Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | t 3y: | CANDI | DATE | СОМ | MITTEE | ✓ | LOBI | BYIST | |
|--|----------------------------------|-------------|-----------------------|---------------|--------------|--------------|------------------------------|------------|--------------|--------------------|------------------------|--------------|----------|----------------|
| Name of Filing C | Committee, Candida | ate or Lo | obbyist: | | | - | ALTH LEA | DERS F | UND | | | | | |
| Street Address: | 420 N 3RD ST | REET | | | | | | | | | | | | |
| City: | HARRISBURG | | | | | | State: | PA | | Zip Co | de: 17 | 101 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2. | 30 D PRIM | | POST- 3 | 3. | AMENDI REPORT | | Yes | No | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDA ELECTION | TION ELECTION | | | | POST- 6 | 5. | | TERMINATION REPORT? | | No | \checkmark |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | LING METHOD I) CHECK ONE | | | | | \checkmark | DISKE | TTE |
| Name of Office S | Sought by Candidat | te: | | | | • | DATE O | F ELEC | TION | District Number | | Par | ty Code | County Code |
| | | | | | | | мо | DAY | YEAR | | | | | |
| | | | | | | | 11 | 3 | 3 2020 |] | (SEE INS | STRUCTI | ONS FOR | CODES) |
| | Receipts and | мо | DAY | YEAR | | | мо | DAY | YEAR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | s from: | | 6 23 | 20 | 020 T | 0 | 9 | 14 | 4 2020 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last Re | eport | | | \$ | | 1,9 | 16,832.60 | | | | | |
| B. Total Monet | ary Contributions | And Rece | eipts (Fron | n Scheo | dule I) | \$ | 5 | 1 | 57,231.37 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | \$ | 5 | 2,0 | 74,063.90 | | | | | |
| D. Total Expen | ditures (From Sche | edule III | [) | | | \$ | 5 | 1,93 | 16,782.25 | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | \$ | 5 | 15 | 57,281.65 | - | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedul | e II) | \$ | 5 | | 0.00 | 4 | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | chedule IV | /) | | \$ | 5 | | 0.00 | | | | | |
| | | | | AFF: | IDAVI | T SE | CTION | | | | | | | |
| PART I - If this is | s a Committee repo | ort, trea | surer sign | here. I | f this is | a Ca | ndidate re | eport, ca | ndidate si | gn here. | | | | |
| I swear (or affirm correct and comple |) that this report, incl ete. | uding the | attached sc | hedules | filed on | paper | or by elect | ronic mec | lium, are to | the best o | of my knov | vledge | and beli | ef , true |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | Signatur | e of Perso | on Submitt | ing Rep | oort | |
| | Signatu | re | | | | _ | | | | Prir | nted Name | 1 | | |
| My Commission Ex | - | | | | | | | | | Ema | ail | | | |
| | мо | DA | NY | YR | | _ | | Area | Code | Daytin | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a cand | lidate's a | authorized | Comm | ittee, C | Candic | late shall | sign her | e. | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ny knowle | dge and beli | ief this | political | comn | nittee has n | ot violate | d any provis | sions of th | e act of Ju | ine 3,1 | 937 (P.L | . 1333, |
| Sworn to and subso | ribed before me this day of | | 20 | | | | | | 5 | Signature | of Candida | ate | | |
| | | | | | | _ | | | | Printe | ed Name | | | |
| Signature My Commission Expires | | | | | | _ | | | | Ema | ail | | | |
| | мо | DA | λ Υ | YR | | - | | Area Co | ode | D | aytime Te | elephor | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** COMMONWEALTH LEADERS FUND From: <u>6/23/2020</u> **To:** 9/14/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 200.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 200.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 125,000.00 31,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 156,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 531.37 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 157,231.37 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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: | | То | : | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Con | mmittee | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | | | | | | | | | |
| | | | | | | Γ | PAGE TOTAL | | |

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

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 Candidat | e | | | Rep | orting Pe | eriod | | | | |
| COMMONWEALTH LEADERS FUND | | | | Froi | rom: <u>6/23/2020</u> To | | | | e: <u>9/14/2020</u> | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor JAMES CALISTRI | | | | | мо | DAY | YEAR | | | |
| Mailing Address 168 E CURTAIN ST | REET | | | | | | | \$ | 200.00 | |
| City BELEFONTE | State | | Zip Code (Plus 4) | | 8 | 15 | 2020 | | | |
| - | PA | | 16823 | | | | | | | |
| | | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part A on S | Schedule I, | Detail | ed Summary Pag | e, Se | ection 2 | - | | \$ | 200.00 | |

