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	20170	0358				Repo			CA	NDII	DATE		COMM	4ITTEE	✓ [LOB	BYIS		
Name of Filing C	committee	e, Candida	ate or Lo	obbyist	t:	(СОМІ	МО	NWE	ALTH	LEA	DERS	FUN	D						
Street Address:																				
City:	HARR	RISBURG								State	e:	PA			Zip Cod	le: 17	101			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND F PRIMA		/ PRE-	2.		30 DA PRIMA		Р	POST- 3.				AMENDMENT REPORT?] [No	\
(place X to the right of	6TH TUES		4.	2ND F ELECT		/ PRE	- 5.		30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes] [No	/
report type)	ANNUAL	REPORT	7.	Year 2	2021					NG ME					PAPER		\	DIS	KETTE	
Name of Office S	ought by	Candidat	e:							DAT	ЕΟ	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Co	de Cou	
										МО		DAY	Υ	EAR						
											11		2	2021		(SEE IN:	STRUCT	IONS FO	R CODES	5)
Summary of		and	МО	DAY	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFI	CE US	ONL	Υ	
Expenditures	from:		1	LO	19	20)21	T	0		11	:	22	2021						
A. Amount Bro	ught Forv	vard From	ı Last R	eport					\$				17,	515.05						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sched	dule 1	I)	\$				21,	002.14						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				38,	517.19						
D. Total Expend	ditures (F	rom Sche	dule II	I)					\$				10,	500.00						
E. Ending Cash	Balance	(Subtract	Line D	From L	Line C	C)			\$				28,	017.19						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedu	le IV)			\$					0.00			'			
						AFF:	IDA'	VI	ΓSE	CTI	NC									
PART I - If this is		-	•		_							• •		_						
I swear (or affirm) correct and complete		eport, incli	uding the	attach	ed sch	iedules	filed	on	paper	or by e	electr	onic m	ediun	n, are to t	the best of	my knov	wledge	and b	elief , ti	rue
Sworn to and subs	cribed befo	ore me this		20							,			Signature	of Persoi	n Submitt	ing Re	port		
		Signatur	'e	-					• •						Print	ted Name				-
My Commission Ex	cpires	J.g	_												Emai	il				-
	•	мо	D/	ΑY		YR						Are	ea Co	de	Daytim	e Teleph	one N	umber		
Part II- If this is	a report	of a cand	idate's	author	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge an	d belie	ef this	politio	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of J	une 3,1	1937 (P.L. 133	з,
Sworn to and subsc		e me this												s	ignature o	f Candida	ate			-
	day of —								-						Printe	d Name				_
		Signature							-											_
My Commission Exp	ires														Emai	il				
MO DAY					YR			•			Area	Code		Da	ytime T	elepho	ne Nu	nber	_	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	10/19/202	<u>21</u> To:	11/22/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)			\$	0.00
All Other Contributions (Part D)			\$	21,000.00
TOTAL for the Reporting) Period	(3)	\$	21,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	2.14
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			\$	21,002.14

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	R	eporting	Period			
		F	rom:		То	I	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

(Exclu	ide contributions from	n political comm	itte	es re _l	ported	in Part .	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Froi	m:		To):	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•	•	•		•	•		PAGE TOTAL

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:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Committee or Candidate		Reporting Period								
COMMONWEALTH LEADERS FUND				Fron	n:	10/19/2	10/19/2021 To :		11/22/2021	
					DA	ATE			AMOU	NT
Full Name of Contributor					мо	DAY	VEAD			
BILL GRUVER					МО	DAY	YEAR	•	\$	5,000.00
Mailing Address					10	21	202	1		
City SANIBEL	State	Zip	Code (Plus	4)	10	21	202	1		
	FL	33	957							
Employer Name RETIRED					Occupat	ion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Z	ip Code (P	lus 4)
Full Name of Contributor					мо	DAY	YEAR	,	\$	10 000 00
JEFF KENDALL						DA.	,,,,		≯	10,000.00
Mailing Address					10	22	202	1		
City SEWICKLEY	State	Zip	Code (Plus	4)						
	PA	15	143							
Employer Name LAUREL MOUNTAIN PA	ARTNERS				Occupat	ion	MANA	GIN	G DIRECT	OR
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Code (P	lus 4)
			PITTSBUR	GH		PA		1	5222	
Full Name of Contributor					Mo	DAY	VEAR			
DAVID & DEBORAH HOLLINGER					МО	DAY	YEAR	١	\$	6,000.00
Mailing Address					10	31	202	1		
City DENVER	State	Zip	Code (Plus	4)	10	31	202	_		
	PA	17	517							
Employer Name FOUR SEASONS PROD	DUCE				Occupat	ion (CHAIR	MΑ	N & (ŒO
Employer Mailing Address/Principal Plac	e of Business		City			State		Z	ip Code (P	lus 4)
			EPHRATA			PA		1	7522	
			_	.	_		Γ		PAGE	TOTAL
Enter Grand Total of Part C on Schee	dule 1, Detailed St	umm	iary Page,	Section	on 3.			¢	_	1 000 00
								\$	2	1,000.00
							ᆫ			

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 Pe	eriod	
COMMONWEALTH LEADERS FUND	From:	<u>10/19/2021</u> To:	11/22/2021

			D	ATE		AMOUNT			
Full Name			МО	DAY	VEAD		2.44		
FIRST NATIONAL BANK OF PA			МО	DAY	YEAR	\$	2.14		
Mailing Address				30	2021				
City HARRISBURG	State	Zip Code (Plus 4)	10		2021				
	PA	17102							
Receipt Description INTEREST EARNED									

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

PAGE TOTAL \$2.14

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 Per	riod	
COMMONWEALTH LEADERS FUND	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Can	didate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
COMMONWEALTH LEADERS FUND			From	10/19	9/2021	То:	11/22/2021	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
FRIENDS OF SAM DEMARCO								
Mailing Address				21	2021	\$	2,500.00	
City PITTSBURGH State Zip Code (Plus 4)			Description of Expenditure					
PA 15222			CAMPAI	CAMPAIGN CONTRIBUTION				
To Whom Paid			мо	DAY	YEAR			
22ND WARD REP. EXECUTIVE COMMITT	TEE		1-10		ILAK			
Mailing Address			10	28	2021	\$	1,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	PA	19119	CAMPAI	GN CONTE	RIBUTION	l		
To Whom Paid			МО	DAY	YEAR			
DEBEE CLARK, PLLC			М		ILAK			
Mailing Address			10	29	2021	\$	2,000.00	
City OKLAHOMA CITY	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	ОК	73154	LEGAL F	EES				
To Whom Paid			МО	DAY	YEAR			
HRCC			110		LAK			

Zip Code (Plus 4)

17101

Mailing Address

HARRISBURG

State

PA

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

9/15/2025 4:03:31 AM	ĺ

5,000.00

PAGE TOTAL

10,500.00

2021

\$

11

CONTRIBUTION

Description of Expenditure