

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: 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 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. X	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				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	20	2020		11	23	2020				
A. Amount Brought Forward From Last Report						\$ 363,379.97						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 14,022.73						
C. Total Funds Available (Sum Of Lines A and B)						\$ 377,402.70						
D. Total Expenditures (From Schedule III)						\$ 55,008.77						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 322,373.93						
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>10/20/2020</u> To: <u>11/23/2020</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)	\$ 500.00
TOTAL for the Reporting Period (2)	\$ 500.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 13,500.00
TOTAL for the Reporting Period (3)	\$ 13,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 22.73

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.)	\$ 14,022.73
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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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
MATT PINCUS							
Mailing Address				11	2	2020	
City	WEST CHESTER	State	Zip Code (Plus 4)				
		PA	19382				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
MATT BROUILLETTE							
Mailing Address				11	4	2020	
City	ANNVILLE	State	Zip Code (Plus 4)				
		PA	17003				

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

PAGE TOTAL
\$ 500.00

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	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor JEFF BARTOS				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				10	21	2020	
City MERION STATION	State PA	Zip Code (Plus 4) 19066					
Employer Name SELF EMPLOYED				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor DR. FRANCIS M. POWERS, JR.				MO	DAY	YEAR	\$ 500.00
Mailing Address				10	22	2020	
City MOUNTAIN TOP	State PA	Zip Code (Plus 4) 18707					
Employer Name WILLIAMSPORT REGIONAL MEDICAL CENTER				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business			City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701		
Full Name of Contributor CHET & SHARON BEILER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				10	30	2020	
City MANHEIM	State PA	Zip Code (Plus 4) 17545					
Employer Name AMISH COUNTRY GAZEBOS				Occupation CEO			
Employer Mailing Address/Principal Place of Business			City MANHEIM	State PA	Zip Code (Plus 4) 17545		
Full Name of Contributor PHIL CLEMENS				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				10	28	2020	
City SOUDERTON	State PA	Zip Code (Plus 4) 18964					
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor THOMAS KING			MO 10	DAY 30	YEAR 2020	\$ 4,000.00
Mailing Address						
City VALENCIA	State PA	Zip Code (Plus 4) 16059				
Employer Name DILLON MCCANDLESS KING COULTER & GRAHAM LLP			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business		City BUTLER	State PA	Zip Code (Plus 4) 16001		

Full Name of Contributor MARK SITLER			MO 11	DAY 2	YEAR 2020	\$ 1,000.00
Mailing Address						
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701				
Employer Name THE HARTMAN AGENCY			Occupation VP			
Employer Mailing Address/Principal Place of Business		City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701		

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

PAGE TOTAL
\$ 13,500.00

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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 22.73
FIRST NATIONAL BANK OF PA							
Mailing Address							
City HARRISBURG		State PA	Zip Code (Plus 4) 17102				
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 22.73

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>10/20/2020</u> To: <u>11/23/2020</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 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>10/20/2020</u> To: <u>11/23/2020</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	
JDK GROUP							
Mailing Address				10	20	2020	\$ 588.41
City	CAMP HILL	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17011				
To Whom Paid				MO	DAY	YEAR	
MIGHTY GROUP, LLC							
Mailing Address				10	20	2020	\$ 5,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17102	POLLING			
To Whom Paid				MO	DAY	YEAR	
BUILD PA PAC							
Mailing Address				10	21	2020	\$ 5,000.00
City	LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17605	EVENT SPONSORSHIP			
To Whom Paid				MO	DAY	YEAR	
TIM DEFOOR FOR AUDITOR GENERAL							
Mailing Address				10	29	2020	\$ 10,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17110	CAMPAIGN CONTRIBUTION			
To Whom Paid				MO	DAY	YEAR	
DEBEE CLARK							
Mailing Address				11	2	2020	\$ 2,000.00
City	OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure			
		OK	73154	LEGAL FEES			
To Whom Paid				MO	DAY	YEAR	
TIM DEFOOR FOR AUDITOR GENERAL							
Mailing Address				11	5	2020	\$ 1,500.00
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure			
		PA	17110	CAMPAIGN CONTRIBUTION			

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 22,554.86
Mailing Address			11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION			

To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC			MO	DAY	YEAR	\$ 3,365.50
Mailing Address			11	6	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			

To Whom Paid JEREMY BAKER			MO	DAY	YEAR	\$ 5,000.00
Mailing Address			11	6	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CONSULTING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 55,008.77

