

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 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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	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	
		11	23	2021	TO	12	31	2021		
A. Amount Brought Forward From Last Report				\$		20,107,566.30				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		4,268,620.17				
C. Total Funds Available (Sum Of Lines A and B)				\$		24,376,186.47				
D. Total Expenditures (From Schedule III)				\$		4,565,500.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		19,810,686.47				
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 CHILDREN'S CHOICE FUND	From: <u>11/23/2021</u> To: <u>12/31/2021</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)	\$ 4,266,000.00
TOTAL for the Reporting Period (3)	\$ 4,266,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2,620.17

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.)	\$ 4,268,620.17
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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					\$ 0.00
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			

PAGE TOTAL
\$ 0.00

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

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 CHILDREN'S CHOICE FUND	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$
BEN & MARIA LEWIS							15,000.00
Mailing Address 446 MOUNTAIN RD				12	22	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				MO	DAY	YEAR	\$
DICK UIHLIEN							4,250,000.00
Mailing Address 1396 N WAUKEGAN RD				12	21	2021	
City LAKE FOREST	State IL	Zip Code (Plus 4) 60045					
Employer Name ULINE				Occupation CHAIRMAN & CEO			
Employer Mailing Address/Principal Place of Business 12575 ULINE DR			City PLEASANT PRAIRIE	State WI	Zip Code (Plus 4) 53158		
Full Name of Contributor				MO	DAY	YEAR	\$
SIMONE & MALCOLM COLLINS							1,000.00
Mailing Address 2854 EGYPT RD				12	21	2021	
City AUDOBON	State PA	Zip Code (Plus 4) 19403					
Employer Name THE PRAGMATIST FOUNDATION				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 2854 EGYPT RD			City AUDOBON	State PA	Zip Code (Plus 4) 19403		

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

PAGE TOTAL
\$ 4,266,000.00

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>11/23/2021</u> To: <u>12/31/2021</u>
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Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
FIRST NATIONAL BANK OF PA				\$ 2,620.17
Mailing Address 110 N 2ND STREET	12	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
\$ 2,620.17

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 CHILDREN'S CHOICE FUND	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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>11/23/2021</u> To: <u>12/31/2021</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF KRISTIN PHILLIPS HILL	11	23	2021	\$	5,000.00
Mailing Address PO BOX 156					
City JACOBUS					
State PA					
Zip Code (Plus 4) 17407					
Description of Expenditure CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
ATLAS & MIGHT LLC					
Mailing Address 1591 STONEY WAY	11	30	2021	\$	6,000.00
City DAUPHIN					
State PA					
Zip Code (Plus 4) 17018					
Description of Expenditure CONSULTING					
To Whom Paid	MO	DAY	YEAR		
DEBEE CLARK					
Mailing Address PO BOX 54949	11	30	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		
FRIENDS OF CHRIS GEBHARD					
Mailing Address 1451 QUENTIN RD. SUITE 400 BOX #248	12	6	2021	\$	1,000.00
City LEBANOS					
State PA					
Zip Code (Plus 4) 17042					
Description of Expenditure CONTRIBUTION					
To Whom Paid	MO	DAY	YEAR		
I360 LLC					
Mailing Address 29374 NETWORK PLACE	12	13	2021	\$	1,500.00
City CHICAGO					
State IL					
Zip Code (Plus 4) 60673					
Description of Expenditure DATABASE SUBSCRIPTION					
To Whom Paid	MO	DAY	YEAR		
COMMONWEALTH LEADERS FUND					
Mailing Address 420 N 3RD STREET	12	20	2021	\$	4,500,000.00
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17101					
Description of Expenditure CONTRIBUTION					

To Whom Paid FRIENDS OF ANDREW LEWIS			MO	DAY	YEAR	\$ 50,000.00
Mailing Address 4075 LINGLESTOWN RD PMB #332			12	30	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,565,500.00

