

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.	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.X	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	
		9	14	2021	TO	10	18	2021		
A. Amount Brought Forward From Last Report				\$		14,885.40				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,623,004.55				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,637,889.95				
D. Total Expenditures (From Schedule III)				\$		1,620,374.90				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		17,515.05				
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>9/14/2021</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 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 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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,623,004.55
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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
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			\$ 0.00

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 Candidate COMMONWEALTH LEADERS FUND	Reporting Period From: <u>9/14/2021</u> To: <u>10/18/2021</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
COMMONWEALTH CHILDREN'S CHOICE FUND	420 N 3RD STREET	HARRISBURG	9	21	2021	\$ 1,000,000.00
		State PA Zip Code (Plus 4) 17101				
COMMONWEALTH CHILDREN'S CHOICE FUND	420 N 3RD STREET	HARRISBURG	10	12	2021	\$ 500,000.00
		State PA Zip Code (Plus 4) 17101				
COMMONWEALTH CHILDREN'S CHOICE FUND	420 N 3RD STREET	HARRISBURG	10	15	2021	\$ 100,000.00
		State PA Zip Code (Plus 4) 17101				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>9/14/2021</u> To: <u>10/18/2021</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
RICHARD DANDREA					
Mailing Address 3149 SCENIC COURT				\$ 5,000.00	
City ALLISON PARK	9	28	2021		
State PA					
Zip Code (Plus 4) 15101					
Employer Name ECKERT SEAMANS			Occupation MEMBER		
Employer Mailing Address/Principal Place of Business 600 GRANT ST.44TH FL		City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	
DAVID & DEBORAH HOLLINGER					
Mailing Address 753 WHIE OAD RD				\$ 6,000.00	
City DENVER	9	30	2021		
State PA					
Zip Code (Plus 4) 17517					
Employer Name FOUR SEASONS PRODUCE			Occupation CHAIRMAN & CEO		
Employer Mailing Address/Principal Place of Business 400 WABASH ROAD		City EPHRATA	State PA	Zip Code (Plus 4) 17522	
NANCY L & PAUL H SILVIS					
Mailing Address 500 HILLTOP LANE				\$ 10,000.00	
City PORT MATILDA	10	1	2021		
State PA					
Zip Code (Plus 4) 16870					
Employer Name SILCOTAK			Occupation CHEMIST		
Employer Mailing Address/Principal Place of Business 225 PENN TECH DR		City BELLEFONTE	State PA	Zip Code (Plus 4) 16823	

Full Name of Contributor LATHROP B NELSON JR			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 13 COURTNEY CIRCLE			10	1	2021	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Employer Name RETIRED			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
\$ 23,000.00

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>9/14/2021</u> To: <u>10/18/2021</u>
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				DATE	AMOUNT		
Full Name	Mailing Address	City	State	MO	DAY	YEAR	
FIRST NATIONAL BANK OF PA	110 N 2ND STREET	HARRISBURG	PA	9	30	2021	\$ 4.55
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
\$ 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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>9/14/2021</u> To: <u>10/18/2021</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:	
				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 LEADERS FUND	From <u>9/14/2021</u> To: <u>10/18/2021</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
NORTHWEST GOOD GOVERNMENT PAC	9	21	2021	\$ 50,000.00
Mailing Address 230 WEST 6TH ST				
City ERIE	State PA	Zip Code (Plus 4) 16507	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
JUDGE BROBSON FOR SUPREME COURT				
Mailing Address PO BOX 11683	10	12	2021	\$ 300,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
DABEE CLARK PLLC				
Mailing Address PO BOX 54948	9	23	2021	\$ 2,000.00
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES	
To Whom Paid	MO	DAY	YEAR	
REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA				
Mailing Address 112 STATE STREET	10	4	2021	\$ 500,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH ENTREPRENEURS, LLC				
Mailing Address 420 N 3RD STREET	10	5	2021	\$ 6,731.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT	

To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			MO	DAY	YEAR	\$	10,860.88
Mailing Address 420 N 3RD STREET			10	5	2021		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION				
To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	\$	214,885.19
Mailing Address 1591 STONEY MOUNTAIN WAY			10	12	2021		
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure MAILERS				
To Whom Paid FRIENDS OF MEGAN SULLIVAN			MO	DAY	YEAR	\$	100,000.00
Mailing Address PO BOX 3425			10	12	2021		
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure CONTRIBUTION				
To Whom Paid FIRST NATIONAL BANK OF PA			MO	DAY	YEAR	\$	7.50
Mailing Address 101 N 2ND STREET			10	12	2021		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CREDIT CARD PROCESSING FEES				
To Whom Paid FIRST NATIONAL BANK OF PA			MO	DAY	YEAR	\$	98.75
Mailing Address 101 N 2ND			10	12	2021		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure BANK FEES				
To Whom Paid REPUBLICAN STATE COMMITTEE OF PENNS			MO	DAY	YEAR	\$	20,000.00
Mailing Address 112 STATE STREET			10	18	2021		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION				

To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	
Mailing Address 1591 STONEY MOUNTAIN WAY			10	19	2021	\$ 415,791.58
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure MAILERS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,620,374.90