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 | lame of Filing Committee or Candidate Rep | | | | g Period | | | | |
|---|---|--------------------------|-------------|------------|---------------|------|------------------|------------|--|
| COMMONWEALTH LEADERS FUND | COMMONWEALTH LEADERS FUND | | | <u>6/2</u> | <u>3/2020</u> | То: | <u>9/14/2020</u> | | |
| | | | | DA | TE | | A | MOUNT | |
| Full Name of Contributing Committee NORTHWEST GOOD GOVERNMENT PAC | | | | мо | DAY | YEAR | | | |
| Mailing Address 100 STATE STREET STE 440 | | | | | | | \$ | 25,000.00 | |
| City ERIE | State PA | Zip Code 16507 | e (Plus 4) | 7 | 29 | 2020 |) | | |
| Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE | FUND | | | мо | DAY | YEAR | | | |
| Mailing Address 420 N 3RD STREET | | | | | | | \$ | 100,000.00 | |
| City HARRISBURG | State PA | Zip Code 17101 | e (Plus 4) | 9 | 1 | 2020 |) | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Sched | lule I, Detailed Sum | nmary Pa | ige, Sectio | n 3. | | | \$ | 125,000.00 | |

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 | | | | | Repo | Reporting Period | | | | |
|---|-------------------------|--------------------|-----------------------------------|--------------------------|---------|-----------------------|-------------------|-------------------|--------------------|--|
| COMMONWEALT | H LEADERS FUND | | | | Fron | n: | <u>6/23/2</u> | <u>020</u> To | 9/14/2020 | |
| | | | | | | DA | ATE | | AMOUNT | |
| Full Name of Cont SCOTT TURER | tributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | 201 ROBB LANE | | | | | | | | \$ 1,000.00 | |
| City GREENSB | BURG | State PA | Zip Code (Plus 4) 15601 | | | 6 | 23 | 2020 |) | |
| Employer Name THREE RIVERS MARINE & amp; RAIL TERMINALS | | | | | Occupat | c ion | CFO | | | |
| Employer Mailing Address/Principal Place of City Business | | | | | | State | | Zip Code (Plus 4) | | |
| 17 ARENTZEN BLVDSUITE 206 CHARLEROI | | | .OI | | РА | | 15022 | | | |
| Full Name of Cont WILLIAM HEILIG | tributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | 924 WINDING LANE | | | | | | | | \$ 500.00 | |
| City MEDIA | | State | Zip | o Code (Plus | 4) | 6 | 24 | 2020 |) | |
| | | PA | 19 | 063 | | | | | | |
| Employer Name | RETIRED | | | | | Occupation RETIRED | | | | |
| Employer Mailing , Business | Address/Principal Place | e of | | City | | I | State | | Zip Code (Plus 4) | |
| Full Name of Cont PATRICK GALLAG | | | | | | мо | DAY | YEAR | | |
| Mailing Address | 19 OAK KNOLL | | | | | | | | \$ 5,000.00 | |
| City SEWICKL | EY | State PA | | Code (Plus 143 | 4) | 7 | 27 | 2020 | | |
| Employer Name PGT TRUCKING | | | | Occupation FOUNDER | | | | | | |
| Employer Mailing Address/Principal Place of City Business | | | | State | | | Zip Code (Plus 4) | | | |
| 4200 INDUSTRIA | L BOULEVARD | | | ALIQUIPF | PA | PA 15001 | | | 15001 | |

