

Commonwealth of Pennsylvania

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	TO	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

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>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
---	---------------

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

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

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

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>
---	---

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

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

Full Name of Contributor RODDEY CONSULTING, LLC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1002 CURRAN COURT			10	17	2019	
City VALENCIA	State PA	Zip Code (Plus 4) 16059				
Employer Name RODDEY CONSULTING, LLC			Occupation SELF EMPLOYED			
Employer Mailing Address/Principal Place of Business 1002 CURRAN COURT		City VALENCIA	State PA	Zip Code (Plus 4) 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: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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>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 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:

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

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

