Campaign Finance Report

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

Filer Identificati Number :	ion 2017	0358			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:			-	ALTH LEA	DERS F	UND					
Street Address:	420 N 3RD S	TREET												
City:	HARRISBURG						State:	PA		Zip Co	de: 17	101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3	3.	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELEC		POST- 6	5.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	8	3 2022		(SEE INS	STRUCTIO	ONS FOR (ODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		6 7	2	022 T	0	9	19	9 2022	2				
A. Amount Bro	ught Forward Fror	n Last Re	eport			\$		1,4	99,021.27	'				
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Sche	dule I)	\$		3,5	31,788.80					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$		5,0	30,810.07					
D. Total Expen	ditures (From Sch	edule III	[)			\$		4,7	57,445.13					
E. Ending Cash	Balance (Subtrac	t Line D I	From Line	C)		\$		27	73,365.26					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)	\$			0.00	4				
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		\$			0.00					
				AFF	IDAVI	T SE	CTION							
PART I - If this is	s a Committee rep	ort, treas	surer sign	here. I	If this is	a Car	ndidate re	eport, ca	indidate si	gn here.				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	s filed on	paper	or by elect	ronic mea	lium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Signatu	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re				_				Prir	nted Name	1		
My Commission E	xpires					_				Ema	ail			
	МО	DA	Y	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, C	andid	ate shall	sign her	·e.					
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowle	dge and bel	ief this	political	comm	ittee has n	ot violate	d any provi	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20						:	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Exp	Signature					-				Ema	ail			
						_								
	мо	DA	NY	YR				Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** COMMONWEALTH LEADERS FUND From: <u>6/7/2022</u> **To:** 9/19/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 550.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 550.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 3,500,000.00 21,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,521,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,238.80 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 3,522,788.80 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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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 Candidat	e		Reporting Period					
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite	\$50.0 emize all othe 0.01 to \$250	.00 in the repo	s wit	th an g peri	aggrega iod.		
Name of Filing Committee or Candidat	e		Repo	orting Pe	eriod		
COMMONWEALTH LEADERS FUND			From	:	<u>6/7/2</u>	2 <u>022</u> To	9/19/2022
					DATE		AMOUNT
Full Name of Contributor BILL HOFFMAN				мо	DAY	YEAR	
Mailing Address 248 GRAMMAR RD							\$ 100.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701		6	16	2022	
Full Name of Contributor BILL HOFFMAN				мо	DAY	YEAR	
Mailing Address 248 GRAMMAR RD							\$ 50.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4)		6	29	2022	
Full Name of Contributor BILL HOFFMAN				мо	DAY	YEAR	
Mailing Address 248 GRAMMAR RD	State	Zip Code (Plus 4)		7	18	2022	\$ 100.00
City WILLIAMSPORT	PA	17701					
Full Name of Contributor BILL HOFFMAN				мо	DAY	YEAR	
Mailing Address 248 GRAMMAR RD							\$ 50.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701		7	29	2022	
Full Name of Contributor BILL HOFFMAN				мо	DAY	YEAR	
Mailing Address 248 GRAMMAR RD							\$ 100.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4)		8	18	2022	

Full Name of Contributor BILL HOFFMAN			мо	DAY	YEAR	
Mailing Address 248 GRAMM	AR RD					\$ 50.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701	8	29	2022	
Full Name of Contributor BILL HOFFMAN			мо	DAY	YEAR	
Mailing Address 248 GRAMM	AR RD					\$ 100.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701	9	16	2022	

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

PAGE TOTAL

550.00

\$

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	J Period				
COMMONWEALTH LEADERS FUND			From:	<u>6/</u>	7/2022	То:	2	<u>9/19/2022</u>
				DA	TE			AMOUNT
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE	FUND			мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET				_			\$	2,500,000.00
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	7	14	2022	2	
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE	FUND			мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET							\$	1,000,000.00
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	7	21	2022	2	
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sum	nmary Pa	ge, Sectio	n 3.			\$	3,500,000.00

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 Candidat	e			Rep	orting Pe	riod			
COMMONWEALTH LEADERS FUND				Fror	n:	<u>6/7/2</u>	<u>.022</u> T o):	<u>9/19/2022</u>
					DA	ATE			AMOUNT
Full Name of Contributor KIRK LIDDELL					мо	DAY	YEAR		
Mailing 175 RIVERHILL RD								\$	20,000.00
City CONESTOGA	State PA		p Code (Plus 7516	4)	7	1	2022	2	
Employer Name RETIRED	·	•			Occupat	tion	•	•	
Employer Mailing Address/Principal Pl Business	ace of		City			State		Zip (Code (Plus 4)
Full Name of Contributor JEFF KENDALL					мо	DAY	YEAR		
Mailing 515 EAST DRIVE								\$	1,000.00
City SEWICKLEY	State PA		p Code (Plus 5143	4)	9	12	2022	2	
Employer Name LAUREL MOUNTAIN	PARTNERS	-			Occupat	tion N	1ANAGI	NG D	IRECTOR
Employer Mailing Address/Principal Pl Business	ace of		City			State		Zip (Code (Plus 4)
1251 WATERFRONT PL			PITTSBU	RGH		PA		152	222
Enter Grand Total of Part C on Scl	nedule I, Detailed S	Sumn	nary Page,	Sectio	on 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 Can	didate		Report	ing Perio	d			
COMMONWEALTH LEADERS FUN	D		From:		<u>6/7/202</u>	<u>2</u> To:		<u>9/19/2022</u>
				D	ATE			AMOUNT
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR		
Mailing Address 110 N 2ND S	TREET						\$	622.68
City HARRISBURG	State PA	Zip Code (17102	Plus 4)	6	30	2022	2	
Receipt Description INTERE	ST EARNED							
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR		
Mailing Address 110 N 2ND S	TREET						\$	408.66
City HARRISBURG	State PA	Zip Code (1 17102	Plus 4)	7	31	2022	2	
Receipt Description INTERES	ST EARNED	I				1		
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR		
Mailing Address 110 N 2ND S	TREET						\$	207.46
City HARRISBURG	State PA	Zip Code (17102	Plus 4)	8	31	2022	2	
Receipt Description	I	I		1		I		
Enter Grand Total of Part E on S	Schedule I, Detailed	Summary Page,	Section	4.			<u> </u>	PAGE TOTAL
							\$	1,238.80