| | Full Name of Contributor THOMAS KING III | | | | | DAY | YEAR | | | |
|---|--|---|----------|--------------------------------|---------------------|----------------------------|---------------------|---|-------------------------------|--|
| Mailing | | | | | | | | 4 | | |
| Address | 456 SHELDON RD | | | | | | | \$ | 1,000.00 | |
| City VALENCI | A | State | Zi | p Code (Plus 4) | 7 | 29 | 2020 | | | |
| | | РА | 16 | 5059 | | | | | | |
| Employer Name | DILLON MCCANDLES | I S KING COULTER &a | imp; | GRAHAM LLP | Occupation ATTORNEY | | | | | |
| Employer Mailing Business | Address/Principal Plac | e of | | City | | State | | Zip Code (| (Plus 4) | |
| 128 WEST CUNN | INGHAM ST | | | BUTLER | | PA | | 16001 | | |
| Full Name of Con | | | | | мо | DAY | YEAR | | | |
| Mailing Address | 205 BISHOP RD | | | | | | | \$ | 5,000.00 | |
| City | | State | Zi | p Code (Plus 4) | 8 | 3 | 2020 | | -, | |
| MECHANI | ICSBURG | PA | | 7055 | | | | | | |
| | | | 1, | | | | | | | |
| Employer Name PAYTIME PAYROLL | | | | | Occupat | ion | PRESIDE | NT & | CEO | |
| Employer Mailing Address/Principal Place of City Business | | | | City | | State | | Zip Code (| (Plus 4) | |
| 5053 RITTER RD | STE 100 | | | MECHANICSBU | RG | PA | | 17055 | | |
| | | | | 1 | | | | | | |
| Full Name of Con ARTHUR AND CA | | | | 1 | мо | DAY | YEAR | | | |
| ARTHUR AND CA Mailing | THY CAMPBELL | | | <u> </u> | мо | DAY | YEAR | | | |
| ARTHUR AND CA | | | | <u> </u> | | | | \$ | 1,000.00 | |
| ARTHUR AND CA Mailing | THY CAMPBELL 20 CRAIN CIRCLE | State | | p Code (Plus 4) | мо 8 | DAY 3 | YEAR 2020 | | 1,000.00 | |
| ARTHUR AND CA Mailing Address | THY CAMPBELL 20 CRAIN CIRCLE | State PA | | p Code (Plus 4) 7043 | | | | | 1,000.00 | |
| ARTHUR AND CA Mailing Address City LEMOYNE | THY CAMPBELL 20 CRAIN CIRCLE | РА | | | | 3 | | | 1,000.00 | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name | THY CAMPBELL | PA | | | 8 | 3 | 2020 | | | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC | PA | | 7043 | 8 | 3 :ion | 2020 | NT | | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC Address/Principal Plac CENTER DRIVE #201 tributor | PA | | City | 8 | tion State | 2020 | NT Zip Code (| | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business 300 CORPORATE Full Name of Con | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC Address/Principal Plac CENTER DRIVE #201 tributor | PA | | City | Occupat | cion State PA | 2020 PRESIDE | NT Zip Code (| | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business 300 CORPORATE Full Name of Con JOHN C OLIVER 1 Mailing Address | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC Address/Principal Plac CENTER DRIVE #201 tributor III 334 SCAIFE RD | PA | 17 | City | Occupat | cion State PA | 2020 PRESIDE | NT Zip Code (17011 \$ | (Plus 4) | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business 300 CORPORATE Full Name of Con JOHN C OLIVER 3 Mailing Address | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC Address/Principal Plac CENTER DRIVE #201 tributor III 334 SCAIFE RD | PA IAL REAL ESTATE | 17 17 | City CAMP HILL | 8 Occupat | tion State PA DAY | 2020 PRESIDE | NT Zip Code (17011 \$ | (Plus 4) | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business 300 CORPORATE Full Name of Com JOHN C OLIVER : Mailing Address City SEWICKL | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERC Address/Principal Plac CENTER DRIVE #201 tributor III 334 SCAIFE RD | PA IAL REAL ESTATE | 17 17 | City CAMP HILL | 8 Occupat | 3 State PA DAY | 2020 PRESIDE | NT Zip Code (17011 \$ | (Plus 4) | |
| ARTHUR AND CA Mailing Address City LEMOYNE Employer Name Employer Mailing Business 300 CORPORATE Full Name of Com JOHN C OLIVER I Mailing Address City SEWICKL Employer Name | THY CAMPBELL 20 CRAIN CIRCLE CAMPBELL COMMERCE Address/Principal Place CENTER DRIVE #201 Tributor III 334 SCAIFE RD EY | PA IAL REAL ESTATE te of State PA | 17 17 | City CAMP HILL | MO 8 | 3 State PA DAY | 2020 PRESIDE | NT Zip Code (17011 \$ | (Plus 4) 5,000.00 | |

