

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. 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						\$ 5,362,409.56						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 502,333.97						
C. Total Funds Available (Sum Of Lines A and B)						\$ 5,864,743.53						
D. Total Expenditures (From Schedule III)						\$ 108,175.61						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 5,756,567.92						
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

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

Name of Filing Committee or Candidate	Reporting Period
COMMONWEALTH CHILDREN'S CHOICE 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)	\$ 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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 52,333.97

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.)	\$ 52,333.97
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Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE	AMOUNT
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Full Name of Contributing Committee			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

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)					

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.

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	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 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>5/3/2022</u> To: <u>6/6/2022</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 2,333.97
FIRST NATIONAL BANK OF PA							
Mailing Address 110 N 2ND STREET							
City HARRISBURG		State PA	Zip Code (Plus 4) 17102				
Receipt Description INTEREST EARNED							
Full Name				MO	DAY	YEAR	\$ 50,000.00
MCSWAIN FOR GOVERNOR							
Mailing Address 228							
City ALEXANDRIA		State VA	Zip Code (Plus 4) 22314				
Receipt Description							

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

PAGE TOTAL	
\$	52,333.97

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 Period	
COMMONWEALTH CHILDREN'S CHOICE FUND		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:
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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.						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 CHILDREN'S CHOICE FUND	From <u>5/3/2022</u> To: <u>6/6/2022</u>

DATE				AMOUNT
To Whom Paid				
CITIZENS FOR ALEC				
Mailing Address 324 W MAIN ST				
City PLYMOUTH	State PA	Zip Code (Plus 4) 18651		
Description of Expenditure CONTRIBUTION				
To Whom Paid				
DEBEE CLARK, PLLC				
Mailing Address PO BOX 54949				
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154		
Description of Expenditure LEGAL FEES				
To Whom Paid				
MAY FOR PA				
Mailing Address 2137 NEWTON RANSOM BLVD				
City CLARKS SUMMIT	State PA	Zip Code (Plus 4) 18411		
Description of Expenditure CONTRIBUTION				
To Whom Paid				
OLD TOWN DELI				
Mailing Address 512 N 3RD STREET				
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		
Description of Expenditure FOOD FOR FUNDRAISER				
To Whom Paid				
ATLAS & MIGHT LLC				
Mailing Address 1591 STONEY MOUNTAIN WAY				
City DAUPHIN	State PA	Zip Code (Plus 4) 17108		
Description of Expenditure CONSULTING				
To Whom Paid				
GOLDSTEIN LAW PARTNERS				
Mailing Address 11 CHURCH RD				
City HATFIELD	State PA	Zip Code (Plus 4) 19440		
Description of Expenditure LEGAL FEES				

To Whom Paid			MO	DAY	YEAR	\$ 1,500.00
I360 LLC			5	17	2022	
Mailing Address 29375 NETWORK PLACE						
City CHICAGO	State IL	Zip Code (Plus 4) 60673	Description of Expenditure DATABASE			
To Whom Paid			MO	DAY	YEAR	\$ 102.25
FIRST NATIONAL BANK OF PA						
Mailing Address 110 N 2ND STREET						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure BANK FEES			
To Whom Paid			MO	DAY	YEAR	\$ 29,924.24
COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			5	26	2022	
Mailing Address 420 N 3RD ST						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMINISTRATION			
To Whom Paid			MO	DAY	YEAR	\$ 3,501.42
COMMONWEALTH ENTREPRENEURS, LLC			5	26	2022	
Mailing Address 420 N 3RD STREET						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT MAY			
To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
FRIENDS OF TRACY PENNYCUICK			6	1	2022	
Mailing Address PO BOX 182						
City LEDERACH	State PA	Zip Code (Plus 4) 19450	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 50,000.00
PMA PAC			6	2	2022	
Mailing Address 225 STATE STREET						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 3,000.00
ATLAS & MIGHT LLC			6	1	2022	
Mailing Address 1591 STONEY MOUNTAIN WAY						
City DAUPHIN	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONSULTING			
To Whom Paid			MO	DAY	YEAR	\$ 1,500.00
C&J CATERING			6	3	2022	
Mailing Address 903 SPRING GARDEN DRIVE						
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure FOOD FOR FUNDRAISER			

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

PAGE TOTAL

\$ 108,175.61

