

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 STREET											
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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	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		
		9	17	2019		10	21	2019			
A. Amount Brought Forward From Last Report					\$ 249,613.12						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 425,450.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 675,063.12						
D. Total Expenditures (From Schedule III)					\$ 610,250.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 64,813.12						
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>9/17/2019</u> To: <u>10/21/2019</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)	\$ 450.00
TOTAL for the Reporting Period (2)	\$ 450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 400,000.00
All Other Contributions (Part D)	\$ 25,000.00
TOTAL for the Reporting Period (3)	\$ 425,000.00

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.)	\$ 425,450.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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>9/17/2019</u> To: <u>10/21/2019</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
JAMES B ELLIOTT						
Mailing Address 684 OLD SWEDE RD						
City DOUGLASSVILLE	State	Zip Code (Plus 4)	10	15	2019	
	PA	19518				

Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
GENE D. & CHARLOTTE A ZARTMAN						
Mailing Address 200 STETLER AVE.						
City SELINGSGROVE	State	Zip Code (Plus 4)	10	15	2019	
	PA	17870				

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

PAGE TOTAL
\$ 450.00

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>9/17/2019</u> To: <u>10/21/2019</u>
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				DATE			AMOUNT	
Full Name of Contributing Committee COMMONWEALTH CHILDRENS CHOICE FUND				MO	DAY	YEAR	\$ 300,000.00	
Mailing Address 420 N 3RD STREET				9	18	2019		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101						
Full Name of Contributing Committee COMMONWEALTH CHILDRENS CHOICE FUND				MO	DAY	YEAR	\$ 100,000.00	
Mailing Address 420 N 3RD STREET				10	9	2019		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101						

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

PAGE TOTAL
\$ 400,000.00

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>9/17/2019</u> To: <u>10/21/2019</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,000.00
RICHARD & SHARON DANDREA				9	26	2019	
Mailing Address 3149 SCENIC DRIVE							
City ALLISON PARK	State PA	Zip Code (Plus 4) 15101					
Employer Name ECKERT SEAMANS				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
600 GRANT ST44TH FLOOR			PITTSBURGH	PA	15219		
Full Name of Contributor				MO	DAY	YEAR	\$ 20,000.00
ROGER W RICHARDS				10	9	2019	
Mailing Address 1928 S SHORE DR							
City ERIE	State PA	Zip Code (Plus 4) 16505					
Employer Name RICHARDS & ASSOCIATES				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
100 STATE STREETSTE 440			ERIE	PA	16507		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,000.00
WILLIAM & ANN NEWLING				10	15	2019	
Mailing Address 752 FLEMING LANE							
City SEWICKLEY	State PA	Zip Code (Plus 4) 15143					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor				MO	DAY	YEAR	\$ 1,000.00
RODDEY CONSULTING, LLC				10	17	2019	
Mailing Address 1002 CURRAN COURT							
City VALENCIA	State PA	Zip Code (Plus 4) 16059					
Employer Name RODDEY CONSULTING, LLC				Occupation SELF EMPLOYED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
1002 CURRAN COURT			VALENCIA	PA	16059		

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

PAGE TOTAL
\$ 25,000.00

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>9/17/2019</u> To: <u>10/21/2019</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 RECIEVED - 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>9/17/2019</u> To: <u>10/21/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF JONATHAN FRITZ				
Mailing Address PO BOX 213	9	17	2019	\$ 250.00
City WHITE MILLS	State PA	Zip Code (Plus 4) 18473	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
CHESCO FORWARD				
Mailing Address 15 S CHURCH STREET	10	7	2019	\$ 10,000.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
CHRISTYLEE PECK FOR SUPERIOR COURT COMMITTEE				
Mailing Address 4431 N FRONT STREET	10	14	2019	\$ 300,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
REPUBLICAN STATE COMMITTEE OF PA				
Mailing Address 112 STATE STREET	10	18	2019	\$ 202,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure IN-KIND CONTRIBUTION FOR FRIENDS OF MEGAN KING	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF MEGAN KING				
Mailing Address 11 CHURCH ROAD	10	21	2019	\$ 98,000.00
City HATFIELD	State PA	Zip Code (Plus 4) 19440	Description of Expenditure CAMPAIGN CONTRIBUTION	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 610,250.00

