Campaign Finance Report

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

Filer Identificati Number :	on 20	170358				port ed B		CANDI	CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Cand	idate or L	obbyist:		COM	ΜО	NWE	ALTH LEA	DERS	FUND)						
Street Address:	420 N 3RD	STREET															
City:	HARRISBUF	kG						State:	PA			Zip Code: 17101					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST- 3.			AMENDMENT REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pri	Ē- !	5. X	30 DA		POST- 6.			TERMINA REPORT		Yes	No	`	
report type)	ANNUAL REPOR	7.	Year 2021					NG METHO CHECK O	-			PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candi	date:	_					DATE O	OF ELECTION			District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY YEAR			rumber	Couc	l		couc	
								11		2	2021		(SEE IN	ISTRUCTI	ONS FOR (CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	t		_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			9 14	2	021	Т	0	10	:	18	2021						
A. Amount Bro	ught Forward Fr	om Last F	leport				\$			14,8	385.40						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		1,	623,0	04.55								
C. Total Funds Available (Sum Of Lines A and B)						\$		1,	637,8	89.95							
D. Total Expend	ditures (From S	chedule II	Ί)				\$		1,0	620,3	74.90						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			17,5	15.05							
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV)			\$				0.00			1			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee r	eport, trea	surer sign	here.	If thi	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.					Ц
I swear (or affirm) correct and comple		ncluding th	e attached scl	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	e,
Sworn to and subs	cribed before me t	his	20							S	ignature	of Perso	n Submit	ting Re _l	oort		-
	Signa	turo					- -					Prin	ted Name	e			-
My Commission Ex	_	iture										Ema	il				-
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		-
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc		is									Si	ignature o	of Candid	ate			-
	day of —— ———						-					Printe	d Name				-
	Signatui	e					-										_
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
COMMONWEALTH LEADERS FUND	From:	9/14/202	<u>1</u> To:	10/18/2021					
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	\$	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	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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1			\$	1,623,004.55					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-					
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period						
		From:			То:					
		1			DATE			AMOUNT		
Full Name of Contribution	ng Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							
	•	•			•	•		PAGE TOTAL		

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

0.00

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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	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 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 Candid	ame of Filing Committee or Candidate		Reporting	g Period				
COMMONWEALTH LEADERS FUND			From:	<u>9/1</u>	4/2021	То:	<u>10</u>	0/18/2021
				DA	TE		ı	AMOUNT
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHO				МО	DAY	YEAR		
Mailing Address 420 N 3RD STREET						\$	1,000,000.00	
City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)	9	21	202:		
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE FUND				МО	DAY	YEAR		
Mailing Address 420 N 3RD STRE	EET						\$	500,000.00
City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)	10	12	2021	-	
Full Name of Contributing Committee		-		МО	DAY	YEAR		
Mailing Address 420 N 3RD STRE	Mailing Address 420 N 3RD STREET						\$	100,000.00
City HARRISBURG	State PA	Zip Cod 17101	e (Plus 4)	10	15	2021		
					-			PAGE TOTAL
Enter Grand Total of Part C on So	chedule I, Detail	ed Summary P	age, Sectio	on 3.			\$	1,600,000.00

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 Co	ommittee or Candidate			Re	eporting Pe	riod				
COMMONWEALT	TH LEADERS FUND			Fr	om:	9/14/2	<u>021</u> To	o: <u>10/18/2021</u>		
					DA	ATE		AMO	UNT	
Full Name of Con LATHROP B NELS					МО	DAY	YEAR			
Mailing Address	13 COURTNEY CIRCLE	<u> </u>						\$	2,000.00	
City BRYN MA		State	Zip Code	(Plus 4)	10	1	2021			
		PA	19010							
Employer Name	RETIRED				Occupat	Occupation				
Employer Mailing Address/Principal Place of Business			City			State		Zip Code (Plus 4)		
Dusiness										
Full Name of Con	tributor					DAY	VEAD			
NANCY L &	PAUL H SILVIS				МО	DAY	YEAR			
Mailing 500 HILLTOP LANE Address						\$	10,000.00			
City PORT MA	.TILDA	State	Zip Code	(Plus 4)	10	1	2021			
		PA	16870							
Employer Name	SILCOTAK				Occupat	tion (CHEMIS	Т		
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)	
225 PENN TECH	DR		BELL	EFONTE		PA		16823		
Full Name of Con	tributor					DAY	YEAR			
DAVID & D	EBORAH HOLLINGER				МО	DAT	TEAR			
Mailing Address	753 WHIE OAD RD							\$	6,000.00	
City DENVER		State	Zip Code	(Plus 4)	9	30	2021			
		PA	17517							
Employer Name	FOUR SEASONS PROD	DUCE			Occupat	Occupation CHAIRMAN & CHO				
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)	
400 WABASH RO	DAD		EPH	RATA		PA		17522		

Full Name of Contributor RICHARD DANDREA			мо	DAY	YEAR		
Mailing 3149 SCENIC COURT						\$ 5,000.00	
City ALLISON PARK	State PA	Zip Code (Plus 4) 15101	9	28	2021		
Employer Name ECKERT SEAMANS			Occupation MEMBER				
Employer Mailing Address/Principal Place of Business City			State			Zip Code (Plus 4)	
600 GRANT ST.44TH FL		PITTSBURGH	PA			15219	

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

PAGE TOTAL
\$ 23,000.00

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	Reporting Period					
COMMONWEALTH LEADERS FUND	From:	9/14/2021 To:	10/18/2021			
		DATE	AMOUNT			

