

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		<input checked="" type="checkbox"/>		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 PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION	POST-	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		10	18	2021					
A. Amount Brought Forward From Last Report						\$ 10,136,847.90							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 246,722.88							
C. Total Funds Available (Sum Of Lines A and B)						\$ 10,383,570.78							
D. Total Expenditures (From Schedule III)						\$ 795,106.02							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 9,588,464.76							
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

Signature

Printed Name

My Commission Expires

Email

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>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)	\$ 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)	\$ 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)	\$ 0.00
All Other Contributions (Part D)	\$ 245,000.00
TOTAL for the Reporting Period (3)	\$ 245,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,872.88

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.)	\$ 246,922.88
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

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

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
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	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 COMMONWEALTH CHILDREN'S CHOICE 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 CLAY & LYNN HAMLIN				MO	DAY	YEAR	\$ 200,000.00
Mailing Address 424 MULBERRY LANE				9	30	2021	
City HAVERFORD	State PA	Zip Code (Plus 4) 19041					
Employer Name LBCW INVESTMENTS				Occupation CEO			
Employer Mailing Address/Principal Place of Business 40 MORRIS AVENUE STE 239			City BRYN MAWR		State PA	Zip Code (Plus 4)	
Full Name of Contributor JOHN & LISA LAWIER				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 1108 HUNT SEAT DR				9	30	2021	
City LOWER GWYNEDD	State PA	Zip Code (Plus 4) 19002					
Employer Name KEYSTONE FIRE PROTECTION CO.				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 433 INDUSTRIAL DRIVE			City NORTH WALES		State PA	Zip Code (Plus 4) 19454	
Full Name of Contributor DENIS & FRAN MEINERT				MO	DAY	YEAR	\$ 25,000.00
Mailing Address 357 DORSEYVILLE RD				9	29	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15215					
Employer Name MEINERT LLC				Occupation CFO			
Employer Mailing Address/Principal Place of Business 357 DORSEYVILLE RD			City PITTSBURGH		State PA	Zip Code (Plus 4) 15215	

Full Name of Contributor BEN & MARIA LEWIS			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 446 MOUNTAIN RD			9	30	2021	
City HALIFAX	State PA	Zip Code (Plus 4) 17032				
Employer Name TRADESMAN DRYWALL			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 4309 LINGLESTOWN RDSUITE 115		City HARRISBURG	State PA	Zip Code (Plus 4) 17112		

Full Name of Contributor MATT BROULLIETTE			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 5 PLUM STREET			9	30	2021	
City ANNVILLE	State PA	Zip Code (Plus 4) 17008				
Employer Name COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			Occupation PRESIDENT & CEO			
Employer Mailing Address/Principal Place of Business 420 N 3RD STREET		City HARRISBURG	State PA	Zip Code (Plus 4) 17101		

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

PAGE TOTAL
\$ 245,000.00

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>9/14/2021</u> To: <u>10/18/2021</u>
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				DATE			AMOUNT
Full Name FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 1,872.88
Mailing Address 110 N 2ND STREET				9	30	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
\$ 1,872.88

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>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 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:

				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 CHILDREN'S CHOICE FUND	From <u>9/14/2021</u> To: <u>10/18/2021</u>

DATE				AMOUNT		
To Whom Paid CHURCHILL STRATEGIES LLC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 23 N FRONT STREET			9	15	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING			
To Whom Paid DEREK ROCKEY			MO	DAY	YEAR	\$ 2,769.57
Mailing Address 2343 N 2ND STREET			9	23	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure CONSULTING			
To Whom Paid I3 50 LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29874 NETWORK PLACE			9	15	2021	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATA BASE			
To Whom Paid FRIENDS OF GREG ROTHMAN			MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 412			9	15	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF TIM O'NEAL			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 1345 MAPLEWOOD CIRCLE			9	15	2021	
City WASHINGTON	State PA	Zip Code (Plus 4) 15301	Description of Expenditure CONTRIBUTION			

To Whom Paid TAXPAYERS FOR TORREN ECKER			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 80 STONEYBROOK LANE			9	21	2021	
City NEW OXFORD	State PA	Zip Code (Plus 4) 17350	Description of Expenditure CONTRIBUTION			

To Whom Paid PMA PAC			MO	DAY	YEAR	\$ 50,000.00
Mailing Address 225 STATE STREET			9	21	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid DEBEE CLARK PLLC			MO	DAY	YEAR	\$ 4,000.00
Mailing Address PO BOX 54949			9	21	2021	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			

To Whom Paid VALERIE GAYDOS FOR PA			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 411 TRAILSIDE DR			9	27	2021	
City SEWICKLEY	State PA	Zip Code (Plus 4) 15143	Description of Expenditure CONTRIBUTION			

To Whom Paid DEREK ROCKEY			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 2343 N 2ND STREET			10	7	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure CONSULTING			

To Whom Paid FRIENDS OF KRISTIN PHILLIPS HILL			MO	DAY	YEAR	\$ 1,500.00
Mailing Address PO BOX 156			9	27	2021	
City JACOBUS	State PA	Zip Code (Plus 4) 17407	Description of Expenditure CONTRIBUTION			

To Whom Paid CHAMBER PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 417 WALNUT ST			9	27	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid RIGHT TRACK CHESTER CO			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 3283			10	1	2021	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19381	Description of Expenditure CONTRIBUTION			

To Whom Paid RCLC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 902 COLUMBIA AVE			10	1	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF AARON BERNETHE			MO	DAY	YEAR	\$ 50,000.00
Mailing Address 254 STATE ROUTE 168			10	5	2021	
City NEW GALILEE	State PA	Zip Code (Plus 4) 16141	Description of Expenditure CONTRIBUTION			

To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC			MO	DAY	YEAR	\$ 6,731.00
Mailing Address 420 N 3RD STREET			10	5	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT			

To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			MO	DAY	YEAR	\$ 4,105.45
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 BACK TO SCHOOL PA PAC			MO	DAY	YEAR	\$ 80,000.00
Mailing Address 5 THEODORE WAY			10	6	2021	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure CONTRIBUTION			

To Whom Paid COMMONWEALTH LEADERS FUND			MO	DAY	YEAR	\$ 500,000.00
Mailing Address 420 N 3RD STREET			10	12	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid COMMONWEALTH LEADERS FUND			MO	DAY	YEAR	\$ 100,000.00
Mailing Address 420 N 3RD STREET			10	13	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 843,106.02

