Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	i on 201	70358			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Candi	idate or L	obbyist:				ALTH LEA	DERS FI	JND					
Street Address:														
City:	HARRISBUR	G					State:	PA		Zip Co	de: 17	101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-		30 DA PRIM		POST- 3		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE		30 DA ELEC		POST- 6		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPOR	T 7.	Year 2021	_			NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candid	late:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	2	2 2021]	(SEE INS	TRUCTI	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		9 14	4 20	021 T	0	10	18	3 2021					
A. Amount Bro	ought Forward Fro	om Last R	Report			\$:	14,885.40					
B. Total Monet	tary Contributions	s And Rec	eipts (Fror	n Sche	dule I)	\$		1,623,004.55						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)				\$		1,63	37,889.95						
D. Total Exper	D. Total Expenditures (From Schedule III)			\$		1,62	20,374.90							
E. Ending Casl	n Balance (Subtra	ict Line D	From Line	C)		\$		1	.7,515.05	-				
F. Value Of In	-Kind Contributio	ns Receiv	ed (From S	Schedu	le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligation	is (From S	Schedule I	V)		\$			0.00					
				AFF	IDAVI	Γ SE	CTION							
	is a Committee re	• •	-					• •		-		ladaa	and half	- 6 . 6
correct and comp			e attached sc	chequies	s nied on j	Japer	or by elect	ronic med	num, are to	the best t	л ту кноч	vieuge		er, true
Sworn to and sub	scribed before me th day of	nis	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
						-				Prir	nted Name			
My Commission E	Signat xpires									Ema	ail			
	мо	D	AY	YR		-		Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	d Comm	nittee, Ca	andid	ate shall	sign her	e.					
I swear (or affirm No 320) as amend) that to the best of led.	f my knowl	edge and bel	lief this	political	comm	ittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me thi	is							5	Signature	of Candida	ite		
	day of 					-				Printe	ed Name			
	Signature	e				-								
My Commission Ex	pires									Ema	911			
	мо	D	AY	YR				Area Co	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	<u>9/14/202</u>	<u>1</u> To:	<u>10/18/2021</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)			\$	0.00
TOTAL for the Reporting	y Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,600,000.00
All Other Contributions (Part D)			\$	23,000.00
TOTAL for the Reporting	g Period	(3)	\$	1,623,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	4.55
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,623,004.55

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 Candidat	e		Repo	orting l	Period			
			From	n:		То	1	
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
								PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I, Detailed Sur	mmary Page, Se	ection	2.			\$	0.00

Use this Part to it	emize all othei 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an Ig per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		_					\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00

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	g Period				
COMMONWEALTH LEADERS F	UND		From:	<u>9/:</u>	<u>14/2021</u>	То:	<u>1</u>	<u>0/18/2021</u>
				DA	TE		1	AMOUNT
Full Name of Contributing Con COMMONWEALTH CHILDREN				мо	DAY	YEAR	\$	1,000,000.00
Mailing Address City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)	9	21	2021		1,000,000.00
ull Name of Contributing Committee OMMONWEALTH CHILDREN'S CHOICE FUND				мо	DAY	YEAR	\$	500,000.00
Mailing Address City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	10	12	2021		500,000.00
Full Name of Contributing Con COMMONWEALTH CHILDREN		1		мо	DAY	YEAR	\$	100,000.00
Mailing Address City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)	10	15	2021		
Enter Grand Total of Part C	on Schedule I, Detai	iled Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL

1,600,000.00

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			Rep	orting Pe	riod			
COMMONWEALTH LEADERS FUND			Fror	n:	<u>9/14/2</u>	<u>021</u> T o	D:	<u>10/18/2021</u>
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	F 000 00
RICHARD DANDREA							*	5,000.00
Mailing Address	1	1		9	28	2021		
City ALLISON PARK	State	Zip Code (Plu	s 4)					
	ΙΡΑ	15101						
Employer Name ECKERT SEAMANS				Occupat	tion	мемве	R	
Employer Mailing Address/Principal Place	e of Business	City			State		Zip Co	de (Plus 4)
		PITTSBU	RGH		PA		15219)
Full Name of Contributor				мо	DAY	YEAR	\$	6,000.00
DAVID & amp; DEBORAH HOLLINGER							`	0,000100
Mailing Address	1			9	30	2021		
City DENVER	State	Zip Code (Plu	s 4)					
	I PA	l 17517						
Employer Name FOUR SEASONS PROD	DUCE			Occupat	tion	CHAIRN	1AN &ai	mp; CEO
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	de (Plus 4)
		EPHRATA	l l		PA		17522	
Full Name of Contributor				мо	DAY	YEAR		
NANCY L & amp; PAUL H SILVIS				MO	DAT	TEAR	\$	10,000.00
Mailing Address				10	1	2021		
City PORT MATILDA	State	Zip Code (Plu	s 4)		1	2021		
	PA	16870						
Employer Name SILCOTAK				Occupat	tion	CHEMIS	ST	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	de (Plus 4)
		BELLEFO	NTE		PA		16823	5
Full Name of Contributor					1			
LATHROP B NELSON JR				мо	DAY	YEAR	\$	2,000.00
Mailing Address								
City BRYN MAWR	State	Zip Code (Plu	s 4)	10	1	2021		
	PA	19010	,					
Employer Name RETIRED		• 19010		Occupat	tion	•	•	
	o of Rusiness	City			State		7:0 00	de (Plus 4)
Employer Mailing Address/Principal Plac	ce of Business	City			State			de (Plus 4)
Enter Grand Total of Part C on Sche	dula I. Datailad S	ummary Page	Contin		-	Γ	-	PAGE TOTAL
			. Sertir	DD .5.				

