

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. X	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.	Year 2022	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	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	3	2022		6	6	2022		
A. Amount Brought Forward From Last Report				\$		1,671,446.04				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		5,274.67				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,676,720.71				
D. Total Expenditures (From Schedule III)				\$		177,699.44				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		1,499,021.27				
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>5/3/2022</u> To: <u>6/6/2022</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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

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)	\$ 5,000.00
TOTAL for the Reporting Period (3)	\$ 5,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 124.67

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.)	\$ 5,274.67
---	-------------

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
COMMONWEALTH LEADERS FUND	From: <u>5/3/2022</u> To: <u>6/6/2022</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
BILL HOFFMAN					
Mailing Address 248 GRAMMAR RD			5	30	2022
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701			
					\$ 50.00

Full Name of Contributor			MO	DAY	YEAR
BILL HOFFMAN					
Mailing Address 248 GRAMMAR RD			5	16	2022
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701			
					\$ 100.00

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

PAGE TOTAL
\$ 150.00

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>5/3/2022</u> To: <u>6/6/2022</u>
---	--

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
SCOTT JENKINS					
Mailing Address 24 MEADOWWOOD RD				\$ 5,000.00	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010			
Employer Name S M JENKINS & COMPANY	Occupation OWNER				
Employer Mailing Address/Principal Place of Business 100 FRONT STSTE 1410	City CONSHOCKEN		State PA	Zip Code (Plus 4) 19428	

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

PAGE TOTAL
\$ 5,000.00

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>5/3/2022</u> To: <u>6/6/2022</u>
---	--

				DATE	AMOUNT		
Full Name	Mailing Address	City	State	MO	DAY	YEAR	
FIRST NATIONAL BANK OF PA	110 N 2ND STREET	HARRISBURG	PA	5	31	2022	\$ 124.67
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
\$ 124.67

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>5/3/2022</u> To: <u>6/6/2022</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				
Mailing Address				\$	0.00		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:20%; padding: 5px;">State</td> <td style="width:50%; padding: 5px;">Zip Code(Plus 4)</td> </tr> </table>	City	State	Zip Code(Plus 4)				
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>5/3/2022</u> To: <u>6/6/2022</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
ATLAS & MIGHT LLC	5	5	2022	\$	8,600.00
Mailing Address 1591 STONEY MOUNTAIN WAY					
City DAUPHIN					
State PA					
Zip Code (Plus 4) 17018					
Description of Expenditure SURVEY					
To Whom Paid OAK RIDGE CONSULTING	5	3	2022	\$	7,900.00
Mailing Address 3935 WASHINGTON ROAD UNIT 973					
City MCMURRY					
State PA					
Zip Code (Plus 4) 15317					
Description of Expenditure DATA BUY					
To Whom Paid COMMONWEALTH ENTREPRENEURS LLC	5	26	2022	\$	3,501.42
Mailing Address 420 N 3RD STREET					
City HARRISBURG					
State PA					
Zip Code (Plus 4) 17101					
Description of Expenditure RENT FOR MARCH					
To Whom Paid GOLDSTEIN LAW PARTNERS	5	5	2022	\$	9,736.61
Mailing Address 11 CHURCH RD					
City HATFIELD					
State PA					
Zip Code (Plus 4) 19440					
Description of Expenditure LEGAL FEES					
To Whom Paid ATLAST & MIGHT LLC	5	17	2022	\$	8,600.00
Mailing Address 1591 STONEY MOUNTAIN WAY					
City DAUPHIN					
State PA					
Zip Code (Plus 4) 17018					
Description of Expenditure SURVEY					

To Whom Paid OAK RIDGE CONSULTING			MO	DAY	YEAR	\$ 3,243.91
Mailing Address 3935 WASHINGTON RD UNIT 973			5	19	2022	
City MCMURRY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure MEDIA BUY			
To Whom Paid RCAC			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 23156			5	25	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure CONTRIBUTION			
To Whom Paid JASON RICHEY FOR GOVERNOR			MO	DAY	YEAR	\$ 125,000.00
Mailing Address 107 FAIR ACRES DR			5	26	2022	
City SEWICKLEY	State PA	Zip Code (Plus 4) 15143	Description of Expenditure CONTRIBUTION			
To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			MO	DAY	YEAR	\$ 4,117.50
Mailing Address 420 N 3RD STREET			5	26	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION			
To Whom Paid DEBEE CLARK, PLLC			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949			5	31	2022	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 177,699.44

