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	70358			Repo Filed		:	CAN	ונט	DATE		COM	MITTEE	Y	LOE) D T	131	
Name of Filing C	Committee, Candid	late or L	obbyist:		COMN	10NV	VEA	LTH L	EΑ	DERS	FUNE							
Street Address:	Street Address:																	
City:	HATFIELD							State:		PA			Zip Co	de: 19	9440			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DA IMA		Р	OST-	3.		AMENDN REPORT		Yes		No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	AY PRE	- 5.		DA ECT	Y TON	Р	OST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2019					IG MET CHECK					PAPER		\	D	ISKET	TE
Name of Office S	- Sought by Candida	ite:						DATE	0	F ELEC	CTIC	N	District Number	Office Code	Pa	irty	Code	County
								МО		DAY	YI	AR		•	•			
									11		5	2019		(SEE IN	STRUCT	IONS	S FOR CO	DES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	ΥI	EAR	FC	R OFFI	CE US	ΕO	NLY	
Expenditures	from:		6 11	. 20	019	то			9	1	.6	2019						
A. Amount Bro	ught Forward Fro	m Last R	leport		•		\$				250,6	513.12	1					
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			2	250,6	513.12						
D. Total Expenditures (From Schedule III)						\$				1,0	00.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			2	49,6	13.12						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	ts And Obligations	(From	Schedule I\	/)			\$					0.00						
								CTIO										
I swear (or affirm)	s a Committee rep	-	_									_		f my kno	wledge	an	d belief	, true
correct and comple Sworn to and subs	ete. scribed before me this	s									-	``	of Perso	- Chit	tina Da			
-	day of		_ 20									ngnature	e or Perso	ii Subiiiic	tilly Ke	эрог		
	Signatu	ıre											Prin	ted Name	•			
My Commission Ex	· —								•				Ema	il				
	МО		AY	YR							a Coo	le	Daytin	ie Teleph	one N	umb	er	
	a report of a can				•					_							- (D.)	4000
No 320) as amende		•	eage and bei	ier this	politic	ai cor	nmı	ittee na	s no	ot violai	ed an	iy provis	ions of th	e act or J	une 3,	193	7 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candid	ate			
	<u> </u>	_											Printe	ed Name				
My Commission Exp	Signature pires					_							Ema	il				-
	МО	D	AY	YR						Area	Code		D	aytime T	elepho	ne I	Numbei	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	6/11/2019	<u>9</u> To:	9/16/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

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 Committ	ee or Candidate			Reporting	Period			
				From:		То	:	
			'		DATE			AMOUNT
Full Name of Contributing	J 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.

0.00

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 Commit	tee or Candidate	F	Reporting P	eriod			
		F	From:		To) :	
		,		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						 	0.00
Mailing Address							
Mailing Address City	State	Zip Code (Plus 4)				,	

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	me of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	0.00

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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	od							
COMMONWEALTH LEADERS FUND	From:	6/11/2019 To :	9/16/2019						
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	TF)								
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 Ca	ndidate		Reporting Period				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						 	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	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	J Period		
COMMONWEALTH LEADERS FUND	From	6/11/2019	То:	9/16/2019
		DATE		AMOUNT

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
JIM JOHNSTON			MO	DAI	ILAK		
Mailing Address				4	2019	\$	1,000.00
City ALEXANDRIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	VA	22311	DIRECT	MALL			
							PAGE TOTAL
Enter Grand Total of Expend	ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						