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	1		Report	ing Perio	d		
COMMONWEALTH LEADERS FUND			From:		<u>9/14/202</u>	<u>1</u> To:	<u>10/18/2021</u>
				D	ATE		AMOUNT
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR	\$ 4.55
Mailing Address				9	30	2021	
City HARRISBURG	State	Zip Code (Plus 4)		50	2023	
	PA	17102					
Receipt Description INTEREST EAR	NED	•					
]	PAGE TOTAL
Enter Grand Total of Part E on Sched	ule I, Detailed	d Summary Page,	Section	4.			\$ 4.55

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>9/14/2021</u> то:	<u>10/18/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting I	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		·
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate			Reportin	ng Period			
СОМ	MONWEALTH LEADERS FUND			From	<u>9/14</u>	<u>4/2021</u>	То:	<u>10/18/2021</u>
					DATE			AMOUNT
To W	nom Paid			мо	DAY	YEAR		
NORT	HWEST GOOD GOVERNMENT PAC			no				
Mailin	g Address			9	21	2021	\$	50,000.00
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	16507	CONTRI	BUTION			
To W	nom Paid			мо	DAY	YEAR		
JUDG	E BROBSON FOR SUPREME COUR	Г						
Mailin	g Address			10	12	2021	\$	300,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17108	CAMPAI	GN CONTF	RIBUTION	N	
	nom Paid E CLARK PLLC			мо	DAY	YEAR		
Mailin	g Address			9	23	2021	\$	2,000.00
City	OKLAHOMA CITY	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1	
		ок	73154	LEGAL F	EES			
To W	nom Paid			мо	DAY	YEAR		
REPU	BLICAN STATE COMMITTEE OF PE	NNSYLVANIA		MO	DAT	TEAR		
Mailin	g Address			10	4	2021	\$	500,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	CONTRI	BUTION			
To Wł	nom Paid			мо	DAY	VEAD		
СОММ	10NWEALTH ENTREPRENEURS, LL	С		мо	DAY	YEAR		
Mailin	g Address			10	5	2021	\$	6,731.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	RENT				
To W	nom Paid			мо	DAY	YEAR		
COMM	IONWEALTH PARTNERS CHAMBER	OF ENTREPRENEURS	5					
Mailin	g Address			10	5	2021	\$	10,860.88
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-	
		PA	17101	ADMINI	STRATION			

To Wh	om Paid			мо	DAY	YEAR		
ATLAS	& MIGHT LLC			no				
Mailin	g Address			10	12	2021	\$	214,885.19
City	DAUPHIN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		PA	17018	MAILER	S			
To Wh	om Paid			мо	DAY	YEAR		
FRIEN	DS OF MEGAN SULLIVAN			no				
Mailin	g Address			10	12	2021	\$	100,000.00
City	WEST CHESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19380	CONTR	IBUTION			
To Wh	om Paid			мо	DAY	YEAR		
FIRST	NATIONAL BANK OF PA			no				
Mailin	g Address			10	12	2021	\$	7.50
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	CREDIT	CARD PRO	OCESSIN	G FEES	
To Wh	om Paid			мо	DAY	YEAR		
FIRST	NATIONAL BANK OF PA			MO				
Mailin	g Address			10	12	2021	\$	98.75
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	BANK F	EES			
To Wh	om Paid			мо	DAY	YEAR		
REPUE	BLICAN STATE COMMITTEE	OF PENNS		MO				
Mailin	g Address			10	18	2021	\$	20,000.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	CONTR	IBUTION			
To Wh	om Paid			мо	DAY	YEAR		
ATLAS	& MIGHT LLC			MO				
Mailin	g Address			10	19	2021	\$	415,791.58
City	DAUPHIN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17018	MAILER	S			
				_				PAGE TOTAL
Enter	Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item I) .			\$	1,620,374.90