

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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	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	Party Code	County Code	
						MO	DAY	YEAR					
						11	2	2021					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						5	4	2021					TO
						6	7	2021					
A. Amount Brought Forward From Last Report						\$ 11,141,090.71							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,093.86							
C. Total Funds Available (Sum Of Lines A and B)						\$ 11,143,184.57							
D. Total Expenditures (From Schedule III)						\$ 1,238,715.50							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 9,904,469.07							
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>5/4/2021</u> To: <u>6/7/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 50.00

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)	\$ 50.00
TOTAL for the Reporting Period (2)	\$ 50.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2,043.86

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.)	\$ 2,143.86
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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:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

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 COMMONWEALTH CHILDREN'S CHOICE FUND	Reporting Period From: <u>5/4/2021</u> To: <u>6/7/2021</u>
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				DATE			AMOUNT	
Full Name of Contributor KRISTINE ENG					MO	DAY	YEAR	\$ 50.00
Mailing Address 2366 OAK LEAF DRIVE					5	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
\$ 50.00

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	\$ 0.00	
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

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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			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 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>5/4/2021</u> To: <u>6/7/2021</u>
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				DATE			AMOUNT
Full Name FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 2,043.86
Mailing Address 110 N 2ND STREET				5	31	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
\$ 2,043.86

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>5/4/2021</u> To: <u>6/7/2021</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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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>5/4/2021</u> To: <u>6/7/2021</u>

DATE				AMOUNT		
To Whom Paid MAJOR FOR PA			MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 449			5	4	2021	
City FORD CITY	State PA	Zip Code (Plus 4) 16226	Description of Expenditure CONTRIBUTION			
To Whom Paid SRCC			MO	DAY	YEAR	\$ 100,000.00
Mailing Address 270 NORTH STREET			5	4	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			
To Whom Paid ATLAS & MIGHT, LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 1591 STONEY MOUNTAIN WAY			5	11	2021	
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure CONSULTING			
To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC			MO	DAY	YEAR	\$ 3,365.50
Mailing Address 420 N 3RD STREET			5	13	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			
To Whom Paid I360, LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29374 NETWORK PLACE			5	17	2021	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATABASE SUBSCRIPTION			

To Whom Paid HRCC			MO	DAY	YEAR	
Mailing Address 500 N 3RD STREET FL 3A			5	17	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid I'M FOR JERRY KNOWLES COMMITTEE			MO	DAY	YEAR	
Mailing Address 16 OXFORD ST			5	17	2021	
City TAMAQUA	State PA	Zip Code (Plus 4) 18252	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid ATLAS & MIGHT, LLC			MO	DAY	YEAR	
Mailing Address 1591 STONEY MOUNTAIN WAY			5	20	2021	
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure CONSULTING			

To Whom Paid COMMONWEALTH LEADERS FUND			MO	DAY	YEAR	
Mailing Address 420 N 3RD STREET			5	28	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF ANN FLOOD			MO	DAY	YEAR	
Mailing Address 2157 WEST DELL RD			6	7	2021	
City BATH	State PA	Zip Code (Plus 4) 18014	Description of Expenditure CAMPAIGN CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,238,715.50