| Full Name of Contributor TODD M & DEBORAH J WITMER | | мо | DAY | YEAR | | | | | |
|---|--|----|---|-------------------------|--|-----------------|--|----------|--|
| Mailing Address 4561590 SILVER S | PRING RD | | | | | | \$ | 6,000.00 | |
| City MOUNT JOY | State | Zi | p Code (Plus 4) | 8 | 13 | 2020 | | | |
| | PA | 17 | 7552 | | | | | | |
| Employer Name THE WITMER GROU | JP | | | Occupation CEO | | | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | State Zip Code (Plus 4) | | | | | |
| 1003 CORNERSTONE DR | | | MOUNT JOY | | PA | | 17552 | | |
| Full Name of Contributor JOSEPH WAGMAN | | | | | DAY | YEAR | | | |
| Mailing 975 SUMMIT CIRCLE N Address | | | | | | | \$ | 1,000.00 | |
| City VOPK | State | Zi | p Code (Plus 4) | 8 | 13 | 2020 | | | |
| TORK | YORK PA 17403 | | | | | | | | |
| Employer Name WAGMAN CONSTRUCTION, INC. | | | | | cion C | HAIRMA | N | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code (P | Plus 4) | |
| 231 N GEORGE ST | | | YORK | | PA | | 17401 | | |
| Full Name of Contributor GREGORY WEBSTER | | | | мо | DAY | | | | |
| Mailing 8128 SAINT MARTINS LANE | | | | | | YEAR | | | |
| Mailing | INS LANE | | | | | | \$ | 5,000.00 | |
| Mailing 8128 SAINT MARTI | State | | p Code (Plus 4) | 8 | 20 | 2020 | \$ | 5,000.00 | |
| Mailing 8128 SAINT MART | | | p Code (Plus 4) 9118 | | | | \$ | 5,000.00 | |
| Mailing 8128 SAINT MART | State PA | | | | 20 | | \$ | 5,000.00 | |
| Mailing 8128 SAINT MARTI Address 8128 SAINT MARTI | State PA OUP | | | 8 | 20 | 2020 | \$ Zip Code (P | · | |
| Mailing Address 8128 SAINT MARTH SIZE SAINT MARTH City PHILADELPHIA Employer Name PMC PROPERTY GR Employer Mailing Address/Principal P | State PA OUP | | 9118 | 8 | 20 ion _C | 2020 | | · | |
| Mailing Address 8128 SAINT MARTY City PHILADELPHIA Employer Name PMC PROPERTY GR Employer Mailing Address/Principal P Business | State PA OUP | | O118 | 8 | 20 :ion C | 2020 | Zip Code (P | | |
| Mailing Address 8128 SAINT MARTH Engloyer PHILADELPHIA Employer Name PMC PROPERTY GR Employer Mailing Address/Principal P Business PMC PROPERTY I 1608 WALNUT STSTE. 1400 1400 Full Name of Contributor Full Name of Contributor | State PA OUP | | O118 | Occupat | 20 .ion C State PA | 2020 | Zip Code (P | | |
| Mailing Address 8128 SAINT MARTI City PHILADELPHIA Employer Name PMC PROPERTY GR Employer Mailing Address/Principal P Business 1608 WALNUT STSTE. 1400 Full Name of Contributor GREGG SUTLIFF Mailing Address 700 CREEK RD | State PA OUP | 19 | O118 | Occupat | 20 .ion C State PA | 2020 | Zip Code (P 19103 | Plus 4) | |
| Mailing Address8128 SAINT MARTHCityPHILADELPHIAEmployer NamePMC PROPERTY GREmployer Mailing Address/Principal P Business1608 WALNUT STSTE. 1400Full Name of Contributor GREGG SUTLIFF1400Mailing Address700 CREEK RD | State PA OUP lace of | 2i | OI18 | 8 Occupat | 20 iion C State PA DAY | 2020 :00 | Zip Code (P 19103 | Plus 4) | |
| Mailing Address 8128 SAINT MARTI City PHILADELPHIA Employer Name PMC PROPERTY GR Employer Mailing Address/Principal P Business 1608 WALNUT STSTE. 1400 Full Name of Contributor GREGG SUTLIFF Mailing Address 700 CREEK RD | State PA OUP lace of State | 2i | Dill8 City PHILADELPHIA PHILADELPHIA | 8 Occupat | 20 ion C State PA DAY 2 | 2020 :00 | Zip Code (P 19103 \$ | Plus 4) | |

