

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 :		20190183		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: COMMONWEALTH CHILDRENS CHOICE FUND												
Street Address: 420 N 3RD STREET												
City: HARRISBURG						State: PA			Zip Code: 17101			
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-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	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			
		11	26	2019		12	31	2019				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,020,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 5,020,000.00						
D. Total Expenditures (From Schedule III)						\$ 483,200.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 4,536,800.00						
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

Signature

Printed Name

My Commission Expires

Email

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 CHILDRENS CHOICE FUND	From: <u>11/26/2019</u> To: <u>12/31/2019</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)	\$ 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)	\$ 5,000,000.00
All Other Contributions (Part D)	\$ 20,000.00
TOTAL for the Reporting Period (3)	\$ 5,020,000.00

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.)	\$ 5,020,000.00
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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)					

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

PAGE TOTAL	
\$	0.00

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 CHILDRENS CHOICE FUND	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000,000.00
STUDENTS FIRST PAC								
Mailing Address PO BOX 416								
City WYNNEWOOD		State PA	Zip Code (Plus 4) 19096					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	4,000,000.00
STUDENTS FIRST PAC								
Mailing Address PO BOX 416								
City WYNNEWOOD		State PA	Zip Code (Plus 4) 19096					

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

PAGE TOTAL
\$ 5,000,000.00

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 CHILDRENS CHOICE FUND	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
DAVID & DEBORAH HOLLINGER					\$ 20,000.00
Mailing Address 755 WHITE OAK RD					
City DENVER				12	6 2019
State PA					
Zip Code (Plus 4) 17517					
Employer Name FOUR SEASONS PRODUCE	Occupation PRESIDENT				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		
400 WABASH RD	EPHRATA	PA	17522		

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

PAGE TOTAL
\$ 20,000.00

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 CHILDRENS CHOICE FUND		From: <u>11/26/2019</u> To: <u>12/31/2019</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 CHILDRENS CHOICE FUND	From <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF MIKE TURZAL				
Mailing Address PO BOX 23156	9	3	2019	\$ 25,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF AARON BERNSTINE				
Mailing Address 254 STATE ROUTE 168	9	3	2019	\$ 1,000.00
City NEW GALILEE	State PA	Zip Code (Plus 4) 16141	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
LANGERHOIC SENATE COMMITTEE				
Mailing Address PO BOX 792	9	3	2019	\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF TIM O'NEAL				
Mailing Address 1345 MAPLEWOOD CIRCLE	9	13	2019	\$ 2,500.00
City WASHINGTON	State PA	Zip Code (Plus 4) 15301	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH LEADERS FUND				
Mailing Address 11 CHURCH RD	9	18	2019	\$ 300,000.00
City HATFIELD	State PA	Zip Code (Plus 4) 19440	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF KRISTIN PHILLIPS HILL				
Mailing Address PO BOX 149	9	25	2019	\$ 2,500.00
City JACOBUS	State PA	Zip Code (Plus 4) 17407	Description of Expenditure CAMPAIGN CONTRIBUTION	

To Whom Paid FRIENDS OF JESSE TOPPER			MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 458			10	7	2019	
City BEDFORD	State PA	Zip Code (Plus 4) 15522	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid COMMONWEALTH LEADERS FUND			MO	DAY	YEAR	\$ 0.00
Mailing Address 11 CHURCH RD			10	9	2019	
City HATFIELD	State PA	Zip Code (Plus 4) 19440	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF GREG ROTHMAN			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 412			11	11	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid MIGHTY GROUP LLC			MO	DAY	YEAR	\$ 4,200.00
Mailing Address 933 ROSE STREET FL 2			11	11	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure CONSULTING			

To Whom Paid DEBEE CLARK, PLCC			MO	DAY	YEAR	\$ 4,000.00
Mailing Address 1200 NW 63RD STREET SUITE 5000			12	4	2019	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73116	Description of Expenditure RETAINER FOR LEGAL SERVICES			

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 420 N 3RD STREET			12	6	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RETAINER FOR SERVICES			

To Whom Paid FRIENDS OF ANDREW LEWIS			MO	DAY	YEAR	\$ 25,000.00
Mailing Address 4075 LINGLESTOWN ROAD			12	11	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure CAMPAIGN CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 383,200.00