Full Name FIRST NATIONAL BANK OF PA			мо	DAY	YEAR			
Mailing Address 110 N 2ND STREET				20	2024	\$ 4.55		
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	9	30	2021			
Receipt Description INTEREST	Receipt Description INTEREST EARNED							

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

PAGE TOTAL							
\$	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	ı					
COMMONWEALTH LEADERS FUND	From:	<u>9/14/2021</u> To:	10/18/2021				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	eriod (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,		\$	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			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	e				Re	porting l	Period					
					Fro	om:		To	ł			
							DATE				AMOUNT	•
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address										\$		0.00
City	State		Zip Code(I	Plus 4)								
Employer of Contributor	•					Occupa	ition					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Desc	ripti	ion of (Contribut	ion
Enter Grand Total of Part G on Sci Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	etaile	ed					PAGE TO	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
COMMONWEALTH LEADERS FUND			From	<u>9/1</u> 4	1 <u>/2021</u> To:		10/18/2021		
				DATE			AMOUNT		
To Whom Paid NORTHWEST GOOD GOVERNMEN	T PAC		мо	DAY	YEAR				
Mailing Address 230 WEST 6TH	9	21	2021	\$	50,000.00				
City ERIE State Zip Code (Plus 4)				tion of Exp	enditure	<u> </u>			
LINE		IBUTION							
To Whom Paid JUDGE BROBSON FOR SUPREME (COURT	·	МО	DAY	YEAR				
Mailing Address PO BOX 11683	3		10	12	2021	\$	300,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
	17108	CAMPAIGN CONTRIBUTION							
To Whom Paid DABEE CLARK PLLC			мо	DAY	YEAR				
Mailing Address PO BOX 54948	3		9	23	2021	\$	2,000.00		
City OKLAHOMA CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>			
	ОК	73154	LEGAL FEES						
To Whom Paid		•			V=45				
REPUBLICAN STATE COMMITTEE	OF PENNSYLVANIA		МО	DAY	YEAR				
REPUBLICAN STATE COMMITTEE (Mailing Address 112 STATE ST			MO	4	2021	\$	500,000.00		
Mailing Address 112 STATE ST		Zip Code (Plus 4)	10		2021		500,000.00		
Mailing Address 112 STATE ST	REET	Zip Code (Plus 4) 17101	10 Descrip	4	2021		500,000.00		
Mailing Address 112 STATE ST	State PA		10 Descrip	4 otion of Exp	2021		500,000.00		
Mailing Address 112 STATE ST City HARRISBURG To Whom Paid	State PA RS, LLC		10 Descrip CONTR	4 otion of Exp IBUTION	2021 penditure		500,000.00 6,731.00		

17101

RENT

PA

To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS	мо	DAY	YEAR			
Mailing Address 420 N 3RD STREET	10	5	2021	\$	10,860.88	
City HARRISBURG State Zip Code (Plus PA 17101	Descri	Description of Expenditure ADMINISTRATION				
To Whom Paid ATLAS & MIGHT LLC	МО	DAY	YEAR			
Mailing Address 1591 STONEY MOUNTAIN WAY	10	12	2021	\$	214,885.19	
City DAUPHIN State PA 17018	Descri	ption of Exp	penditure			
To Whom Paid FRIENDS OF MEGAN SULLIVAN	МО	DAY	YEAR			
Mailing Address PO BOX 3425	10	12	2021	\$	100,000.00	
City WEST CHESTER State Zip Code (Plus	s 4) Descri	ption of Exp	enditure			
WEST CHESTER PA 19380		RIBUTION				
WEST CHESTER			YEAR			
To Whom Paid	CONTR	RIBUTION		\$	7.50	
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address	MO 10 s 4) Descri	DAY	YEAR 2021 Denditure	\$	7.50	
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND STREET City HARRISBURG PA 19380 Zip Code (Plus	MO 10 s 4) Descri	DAY 12 ption of Exp	YEAR 2021 Denditure	\$	7.50	
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND STREET City HARRISBURG State PA 17101 To Whom Paid	MO 10 s 4) Descri	DAY 12 ption of Exp	YEAR 2021 Denditure OCESSIN	\$	7.50	
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND STREET City HARRISBURG State PA 17101 To Whom Paid FIRST NATIONAL BANK OF PA	MO 10 s 4) Descri CREDI MO 10	DAY 12 ption of Exp CARD PR DAY 12 ption of Exp	YEAR 2021 Denditure OCESSIN YEAR 2021	\$ G FEES		
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND STREET City HARRISBURG State PA 17101 To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND City HARRISBURG State Zip Code (Plus 1701) City HARRISBURG State Zip Code (Plus 1701)	MO 10 s 4) Descri CREDI MO 10 s 4) Descri	DAY 12 ption of Exp CARD PR DAY 12 ption of Exp	YEAR 2021 Denditure OCESSIN YEAR 2021	\$ G FEES		
To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND STREET City HARRISBURG State PA 17101 To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND City HARRISBURG State PA 17101 To Whom Paid FIRST NATIONAL BANK OF PA Mailing Address 101 N 2ND City HARRISBURG PA 17101	MO 10 S 4) Descri CREDI MO 10 S 4) Descri BANK	DAY 12 ption of Exp T CARD PR DAY 12 ption of Exp FEES	YEAR 2021 Denditure OCESSIN YEAR 2021 Denditure	\$ G FEES		

To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR	
Mailing Address 1591 STONEY MOUNTAIN WAY			10	19	2021	\$ 415,791.58
City DAUPHIN State PA Zip Code (Plus 4) Description of Expenditure MAILERS						
						PAGE TOTAL
Enter Grand Total of Expenditu	res on Page 1, Re	port Cover Page, Item D.	•			\$ 1,620,374.90