

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. <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 2021	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	
				MO	DAY	YEAR				
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		1	1	2021	3					
A. Amount Brought Forward From Last Report				\$ 264,141.26						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 16,863.88						
C. Total Funds Available (Sum Of Lines A and B)				\$ 281,005.14						
D. Total Expenditures (From Schedule III)				\$ 117,085.19						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 163,919.95						
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>1/1/2021</u> To: <u>3/29/2021</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)	\$ 740.00
TOTAL for the Reporting Period (2)	\$ 740.00

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)	\$ 16,000.00
TOTAL for the Reporting Period (3)	\$ 16,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 123.88

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.)	\$ 16,863.88
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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
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Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
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>1/1/2021</u> To: <u>3/29/2021</u>

DATE				AMOUNT
Full Name of Contributor				
MATT PINCUS				
Mailing Address				
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382	MO 3 DAY 11 YEAR 2021	\$ 240.00
Full Name of Contributor				
LORI MORROW				
Mailing Address				
City PORT TREVERTON	State PA	Zip Code (Plus 4) 17864	MO 3 DAY 11 YEAR 2021	\$ 250.00
Full Name of Contributor				
MARTIN MULDER				
Mailing Address				
City COLLEGEVILLE	State PA	Zip Code (Plus 4) 19426	MO 3 DAY 11 YEAR 2021	\$ 250.00

PAGE TOTAL

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

\$ 740.00

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				
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
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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>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE	AMOUNT	
Full Name of Contributor ANDY SARDONI III				MO	\$ 5,000.00	
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City WILKES-BARRE </div> <div style="width: 15%;"> State PA </div> <div style="width: 35%;"> Zip Code (Plus 4) 18701 </div> </div>				DAY		YEAR
				1		26
Employer Name ANDREW J SORDONI FOUNDATION				Occupation FOUNDER		
Employer Mailing Address/Principal Place of Business				City FORTY FORT	State PA	Zip Code (Plus 4) 18704
Full Name of Contributor JOHN C OLIVER III				MO	\$ 5,000.00	
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City PITTSBURGH </div> <div style="width: 15%;"> State PA </div> <div style="width: 35%;"> Zip Code (Plus 4) 15222 </div> </div>				DAY		YEAR
				3		1
Employer Name RETIRED				Occupation RETIRED		
Employer Mailing Address/Principal Place of Business				City	State	Zip Code (Plus 4)
Full Name of Contributor FREDERICK & ARALENE CALLAHAN				MO	\$ 1,000.00	
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City DOVER </div> <div style="width: 15%;"> State PA </div> <div style="width: 35%;"> Zip Code (Plus 4) 17315 </div> </div>				DAY		YEAR
				3		16
Employer Name COLONY PAPERS				Occupation PRESIDENT & CEO		
Employer Mailing Address/Principal Place of Business				City YORK	State PA	Zip Code (Plus 4) 17408
Full Name of Contributor PAUL & NANCY SILVIS				MO	\$ 5,000.00	
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City PORT MATILDA </div> <div style="width: 15%;"> State PA </div> <div style="width: 35%;"> Zip Code (Plus 4) 16870 </div> </div>				DAY		YEAR
				3		16
Employer Name SILCOTEK				Occupation CHEMIST		
Employer Mailing Address/Principal Place of Business				City BELLEFONTE	State PA	Zip Code (Plus 4) 16823

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

PAGE TOTAL
\$ 16,000.00

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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 70.52
FIRST NATIONAL BANK OF PA							
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17102		
Receipt Description INTEREST EARNED							

Full Name				MO	DAY	YEAR	\$ 53.36
FIRST NATIONAL BANK OF PA							
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17102		
Receipt Description INTEREST EARNED							

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

PAGE TOTAL
\$ 123.88

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>1/1/2021</u> To: <u>3/29/2021</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

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>1/1/2021</u> To: <u>3/29/2021</u>

				DATE	AMOUNT		
To Whom Paid DEBEE CLARK				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				1	12	2021	
City	OKLAHOMA CITY	State	OK	Zip Code (Plus 4)	73154	Description of Expenditure LEGAL FEES	
To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC				MO	DAY	YEAR	\$ 3,365.50
Mailing Address				1	19	2021	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure RENT	
To Whom Paid COMMONWEALTH PARTNERS				MO	DAY	YEAR	\$ 1,828.24
Mailing Address				1	19	2021	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure ADMINISTRATION	
To Whom Paid DEBEE CLARK				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				2	2	2021	
City	OKLAHOMA CITY	State	OK	Zip Code (Plus 4)	73154	Description of Expenditure LEGAL FEES	
To Whom Paid HRCC				MO	DAY	YEAR	\$ 5,000.00
Mailing Address				2	5	2021	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid JUDGE BROBSON FOR SUPREME COURT				MO	DAY	YEAR	\$ 25,000.00
Mailing Address				2	10	2021	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	Description of Expenditure CAMPAIGN CONTRIBUTION	

To Whom Paid DEBEE CLARK			MO	DAY	YEAR	\$ 2,000.00
Mailing Address			3	2	2021	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			
To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC			MO	DAY	YEAR	\$ 3,365.50
Mailing Address			3	9	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			
To Whom Paid POP PAC			MO	DAY	YEAR	\$ 15,000.00
Mailing Address			3	3	2021	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid MCRC			MO	DAY	YEAR	\$ 10,000.00
Mailing Address			3	17	2021	
City BLUE BELL	State PA	Zip Code (Plus 4) 19422	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid RCAC			MO	DAY	YEAR	\$ 25,000.00
Mailing Address			3	17	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid STRIPE			MO	DAY	YEAR	\$ 167.66
Mailing Address			3	18	2021	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			
To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 3,173.54
Mailing Address			3	18	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION			
To Whom Paid FIRST NATIONAL BANK OF PA			MO	DAY	YEAR	\$ 184.75
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure BANK FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 98,085.19

