

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. <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	County Code		
				MO	DAY	YEAR					
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2021	TO	3	29	2021			
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
 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>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	

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

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MATT PINCUS					
Mailing Address 627 WESTBOURNE RD				3	11
City WEST CHESTER State PA Zip Code (Plus 4) 19382					
LORI MORROW					
Mailing Address 2712 MAIN STREET				3	11
City PORT TREVERTON State PA Zip Code (Plus 4) 17864					
MARTIN MULDER					
Mailing Address 105 SHETLAND WAY				3	11
City COLLEGEVILLE State PA Zip Code (Plus 4) 19426					

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

PAGE TOTAL
\$ 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	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>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$			
ANDY SARDONI III	1	26	2021	5,000.00			
Mailing Address 71 S FRANKLIN STREET							
City WILKES-BARRE	State	Zip Code (Plus 4)					
	PA	18701					
Employer Name ANDREW J SORDONI FOUNDATION				Occupation	FOUNDER		
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)			
45 OWEN STREET	FORTY FORT		PA	18704			
JOHN C OLIVER III	3	1	2021	5,000.00			
Mailing Address 720 OLIVER BUILDING							
City PITTSBURGH	State	Zip Code (Plus 4)					
	PA	15222					
Employer Name RETIRED				Occupation	RETIRED		
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)			
FREDERICK & ARALENE CALLAHAN	3	16	2021	1,000.00			
Mailing Address 2830 SKY TOP TRAIL							
City DOVER	State	Zip Code (Plus 4)					
	PA	17315					
Employer Name COLONY PAPERS				Occupation	PRESIDENT & CEO		
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)			
1776 COLONY RD	YORK		PA	17408			
PAUL & NANCY SILVIS	3	16	2021	5,000.00			
Mailing Address 600 SILTOP LANE							
City PORT MATILDA	State	Zip Code (Plus 4)					
	PA	16870					
Employer Name SILCOTEK				Occupation	CHEMIST		
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)			
225 PENN TECH DR	BELLEFONTE		PA	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	\$	
FIRST NATIONAL BANK OF PA	1	29	2021		70.52
Mailing Address 110 N 2ND STREET					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17102					
Receipt Description INTEREST EARNED					
Full Name	MO	DAY	YEAR	\$	
FIRST NATIONAL BANK OF PA	2	26	2021		53.36
Mailing Address 110 N 2ND STREET					
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 COMMONWEALTH LEADERS FUND	Reporting Period 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: _____

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

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
DEBEE CLARK	1	12	2021	\$	2,000.00
Mailing Address PO BOX 54949					
City OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure		
OK		73154	LEGAL FEES		
To Whom Paid	MO	DAY	YEAR		
COMMONWEALTH ENTREPRENEURS, LLC					
Mailing Address 420 N 3RD STREET	1	19	2021	\$	3,365.50
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
PA		17101	RENT		
To Whom Paid	MO	DAY	YEAR		
COMMONWEALTH PARTNERS					
Mailing Address 420 N 3RD STREET	1	19	2021	\$	1,828.24
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
PA		17101	ADMINISTRATION		
To Whom Paid	MO	DAY	YEAR		
DEBEE CLARK					
Mailing Address PO BOX 54949	2	2	2021	\$	2,000.00
City OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure		
OK		73154	LEGAL FEES		
To Whom Paid	MO	DAY	YEAR		
HRCC					
Mailing Address 500 N 3RD STREET	2	5	2021	\$	5,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
PA		17101	CAMPAIGN CONTRIBUTION		
To Whom Paid	MO	DAY	YEAR		
JUDGE BROBSON FOR SUPREME COURT					
Mailing Address P.O. BOX 11683	2	10	2021	\$	25,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure		
PA		17108	CAMPAIGN CONTRIBUTION		

To Whom Paid DEBEE CLARK			MO	DAY	YEAR	\$	2,000.00
Mailing Address PO BOX 54949			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 420 N 3RD STREET			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 115 N JACKSON STREET			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 860 PENILYN BLUE BELL PIKE STE 240			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 PO BOX 23156			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 510 TOWNSEND STREET			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 420 N 3RD STREET			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 110 N 2ND STREET							
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

