

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 :		20190183		Report Filed By :	CANDIDATE	COMMITTEE	✓	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: COMMONWEALTH CHILDREN'S CHOICE 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. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes No ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes No ✓
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER	✓	DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
				MO	DAY	YEAR		
				11	2	2021		(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		1	1	2021		3	29	2021
A. Amount Brought Forward From Last Report					\$ 9,439,360.98			
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 2,035,421.85			
C. Total Funds Available (Sum Of Lines A and B)					\$ 11,474,782.83			
D. Total Expenditures (From Schedule III)					\$ 77,585.60			
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 11,397,197.23			
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 CHILDREN'S CHOICE 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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000,000.00
All Other Contributions (Part D)	\$ 30,000.00
TOTAL for the Reporting Period (3)	\$ 2,030,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 5,271.85

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.)	\$ 2,035,421.85
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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	Reporting Period
COMMONWEALTH CHILDREN'S CHOICE FUND	From: <u>1/1/2021</u> To: <u>3/29/2021</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$50.00
KRISTINE ENG						
Mailing Address			1	27	2021	
2366 OAK LEAF DR						
City	State	Zip Code (Plus 4)				
STATE COLLEGE	PA	16801				

Full Name of Contributor				MO	DAY	YEAR	\$	50.00
KRISTINE ENG								
Mailing Address				2	21	2021		
2366 OAK LEAF DR		City	STATE COLLEGE				State	PA

Full Name of Contributor KRISTINE ENG				MO	DAY	YEAR	\$ 50.00
Mailing Address 2366 OAK LEAF DR				3	19	2021	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801					

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

PAGE TOTAL
\$ 150.00

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
COMMONWEALTH CHILDREN'S CHOICE FUND	From: <u>1/1/2021</u> To: <u>3/29/2021</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$2,000,000.00	
STUDENTS FIRST PAC								
Mailing Address								
PO BOX 416				1	26	2021		
City	WYNNEWOOD	State	PA				Zip Code (Plus 4)	19096

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

PAGE TOTAL
\$ 2,000,000.00

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 CHILDREN'S CHOICE 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				
CHARLES & CHARISSA MITCHELL Mailing Address 911 WOODLAND DR <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City LEMOYNE</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 17043</td> </tr> </table>	City LEMOYNE	State PA	Zip Code (Plus 4) 17043	1	8	2021	\$ 5,000.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043					
Employer Name COMMONWEALTH FOUNDATION				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 225 STATE STREETSUITE 302		City HARRISBURG		State PA	Zip Code (Plus 4) 17101		

Full Name of Contributor	MO	DAY	YEAR				
AMIR GOLDMAN Mailing Address 325 SYCAMORE AVE <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City MERION STATION</td> <td style="border: none;">State PA</td> <td style="border: none;">Zip Code (Plus 4) 19066</td> </tr> </table>	City MERION STATION	State PA	Zip Code (Plus 4) 19066	2	17	2021	\$ 25,000.00
City MERION STATION	State PA	Zip Code (Plus 4) 19066					
Employer Name SUSQUEHANNA GROWTH EQUITY, LLC				Occupation FOUNDER			
Employer Mailing Address/Principal Place of Business 401 CITY AVE		City BALA CYNWYD		State PA	Zip Code (Plus 4) 19004		

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

PAGE TOTAL
\$ 30,000.00

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 CHILDREN'S CHOICE FUND	Reporting Period From: <u>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE		AMOUNT	
Full Name FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 2,640.58
Mailing Address 110 N 2ND STREET				1	29	2021	
City HARRISBURG		State PA	Zip Code (Plus 4) 17102				
Receipt Description INTEREST EARNED							

Full Name FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 2,631.27
Mailing Address 110 N 2ND STREET				2	26	2021	
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
\$ 5,271.85

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 CHILDREN'S CHOICE 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 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 CHILDREN'S CHOICE FUND	From <u>1/1/2021</u> To: <u>3/29/2021</u>

DATE				AMOUNT		
To Whom Paid I360, LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29374 NETWORK PLACE			1	22	2020	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATA SUBSCRIPTION			
To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 1591 STONEY MOUNTAIN WAY			1	11	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONSULTING			
To Whom Paid DEBEE CLARK			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949			1	12	2021	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			
To Whom Paid FRIENDS OF KIM WARD			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 300 OLD AIRPORT RD			1	25	2021	
City HEMPFIELD	State PA	Zip Code (Plus 4) 15601	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid STRIPE			MO	DAY	YEAR	\$ 1.75
Mailing Address 510 TOWNSEND ST			1	27	2021	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEE			

To Whom Paid DEBEE CLARK			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949			2	2	2021	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			

To Whom Paid I360 LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29374 NETWORK PLACE			2	10	2021	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATA BASE SUBSCRIPTION			

To Whom Paid FRIENDS OF MEGAN SULLIVAN			MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 3425			2	22	2021	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid I360, LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29374 NETWORK PLACE			3	16	2020	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATA SUBSCRIPTION			

To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 1591 STONEY MOUNTAIN WAY			2	23	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONSULTING			

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	
Mailing Address 420 N 3RD STREET			1	19	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			

To Whom Paid COMMONWEALTH ENTREPRENEURS LLC			MO	DAY	YEAR	
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 FRIENDS OF CHRIS GEBHARD			MO	DAY	YEAR	
Mailing Address 1451 QUENTIN RD. SUITE 400 BOX #248			3	11	2021	
City LEBANON	State PA	Zip Code (Plus 4) 17042	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid CITIZENS FOR STAN SAYLOR			MO	DAY	YEAR	
Mailing Address 208 ROBIN DR			3	16	2021	
City RED LION	State PA	Zip Code (Plus 4) 17356	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid FRIENDS OF DAVID ROWE			MO	DAY	YEAR	
Mailing Address 270 HOWTHORNE DR			3	16	2020	
City LEWISBURG	State PA	Zip Code (Plus 4) 17837	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	
Mailing Address 420 N 3RD STREET			3	18	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION AND FEBRUARY RENT			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 78,085.60

