

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:												
City: HATFIELD						State: PA		Zip Code: 19440				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	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	3	2020				
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY			
						1	1	2020				TO
A. Amount Brought Forward From Last Report						\$ 48,335.93						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 487,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 535,835.93						
D. Total Expenditures (From Schedule III)						\$ 101,222.22						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 434,613.71						
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>1/1/2020</u> To: <u>3/9/2020</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)	\$ 450,000.00
All Other Contributions (Part D)	\$ 37,000.00
TOTAL for the Reporting Period (3)	\$ 487,000.00

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.)	\$ 487,000.00
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Name of Filing Committee or Candidate	Reporting Period From: To:
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	DATE	AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 LEADERS FUND	Reporting Period From: <u>1/1/2020</u> To: <u>3/9/2020</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
COMMONWEALTH CHILDREN'S CHOICE FUND						
Mailing Address				1	24	2020
City	HARRISBURG	State	PA			
		Zip Code (Plus 4)	17101			
Full Name of Contributing Committee				MO	DAY	YEAR
COMMONWEALTH CHILDREN'S CHOICE FUND						
Mailing Address				3	4	2020
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
\$ 450,000.00

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>1/1/2020</u> To: <u>3/9/2020</u>
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

				DATE		AMOUNT	
Full Name of Contributor KENNETH & KRISTIE HEALY				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				1	30	2020	
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701					
Employer Name PMF INDUSTRIES, INC.				Occupation EXECUTIVE VICE PRESIDENT			
Employer Mailing Address/Principal Place of Business			City WILLIAMSPORT		State PA		Zip Code (Plus 4) 17701
Full Name of Contributor W. KIRK LIDDELL				MO	DAY	YEAR	\$ 10,000.00
Mailing Address				2	6	2020	
City CONESTOGA	State PA	Zip Code (Plus 4) 17516					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor J. CHRISTOPHER & ANN C DONAHUE				MO	DAY	YEAR	\$ 10,000.00
Mailing Address				2	14	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15217					
Employer Name FEDERATED INVESTORS				Occupation CHAIRMAN			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH		State PA		Zip Code (Plus 4) 15222
Full Name of Contributor WILLIAM MARSH				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				2	14	2020	
City MUNSTER	State IN	Zip Code (Plus 4) 46312					
Employer Name AMERICAN BAR PRODUCTS				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business			City EAST CHICAGO		State IN		Zip Code (Plus 4) 46312

Full Name of Contributor JFD RJD JOINT REVOCABLE TRUST			MO	DAY	YEAR	\$ 10,000.00
Mailing Address			2	24	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				
Employer Name			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State		Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 37,000.00

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>1/1/2020</u> To: <u>3/9/2020</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:
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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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMONWEALTH LEADERS FUND	From <u>1/1/2020</u> To: <u>3/9/2020</u>

				DATE	AMOUNT		
To Whom Paid COMMONWEALTH PARTNERS				MO	DAY	YEAR	\$ 3,000.00
Mailing Address				1	14	2020	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure RENT	
To Whom Paid REP. COMM. OF ALLEGHENY CO.				MO	DAY	YEAR	\$ 25,000.00
Mailing Address				1	24	2020	
City	PITTSBURGH	State	PA	Zip Code (Plus 4)	15220	Description of Expenditure CONTRIBUTION	
To Whom Paid POST OFFICE				MO	DAY	YEAR	\$ 3.40
Mailing Address				1	30	2020	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	Description of Expenditure POSTAGE	
To Whom Paid COMMONWEALTH PARTNERS				MO	DAY	YEAR	\$ 3,000.00
Mailing Address				2	3	2020	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure RENT	
To Whom Paid UPSSTORE				MO	DAY	YEAR	\$ 6.50
Mailing Address				2	4	2020	
City	ETTERS	State	PA	Zip Code (Plus 4)	17319	Description of Expenditure POSTAGE	
To Whom Paid CHURCHILL STRATEGIES				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				2	7	2020	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure WEBSITE	

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 3,000.00
Mailing Address			3	2	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			

To Whom Paid DEBEE CLARK PLLC			MO	DAY	YEAR	\$ 16,839.32
Mailing Address			3	2	2020	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			

To Whom Paid REAM PRINTING			MO	DAY	YEAR	\$ 31,453.00
Mailing Address			3	4	2020	
City YORK	State PA	Zip Code (Plus 4) 17405	Description of Expenditure PRINTING MAILERS - IN-KIND FOR CRIS DUSH			

To Whom Paid MIGHTY GROUP, LLC			MO	DAY	YEAR	\$ 17,920.00
Mailing Address			3	4	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure MALL PROGRAM AND WEBSITE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 101,222.22

