Campaign Finance Report

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

Filer Identificati Number :	on 2017	0358			Repo			CANDI	COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Candid	late or L	obbyist:		СОМІ	MOI	NWE/	ALTH LEA	DERS	FUNE						
Street Address:																
City:	HATFIELD							State:	PA			Zip Code: 19440				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2019					IG METH						DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	OF ELECTION District Office Number Code						ty Code	County
	- ,							мо	DAY	YI	AR	Number	code			couc
								8	2	20	2019		(SEE IN	STRUCTI	ONS FOR O	ODES)
Summary of Expenditures	Receipts and	МО	DAY Y	EAR				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	irom:		8 21	20	019	T	o 	8	:	30	2019					
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			247,:	113.12					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 5,500.00																
C. Total Funds Available (Sum Of Lines A and B) \$ 252,613.12																
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,0	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		2	250,6	13.12					
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	edul	e II)		\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1		
			P	AFF:	IDA'	VI٦	SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	didate r	eport, d	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed	on p	oaper (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 day of	s	20							5	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ıre					•					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	ie	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	, Ca	ndid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	politio	cal	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate		
	day of											Printe	d Name			
	Signature											Ema				
My Commission Exp	ires											Ema				
	МО	D	AY	YR					Area	Code		Da	ytime 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:	8/21/201	<u>9</u> To:	8/30/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)			\$	0.00
All Other Contributions (Part D)			\$	5,500.00
TOTAL for the Reporting) Period	(3)	\$	5,500.00
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			\$	5,500.00

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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Committee	e or Candidate		Reporti	ng Pe	eriod			
			From:			Te	o :	
					DATE			AMOUNT
Full Name of Contributor			м	0	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	Ī					

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	ne of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		,	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00		

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.)

