

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.	30 DAY POST-ELECTION	6. X	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	
		10	19	2021	TO	11	22	2021		
A. Amount Brought Forward From Last Report				\$		17,515.05				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		21,002.14				
C. Total Funds Available (Sum Of Lines A and B)				\$		38,517.19				
D. Total Expenditures (From Schedule III)				\$		10,500.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		28,017.19				
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>10/19/2021</u> To: <u>11/22/2021</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)		\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)		\$ 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 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			\$ 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 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 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 LEADERS FUND	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
---	--

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
BILL GRUVER					
Mailing Address 1605 MIDDLE GULF DR	10	21	2021	\$	5,000.00
City SANIBEL State FL Zip Code (Plus 4) 33957					
Employer Name RETIRED	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		

Full Name of Contributor	MO	DAY	YEAR		
JEFF KENDALL					
Mailing Address 515 EAST DRIVE	10	22	2021	\$	10,000.00
City SEWICKLEY State PA Zip Code (Plus 4) 15143					
Employer Name LAUREL MOUNTAIN PARTNERS	Occupation MANAGING DIRECTOR				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		
1251 WATERFRONT PL	PITTSBURGH	PA	15222		

Full Name of Contributor	MO	DAY	YEAR		
DAVID & DEBORAH HOLLINGER					
Mailing Address 755 WHITE OAK RD	10	31	2021	\$	6,000.00
City DENVER State PA Zip Code (Plus 4) 17517					
Employer Name FOUR SEASONS PRODUCE	Occupation CHAIRMAN & CEO				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		
400 WABASH ROAD	EPHRATA	PA	17522		

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

PAGE TOTAL	
\$	21,000.00

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>10/19/2021</u> To: <u>11/22/2021</u>
---	--

				DATE	AMOUNT		
Full Name			MO	DAY	YEAR		
FIRST NATIONAL BANK OF PA							
Mailing Address 110 N 2ND STREET			10	30	2021	\$	2.14
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
\$ 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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</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>10/19/2021</u> To: <u>11/22/2021</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF SAM DEMARCO	10	21	2021	\$	2,500.00
Mailing Address PO BOX 23156					
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure CAMPAIGN CONTRIBUTION		
To Whom Paid 22ND WARD REP. EXECUTIVE COMMITTEE	10	28	2021	\$	1,000.00
Mailing Address 6644 LINCOLN DR					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19119	Description of Expenditure CAMPAIGN CONTRIBUTION		
To Whom Paid DEBEE CLARK, PLLC	10	29	2021	\$	2,000.00
Mailing Address PO BOX 54949					
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES		
To Whom Paid HRCC	11	2	2021	\$	5,000.00
Mailing Address 500 N 3RD STREET					
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 \$ 10,500.00