\$

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 | | | | porting Period | | | | | |
|---|----------------------|-----------------------------|---------|----------------|-----------------|--------------|----|------------------|--|
| COMMONWEALTH LEADERS FUN | ND | | From: | | <u>6/23/202</u> | <u>0</u> To: | | <u>9/14/2020</u> | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name FIRST NATIONAL BANK OF PA | | | | мо | DAY | YEAR | | | |
| Mailing Address 101 N 2ND S | STREET | | | | | | | \$ 303. | |
| City HARRISBURG | State PA | Zip Code (1 17102 | Plus 4) | 7 | 31 | 2020 | | | |
| Receipt Description INTERE | ST EARNED | | | | | | | | |
| Full Name FIRST NATIONAL BANK OF PA | | | | мо | DAY | YEAR | | | |
| Mailing Address 101 N 2ND S | STREET | | | | | | | \$ 227. | |
| City HARRISBURG | State PA | Zip Code (1 17102 | Plus 4) | 8 | 31 | 2020 | | | |
| Receipt Description INTERE | ST EARNED | | | | | | - | | |
| Enter Grand Total of Part E on S | Schodulo I. Dotailod | | Section | л | | | | PAGE TOTAL | |
| Linter Granu Total of Part E ONS | Schedule I, Detailet | i Suillilai y Pdye, | Section | 7. | | | \$ | 531.37 | |

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>6/23/2020</u> То: | <u>9/14/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Reporting Period | | | | |
|---|---------------------------------------|-------------------|----|----------|------------------|------|-------|--|--|
| | From: | | | То: | | | | | |
| | | | | DATE | | ΑΜΟ | JNT | | |
| Full Name of Contributor | | | мо | 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 Detail Section 2. | | | | mary Pag | je, | PAGE | TOTAL | | |
| | | | | | 4 | 5 | 0.00 | | |

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|---------------------------------------|------------------|---|--------|------------------|-----------|--------|-------|---------------------------|--------|
| | | | | | Fro | From: To: | | | | |
| | | | | | 1 | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | 1 | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | | Zip 4) | Code(Plus | Descri | otion | of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3. | | | | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | |
|--|------------------------|---|---|----------------------------|---------------|-----|------------------|--|
| COMMONWEALTH LEADERS FUND | | | From | <u>6/2</u> | <u>3/2020</u> | То: | <u>9/14/2020</u> | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid COMMONWEALTH ENTREPRENEURS, LL | .C | | мо | DAY | YEAR | | | |
| Mailing Address 420 N 3RD STREET | | | 7 | 1 | 2020 | \$ | 3,365.50 | |
| City HARRISBURG | Descrip RENT | otion of Exp | penditure | 1 | | | | |
| To Whom Paid MIGHTY GROUP, LLC | мо | DAY | YEAR | | | | | |
| Mailing Address 933 ROSE STREET F | 7 | 9 | 2020 | \$ | 413,245.00 | | | |
| City HARRISBURG | IN-KIN | Description of Expenditure IN-KIND CONTRIBUTIONS FOR (SEE BACK OF THIS PAGE ADVERTISING | | | | | | |
| To Whom Paid FIRST NATIONAL BANK OF PA | | | мо | DAY | YEAR | | | |
| Mailing Address 101 N 2ND STREET | | | 7 | 9 | 2020 | \$ | 27.00 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure BANK FEES | | | | | |
| To Whom Paid DEBEE CLARK | - | - | мо | DAY | YEAR | | | |
| Mailing Address PO BOX 54949 | | | 7 | 9 | 2020 | \$ | 2,000.00 | |
| City OKLAHOMA CITY | State OK | Zip Code (Plus 4) 73154 | Descrip LEGAL | ion of Ex FEES | penditure | 1 | | |
| To Whom Paid GOLDSTEIN LAW PARTNERS | | | мо | DAY | YEAR | | | |
| Mailing Address 11 CHURCH ROAD | | | 7 | 8 | 2020 | \$ | 270.00 | |
| City HATFIELD | State PA | Zip Code (Plus 4) 19440 | Descrip LEGAL | ition of Ex FEES | penditure | 1 | | |