Full Name of Contributor JOHN C OLIVER III Mailing Address City SEWICKLEY State Zip Code (Plus 4) PA 15143 Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) PITTSBURGH PA 15222 Full Name of Contributor FRANK CALANDRA, JR. Mo DAY YEAR \$ 50 FRANK CALANDRA, JR. Mailing Address City PITTSBURGH PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	Name of Filing Committee or Candidate				Rep	orting Pe	riod				
Full Name of Contributor JOHN C OLIVER III Mailing Address City SEWICKLEY State PA 15143 Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City PITTSBURGH City PITTSBURGH MO DAY YEAR \$ 5,000 Cocupation ENTREPRENEUR Zip Code (Plus 4) 15222 Full Name of Contributor FRANK CALANDRA, JR. Mo DAY YEAR \$ 500 Mo DAY YEAR \$ 500 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	COMMONWEALTH LEADERS FUND				Fron	n:	8/21/2019		9 To : 8/30/		8/30/2019
JOHN C OLIVER III Mo DAY YEAR \$ 5,000 Mailing Address City SEWICKLEY State Zip Code (Plus 4) 15143 Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business						DA	ATE			АМС	UNT
JOHN C OLIVER III Mailing Address City SEWICKLEY State Zip Code (Plus 4) PA 15143 Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City PITTSBURGH FRANK CALANDRA, JR. Mailing Address City PITTSBURGH MO DAY YEAR \$ 50 Milling Address City PITTSBURGH FRANK CALANDRA, JR. Mailing Address City PITTSBURGH B 6 2019 State Zip Code (Plus 4) 15222 Full Name of Contributor FRANK CALANDRA, JR. Mo DAY YEAR \$ 50 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	Full Name of Contributor					мо	DAY	ΥFΔF	,	*	F 000 00
City SEWICKLEY State Zip Code (Plus 4) PA 15143 Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City PITTSBURGH FRANK CALANDRA, JR. Mo DAY YEAR \$ 50 Milling Address City PITTSBURGH FRANK CALANDRA BARA State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation ENTREPRENEUR FOR Code (Plus 4) PA 15238 City PITTSBURGH CHAIRMAN OF BOARD	JOHN C OLIVER III						5,11		`	≯	5,000.00
Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City PITTSBURGH Full Name of Contributor FRANK CALANDRA, JR. Mo DAY YEAR \$ 50 City PITTSBURGH FULL Name of Contributor FRANK CALANDRA, JR. Mo DAY FRANK CALANDRA B \$ 6 2019 Employer Name JENMAR City PITTSBURGH Occupation CHAIRMAN OF BOARD	Mailing Address					8	6	201	9		
Employer Name ENTREPRENEUR Employer Mailing Address/Principal Place of Business City PITTSBURGH MO DAY YEAR FRANK CALANDRA, JR. Mailing Address City PRANK CALANDRA State PA 15222 Full Name of Contributor FRANK CALANDRA, JR. Mailing Address City PITTSBURGH MO DAY YEAR \$ 50 City PITTSBURGH State PA 15238 City PITTSBURGH City PITTSBURGH City PITTSBURGH City PITTSBURGH City PITTSBURGH City PITTSBURGH City City PITTSBURGH City PITTSBURGH City PITTSBURGH City PITTSBURGH City PA City City	City SEWICKLEY	State	Zip	Code (Plus	4)						
Employer Mailing Address/Principal Place of Business City PITTSBURGH PA 15222 Full Name of Contributor FRANK CALANDRA, JR. Mailing Address City PITTSBURGH MO DAY YEAR \$ 50 City PITTSBURGH State PA 15238 Employer Name JENMAR City PA State PA 15238 City PA State PA City PA State PA Cocupation CHAIRMAN OF BOARD	I	PA I	15	143					I		
Full Name of Contributor FRANK CALANDRA, JR. Mailing Address City PITTSBURGH State Zip Code (Plus 4) PA 15222 City PITTSBURGH State Zip Code (Plus 4) PA 15238 City PITTSBURGH Coccupation CHAIRMAN OF BOARD	Employer Name ENTREPRENEUR					Occupat	ion	ENTRE	PRE	ENEUR	
Full Name of Contributor FRANK CALANDRA, JR. Mailing Address City PITTSBURGH State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	Employer Mailing Address/Principal Place	of Business		City			State		z	ip Code ((Plus 4)
FRANK CALANDRA, JR. Mo DAY YEAR \$ 50 Mailing Address City PITTSBURGH State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD				PITTSBUR	.GH		PA		1	.5222	
FRANK CALANDRA, JR. Mailing Address City PITTSBURGH State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	Full Name of Contributor							\			
City PITTSBURGH State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	FRANK CALANDRA, JR.					МО	DAY	YEAR	•	\$	500.00
City PITTSBURGH State Zip Code (Plus 4) PA 15238 Employer Name JENMAR Occupation CHAIRMAN OF BOARD	Mailing Address					R	6	201	a		
Employer Name JENMAR Occupation CHAIRMAN OF BOARD	City PITTSBURGH	State	Zip	Code (Plus	4)		0	201	´		
		PA	152	238					ı		
	Employer Name JENMAR					Occupat	ion	CHAIR	MAI	N OF BO	ARD
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	Employer Mailing Address/Principal Place	of Business		City			State		z	ip Code ((Plus 4)
PITTSBURGH PA 15238				PITTSBUR	.GH		PA		1	.5238	
PAGE TOTAL				_		_		Γ		PAG	E TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. \$ 5,500.0	Enter Grand Total of Part C on Sched	ule 1, Detailed Su	ımm	iary Page,	Section	on 3.			\$		5,500.00

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		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	'			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Page Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	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	Reporting Perio	d							
COMMONWEALTH LEADERS FUND	From:	8/21/2019 To:	<u>8/30/2019</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Can	didate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period				
COMMONWEALTH LEADERS FUND	From	8/21/2019	То:	<u>8/30/2019</u>		
		DATE		AMOUNT		

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
FRIENDS FOR STEVE NECASTER			MO		ILAK		
Mailing Address			8	12	2019	\$	1,000.00
City BEAVER State Zip Code (Plus 4) Description					enditure		
PA 15009 CAMPAIGN CONTRIBUTION						I	
To Whom Paid			мо	DAY	YEAR		
JIM JOHNSTON			1.10		12/11		
Mailing Address			9	4	2019	\$	1,000.00
City ALEXANDRIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	VA	22311	DIRECT	MAIL			
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2,000.00