTSBURGH	State	Zip Code (Plus 4)				
		PA	15232				

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

<b>PAGE TOTAL</b>
\$ 650.00

## 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	Reporting Period	
	From:	To:

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

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

<b>PAGE TOTAL</b>
\$ 0.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH LEADERS FUND	<b>Reporting Period</b>  <b>From:</b> <u>5/7/2019</u> <b>To:</b> <u>6/10/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
CLAY HAMLIN							
<b>Mailing Address</b> 424 MULBERRY LANE				5	23	2019	\$ 250,000.00
<b>City</b> HAVERFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19041					
<b>Employer Name</b> LBCW INVESTMENTS				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 40 MORRIS AVENUE STE 239			<b>City</b> BRYN MAWR		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19010	
SAUNDRA SMITH							
<b>Mailing Address</b> 200 SMITH FARM LANE				6	3	2019	\$ 5,000.00
<b>City</b> SHELOCTA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15774					
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b> N/A			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
AUGUSTA LEININGER							
<b>Mailing Address</b> 206 WHITEMARSH AVENUE				6	3	2019	\$ 500.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19118					
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b> N/A			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

<b>Full Name of Contributor</b> JOHN C OILIVER III				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 334 SCALFE ROAD				6	3	2019	
<b>City</b> SEWICKLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15143					
<b>Employer Name</b> ENTREPRENEUR				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b> 720 OLIVER BLDG535 SMITHFIELD STREET			<b>City</b> PITTSBURGH		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	

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

<b>PAGE TOTAL</b>
\$ 256,500.00

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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
COMMONWEALTH LEADERS FUND		From: <u>5/7/2019</u> To: <u>6/10/2019</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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	\$ 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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH LEADERS FUND	From <u>5/7/2019</u> To: <u>6/10/2019</u>

				DATE	AMOUNT	
To Whom Paid JUDICIAL INTEGRITY PAC			MO	DAY	YEAR	\$ 6,000.00
Mailing Address 112 STATE STREET			5	7	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure PAC CONTRIBUTION			
To Whom Paid CHURCHILL STRATEGIES			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 23 N FRONT STREET			5	14	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING			
To Whom Paid CITIZENS FOR CONNER			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1464 N WALES ROAD			5	14	2019	
City BLUE BELL	State PA	Zip Code (Plus 4) 19422	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid LAKE GROUP MEDIA, INC.			MO	DAY	YEAR	\$ 1,139.80
Mailing Address 1 BRYAM BROOK PLACE			5	15	2019	
City ARMONK	State NY	Zip Code (Plus 4) 10504	Description of Expenditure DIRECT MAIL			
To Whom Paid HIGHER INFORMATION GROUP			MO	DAY	YEAR	\$ 2,142.67
Mailing Address 400 NORTH BLUE RIBBON AVENUE			5	22	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure DIRECT MAIL POSTAGE			

<b>To Whom Paid</b> JIM JOHNSTON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 4013 DAVID LANE			6	4	2019	
<b>City</b> ALEXANDRIA	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22311	<b>Description of Expenditure</b> DIRECT MAIL			

  

<b>To Whom Paid</b> HIGHER INFORMATION GROUP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,634.96
<b>Mailing Address</b> 400 NORTH BLUE RIBBON AVENUE			6	4	2019	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112	<b>Description of Expenditure</b> DIRECT MAIL PRINTING			

  

<b>To Whom Paid</b> OPN SESAME			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 8,469.48
<b>Mailing Address</b>			6	6	2019	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> TEXT MESSAGING			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 30,386.91

