

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20190183		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> COMMONWEALTH CHILDREN'S CHOICE FUND												
<b>Street Address:</b> 420 N 3RD STREET												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17101			
<b>TYPE OF REPORT</b>  (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		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	2	2021				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	23	2021		12	31	2021				
<b>A. Amount Brought Forward From Last Report</b>						\$ 20,107,566.30						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 4,268,620.17						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 24,376,186.47						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 4,565,500.00						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 19,810,686.47						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH CHILDREN'S CHOICE FUND	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 4,266,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 4,266,000.00

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

<b>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.)</b>	\$ 4,268,620.17
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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				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

## 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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH CHILDREN'S CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>11/23/2021</u> <b>To:</b> <u>12/31/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
SIMONE & MALCOLM COLLINS				12	21	2021	\$ 1,000.00
Mailing Address 2854 EGYPT RD							
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	
Full Name of Contributor DICK UIHLIEN				12	21	2021	\$ 4,250,000.00
Mailing Address 1396 N WAUKEGAN RD							
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 BEN & MARIA LEWIS				12	22	2021	\$ 15,000.00
Mailing Address 446 MOUNTAIN RD							
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	

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.**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH CHILDREN'S CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>11/23/2021</u> <b>To:</b> <u>12/31/2021</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 2,620.17
FIRST NATIONAL BANK OF PA				12	30	2021	
Mailing Address 110 N 2ND STREET							
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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
COMMONWEALTH CHILDREN'S CHOICE FUND		From: <u>11/23/2021</u> To: <u>12/31/2021</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH CHILDREN'S CHOICE FUND	From <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT		
To Whom Paid FRIENDS OF KRISTIN PHILLIPS HILL			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 156			11	23	2021	
City JACOBUS	State PA	Zip Code (Plus 4) 17407	Description of Expenditure CONTRIBUTION			
To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	\$ 6,000.00
Mailing Address 1591 STONEY WAY			11	30	2021	
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure CONSULTING			
To Whom Paid DEBEE CLARK			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949			11	30	2021	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			
To Whom Paid FRIENDS OF CHRIS GEBHARD			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1451 QUENTIN RD. SUITE 400 BOX #248			12	6	2021	
City LEBANOS	State PA	Zip Code (Plus 4) 17042	Description of Expenditure CONTRIBUTION			
To Whom Paid I360 LLC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 29374 NETWORK PLACE			12	13	2021	
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATABASE SUBSCRIPTION			

<b>To Whom Paid</b> COMMONWEALTH LEADERS FUND			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 4,500,000.00
<b>Mailing Address</b> 420 N 3RD STREET			12	20	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> FRIENDS OF ANDREW LEWIS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50,000.00
<b>Mailing Address</b> 4075 LINGLESTOWN RD PMB #332			12	30	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 4,565,500.00