| To Whom Paid | | | | | | | |
|--|---------------------------------------|---|--|---|--|--------------|----------------------------------|
| HEIDELBAUGH FOR ATTORNEY GENERAL | | | мо | DAY | YEAR | | |
| | | | | | | | |
| Mailing Address 141 WOODHAVEN DRIVE | | | 7 | 17 | 2020 | \$ | 250,000.00 |
| City PITTSBURGH | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 15228 | САМРА | | | | |
| | | | | | | 1 | |
| To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS | | | мо | DAY | YEAR | | |
| Mailing Address 420 N 3RD STREET | | | 7 | 20 | 2020 | \$ | 12,050.73 |
| City HARRISBURG | State | Zip Code (Plus 4) | Descrir | scription of Expenditure | | | |
| | PA | 17101 | | Description of Expenditure ADMINISTRATION | | | |
| | | | | | - | 1 | |
| To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC | | | мо | DAY | YEAR | | |
| Mailing Address 420 N 3RD STREET | | | 8 | 5 | 2020 | \$ | 3,365.50 |
| City HARRISBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 17101 | RENT | | | | |
| | | | | | | | |
| | | | | | | | |
| To Whom Paid COMMONWEALTH PARTNERS CHAMBE | R OF ENTREPRENEU | RS | мо | DAY | YEAR | | |
| | | RS | мо 8 | DAY 5 | YEAR 2020 | \$ | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET | | RS | 8 | 5 | 2020 | | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET | | | 8 Descrip | | 2020 Denditure | | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG | State | Zip Code (Plus 4) | 8 Descrip | 5 otion of Exp | 2020 Denditure | | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET | State | Zip Code (Plus 4) | 8 Descrip | 5 otion of Exp | 2020 Denditure | | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid | State PA | Zip Code (Plus 4) | 8 Descrip ADMIN | 5 htion of Exp ISTRATION | 2020 penditure | | 7,245.40 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid MIGHTY GROUP, LLC Mailing Address 933 ROSE STREET | State PA | Zip Code (Plus 4) | 8 Descrip ADMIN MO 8 | 5 ISTRATION DAY 5 | 2020 penditure YEAR 2020 | \$ | |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid MIGHTY GROUP, LLC Mailing Address 933 ROSE STREET | State PA FLOOR 2 | Zip Code (Plus 4) 17101 | 8 Descrip ADMIN MO 8 Descrip IN-KIN | 5 ISTRATION DAY 5 | 2020 Denditure V YEAR 2020 Denditure BUTIONS | \$ | |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid MIGHTY GROUP, LLC Mailing Address 933 ROSE STREET | State PA FLOOR 2 State | Zip Code (Plus 4) 17101 Zip Code (Plus 4) | 8 Descrip ADMIN MO 8 Descrip IN-KIN | 5 STRATION DAY 5 Stion of Exp D CONTRI | 2020 Denditure V YEAR 2020 Denditure BUTIONS | \$ | 1,014,778.49 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid MIGHTY GROUP, LLC Mailing Address 933 ROSE STREET City HARRISBURG To Whom Paid | State PA FLOOR 2 State PA | Zip Code (Plus 4) 17101 Zip Code (Plus 4) | 8 Descrip ADMIN MO 8 Descrip IN-KIN PAGE) | 5 ISTRATION DAY 5 DCONTRII ADVERTIS | 2020 penditure V YEAR 2020 penditure BUTIONS ING | \$ | 1,014,778.49 |
| COMMONWEALTH PARTNERS CHAMBE Mailing Address 420 N 3RD STREET City HARRISBURG To Whom Paid MIGHTY GROUP, LLC Mailing Address 933 ROSE STREET City HARRISBURG To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address | State PA FLOOR 2 State PA | Zip Code (Plus 4) 17101 Zip Code (Plus 4) | 8 Descrip ADMIN MO 8 Descrip IN-KIN PAGE) MO 8 | 5 STRATION DAY 5 Stion of Exp D CONTRII ADVERTIS DAY | 2020 penditure YEAR 2020 penditure BUTIONS ING YEAR 2020 | \$ FOR (! | 1,014,778.49 SEE BACK OF THIS |

| To Whom Paid DEBEE CLARK | | | мо | DAY | YEAR | | |
|---|--------------------|-----------------------------------|---|-----|------|------------|--------------|
| Mailing Address PO BOX 54949 | | | 8 | 5 | 2020 | \$ | 2,000.00 |
| City OKLAHOMA CITY | State OK | Zip Code (Plus 4) 73154 | Description of Expenditure LEGAL FEES | | | | |
| To Whom Paid GOLDSTEIN LAW PARTNERS | | | мо | DAY | YEAR | | |
| Mailing Address 11 CHURCH | ROAD | | 8 | 21 | 2020 | \$ | 1,360.63 |
| City HATFIELD | State PA | Zip Code (Plus 4) 19440 | Description of Expenditure LEGAL FEES | | | | |
| To Whom Paid MIGHTY GROUP, LLC | | | мо | DAY | YEAR | | |
| Mailing Address 933 ROSE STREET FLOOR 2 | | | 9 | 1 | 2020 | \$ | 207,047.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure IN-KIND CONTRIBUTIONS FOR (SEE BAC OF THIS PAGE) ADVERTISING | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL | |
| | | port cover rage, item b | - | | | \$ | 1,916,782.25 |