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 LEADERS FUND	From:	<u>6/7/2022</u> то:	<u>9/19/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ions De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
COMMONWEALTH LEADERS FUND			From	<u>6/</u>	7/2022	То:	<u>9/19/2022</u>
				DATE			AMOUNT
To Whom Paid COMMONWEALTH PARTNERS CHAMBER	COF ENTREPRENEURS	i	мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET			7	28	2022	\$	31,227.98
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		tion of Exp ISTRATOR			
To Whom Paid DEBEE CLARK, PLLC			мо	DAY	YEAR		
Mailing Address PO BOX 54949			7	5	2022	\$	2,000.00
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES				
To Whom Paid COMMONWEALTH ENTREPRENEURS, LL	С		мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET			8	4	2022	\$	10,504.26
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		otion of Exp		3	
To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR		
Mailing Address 1591 STONEY MOUN	ITAIN WAY		7	14	2022	\$	3,500,000.00
City DAUPHIN	State PA	Zip Code (Plus 4) 17018		tion of Exp TV BUY	penditure	2	
To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR		
Mailing Address 1591 STONEY MOUN	NTAIN WAY		7	18	2022	\$	21,385.00
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Descrip SURVE	otion of Exp Y	penditure	2	

							-	
To Whom Paid ATLAS & M	IGHT LLC			мо	DAY	YEAR		
Mailing Address	1591 STONEY MOU	NTAIN WAY		7	21	2022	\$	1,000,000.00
City DAUPHIN	١	State PA	Zip Code (Plus 4) 17018	Descrip TV BUY	tion of Exp	penditure		
To Whom Paid ATLAS & M	IGHT LLC	1		мо	DAY	YEAR		
Mailing Address	1591 STONEY MOU	NTAIN WAY		8	9	2022	\$	1,000,000.00
City DAUPHIN	١	State PA	Zip Code (Plus 4) 17018	Descrip DIGITA	i otion of Exp	penditure	1	
To Whom Paid DEBEE CLARK, F	PLLC			мо	DAY	YEAR		
Mailing Address	PO BOX 54949			8	9	2022	\$	2,000.00
City OKLAHO	MA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES				
To Whom Paid CHURCHILL STR	ATEGIES	·		мо	DAY	YEAR		
	ATEGIES 23 N FRONT STREE	г		мо 8	DAY 18	YEAR 2022	\$	1,500.00
CHURCHILL STR	23 N FRONT STREE	T State PA	Zip Code (Plus 4) 17101	8 Descrip		2022 penditure		1,500.00
CHURCHILL STR	23 N FRONT STREE	State		8 Descrip	18 otion of Exp	2022 penditure		1,500.00
CHURCHILL STR Mailing Address City HARRISE	23 N FRONT STREE	State PA		8 Descrip LOGO E	18 btion of Exp BRANDING	2022 penditure		1,500.00
CHURCHILL STR Mailing Address City HARRISE To Whom Paid MCRC	23 N FRONT STREE BURG 860 PENLLYN BLUE	State PA		8 Descrip LOGO E MO 9 Descrip	18 btion of Exp BRANDING DAY	2022 penditure YEAR 2022	\$	
CHURCHILL STR Mailing Address City HARRISE To Whom Paid MCRC Mailing Address	23 N FRONT STREE BURG 860 PENLLYN BLUE LL	State PA BELL PIKE State	17101	8 Descrip LOGO E MO 9 Descrip	18 Pation of Exp BRANDING DAY 13 Pation of Exp	2022 penditure YEAR 2022	\$	
CHURCHILL STR Mailing Address City HARRISE To Whom Paid MCRC Mailing Address City BLUE BE	23 N FRONT STREE BURG 860 PENLLYN BLUE LL	State PA BELL PIKE State PA	17101	8 Descrip LOGO E MO 9 Descrip CONTR	18 Stion of Exp BRANDING DAY 13 Stion of Exp IBUTION	2022 penditure YEAR 2022 penditure	\$	

To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR		
Mailing Address 1591 STONEY MOUNTAIN WAY			9	13	2022	\$	6,295,860.00
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure PRODUCTION OF ADS				
To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR		
Mailing Address 1591 STONEY MOUNTAIN WAY			8	9	2022	\$	13,800.00
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure SURVEY				
Enter Grand Total of Expenditure	s on Page 1 Per	port Cover Page Item D					PAGE TOTAL
	s on Faye 1, Rep	bort cover Fage, Item D	•			\$	11,888,346.53