

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

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	
MATT PINCUS						
Mailing Address 627 WESTBOURNE RD					\$ 250.00	
City WEST CHESTER	State	Zip Code (Plus 4)	11	2		2020
	PA	19382				
Full Name of Contributor			MO	DAY	YEAR	
MATT BROUILLETTE						
Mailing Address 5 PLUM STREET					\$ 250.00	
City ANNVILLE	State	Zip Code (Plus 4)	11	4		2020
	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	
Mailing Address				\$ 0.00
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	\$ 2,000.00
Mailing Address 239 WINDING WAY				DAY	
City MERION STATION	State PA	Zip Code (Plus 4) 19066		YEAR 2020	
Employer Name SELF EMPLOYED				Occupation	
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)
1100 GRAMPIAN BLVD # 3			WILLIAMSPORT	PA	17701
Full Name of Contributor DR. FRANCIS M. POWERS, JR.				MO	\$ 500.00
Mailing Address 15 RED ROCK RD				DAY	
City MOUNTAIN TOP	State PA	Zip Code (Plus 4) 18707		YEAR 2020	
Employer Name WILLIAMSPORT REGIONAL MEDICAL CENTER				Occupation DOCTOR	
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)
1100 GRAMPIAN BLVD # 3			WILLIAMSPORT	PA	17701
Full Name of Contributor CHET & SHARON BEILER				MO	\$ 1,000.00
Mailing Address 911 S OAK ST				DAY	
City MANHEIM	State PA	Zip Code (Plus 4) 17545		YEAR 2020	
Employer Name AMISH COUNTRY GAZEBOS				Occupation CEO	
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)
340 HOSTETTER ROADSUITE 2			MANHEIM	PA	17545
Full Name of Contributor PHIL CLEMENS				MO	\$ 5,000.00
Mailing Address 534 MONTGOMERY AVE				DAY	
City SOUDERTON	State PA	Zip Code (Plus 4) 18964		YEAR 2020	
Employer Name RETIRED				Occupation	
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)

Full Name of Contributor THOMAS KING			MO	DAY	YEAR	\$ 4,000.00
Mailing Address 456 SHELDON RD			10	30	2020	
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 128 WEST CUNNINGHAM STREET		City BUTLER	State PA	Zip Code (Plus 4) 16001		
Full Name of Contributor MARK SITLER			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1410 MCKEAG DR			11	2	2020	
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701				
Employer Name THE HARTMAN AGENCY			Occupation VP			
Employer Mailing Address/Principal Place of Business 420 WILLIAM STREET		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	\$
FIRST NATIONAL BANK OF PA				10	30	2020	22.73
Mailing Address	110 N 2ND STREET						
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 COMMONWEALTH LEADERS FUND	Reporting Period 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 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	\$ 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	10	20	2020	\$	588.41
Mailing Address 1 BISHOP PLACE					
City CAMP HILL					
State PA					
Zip Code (Plus 4) 17011					
Description of Expenditure					
To Whom Paid	MO	DAY	YEAR		
MIGHTY GROUP, LLC	10	20	2020	\$	5,000.00
Mailing Address 933 ROSE ST FL 2					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17102					
Description of Expenditure					
POLLING					
To Whom Paid	MO	DAY	YEAR		
BUILD PA PAC	10	21	2020	\$	5,000.00
Mailing Address 1861 WILLIAM PENN WAY					
City LANCASTER					
State PA					
Zip Code (Plus 4) 17605					
Description of Expenditure					
EVENT SPONSORSHIP					
To Whom Paid	MO	DAY	YEAR		
TIM DEFOOR FOR AUDITOR GENERAL	10	29	2020	\$	10,000.00
Mailing Address 1300 ELLIS DRIVE					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17110					
Description of Expenditure					
CAMPAIGN CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
DEBEE CLARK	11	2	2020	\$	2,000.00
Mailing Address PO BOX 54949					
City OKLAHOMA CITY					
State OK					
Zip Code (Plus 4) 73154					
Description of Expenditure					
LEGAL FEES					
To Whom Paid	MO	DAY	YEAR		
TIM DEFOOR FOR AUDITOR GENERAL	11	5	2020	\$	1,500.00
Mailing Address 1300 ELLIS DRIVE					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17110					
Description of Expenditure					
CAMPAIGN CONTRIBUTION					

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 22,554.86
Mailing Address 420 N 3RD STREET			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 420 N 3RD STREET			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 433 PARKVIEW CT			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

