

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 |
|---|--------------|

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 | \$ 250.00 |
| MATT PINCUS | | | | | | |
| Mailing Address 627 WESTBOURNE RD | | | | | | |
| City WEST CHESTER | State PA | Zip Code (Plus 4) 19382 | 11 | 2 | 2020 | |

| | | | | | | |
|--------------------------------------|-----------------|--------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| MATT BROUILLETTE | | | | | | |
| Mailing Address 5 PLUM STREET | | | | | | |
| City ANNVILLE | State PA | Zip Code (Plus 4) 17003 | 11 | 4 | 2020 | |

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> |
|---|--|

| | | | DATE | AMOUNT |
|---|-------------------|--------------|--------------------------|-------------|
| Full Name of Contributor | MO | DAY | YEAR | |
| JEFF BARTOS | | | | |
| Mailing Address 239 WINDING WAY | 10 | 21 | 2020 | \$ 2,000.00 |
| 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 | MO | DAY | YEAR | |
|---|-----------------------------|--------------------|-----------------------------------|-----------|
| DR. FRANCIS M. POWERS, JR. | | | | |
| Mailing Address 15 RED ROCK RD | 10 | 22 | 2020 | \$ 500.00 |
| 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 1100 GRAMPIAN BLVD # 3 | City WILLIAMSPORT | State PA | Zip Code (Plus 4) 17701 | |

| Full Name of Contributor | MO | DAY | YEAR | |
|--|------------------------|--------------------|-----------------------------------|-------------|
| CHET & SHARON BEILER | | | | |
| Mailing Address 911 S OAK ST | 10 | 30 | 2020 | \$ 1,000.00 |
| City MANHEIM State PA Zip Code (Plus 4) 17545 | | | | |
| Employer Name AMISH COUNTRY GAZEBOS | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business 340 HOSTETTER ROADSUITE 2 | City MANHEIM | State PA | Zip Code (Plus 4) 17545 | |

| | | | | | | |
|---|--------------------|-----------------------------------|-------------------|--------------------------|-------------|-------------|
| Full Name of Contributor PHIL CLEMENS | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address 534 MONTGOMERY AVE | | | 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 | 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> |
|---|--|

| | | | | DATE | AMOUNT | | |
|-----------------------------------|------------------|------------|-------|------|--------|------|----------|
| Full Name | Mailing Address | City | State | MO | DAY | YEAR | |
| FIRST NATIONAL BANK OF PA | 110 N 2ND STREET | HARRISBURG | PA | 10 | 30 | 2020 | \$ 22.73 |
| | | | | | | | |
| 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 | | |
| Mailing Address | | | | \$ | 0.00 |
| 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 TIM DEFOOR FOR AUDITOR GENERAL | | | MO | DAY | YEAR | |
| Mailing Address 1300 ELLIS DRIVE | | | 11 | 5 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure CAMPAIGN CONTRIBUTION | | | |
| To Whom Paid COMMONWEALTH PARTNERS | | | MO | DAY | YEAR | |
| 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 | |
| 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 | |
| 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 |

