### **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 :	on 2017	0358			Repo Filed			CAN	ונטו	DATE		СОМ	MITTEE	<b>Y</b>	LUE	ю	131	
Name of Filing C	Committee, Candid	ate or L	obbyist:	,	СОММ	IONW	'EAL	.TH L	EΑ	DERS	FUNE							
Street Address:																		
City:	HARRISBURG						s	tate:		PA			Zip Co	de: 17	7101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.		DAY		Р	OST-	3.		AMENDN REPORT		Yes		No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY CTI		Р	OST-	6. <b>X</b>		TERMINA REPORT		Yes		No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					MET HECK					PAPER		<b>\</b>	D:	ISKET	TE
Name of Office S	- Sought by Candida	te:					1	DATE	0	F ELE	стіс	N	District Number	Office Code	Pa	erty (	Code	County Code
							N	10		DAY	YI	EAR		•			·	
									11		8	2022		(SEE IN	STRUCT	IONS	FOR CO	DES)
	Receipts and	МО	DAY	YEAR			ı	чо		DAY	YI	EAR	FC	R OFFI	CE US	E OI	NLY	
Expenditures	from:		10 25	20	022	TO			11	2	28	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport		•		\$				24,8	895.20						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	)	\$				200,	135.33						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			:	225,0	030.53						
D. Total Expen	ditures (From Sch	edule II	I)				\$				71,5	520.03						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		_	\$			1	.53,5	10.50						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			1			
					IDAV													
	s a Committee report, incl	-	_									_		f my kno	wledge	e and	d belief	, true
•	cribed before me this	;										Signature	of Perso	n Submit	ting D	nor		
	day of		_ 20			_						orginature	. 01 1 6130		ung K	Брог		
	Signatu	re				_							Prin	ted Name	е			
My Commission Ex	· —												Ema					
	МО		AY	YR	•						a Coo	ie	Daytin	ie Teleph	none N	umb	er	
	a report of a cand									_			: <b>6</b> 4b	+ - <b>-</b> 1	3	1027	7 / D L -	1222
No 320) as amende	ed.	iy kilowie	suge and ben	iei tilis	pontica	ai Coii		iee iia	15 110		eu an	iy provis	ions or th	e act of J	une 3,	1937	/ (P.L.	
Sworn to and Subsc	ribed before me this day of		20									s	ignature (	of Candid	ate			_
			_										Printe	d Name				
My Commission Exp	Signature iires								-				Ema	il				<u> </u>
	мо	D	AY	YR						Area	Code		D	aytime T	elepho	ne N	Number	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	10/25/202	<u>22</u> To:	11/28/2022
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)			\$	200,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	200,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	135.33
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	200,135.33

#### **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 Committe	e or Candidate	ı	Reporting	Period			
		F	From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing	Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### 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.

From: To:  DATE AMOUNT  Full Name of Contributor  MO DAY YEAR  Mailing Address  City State Zip Code (Plus 4)  From: To:  AMOUNT  AMOUNT  \$ 0	Name of Filing Comn	nittee or Candidate		Reporting	Period			
Full Name of Contributor  MO DAY YEAR  Mailing Address  \$ 0				From:		To	o:	
Mailing Address \$ 0					DATE			AMOUNT
	Full Name of Contribut	or		мо	DAY	YEAR		
City State Zip Code (Plus 4)	Mailing Address						\$	0.00
	City	State	Zip Code (Plus 4)					
								PAGE TOTAL

#### **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 P	eriod		
COMMONWEALTH LEADERS FUND	From:	10/25/2022	То:	11/28/2022

DATE AMOUNT

Full N	ame of Contributing Committee			мо	DAY	YEAR		
COMM	IONWEALTH CHILDREN'S CHOICE	FUND			DA!	ILAK	\$	200,000.00
Mailin	g Address			11	16	2022	·	
City	HARRISBURG	State	Zip Code (Plus 4)	11	10	2022		
		PA	17101					

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

PAGE TOTAL 200,000.00

### 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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

# 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	Reporting Pe	riod	
COMMONWEALTH LEADERS FUND	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022

			D	ATE		AMOUN	NT
Full Name			МО	DAY	VEAD		105.00
FIRST NATIONAL BANK OF PA			МО	DAY	YEAR	\$	135.33
Mailing Address			10	31	2022		
City HARRISBURG	State	Zip Code (Plus 4)	10		2022		
	PA	17102					
Receipt Description INTEREST EA	RNED						

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

**PAGE TOTAL \$** 135.33

#### **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 Peri	od	
COMMONWEALTH LEADERS FUND	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022
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 Can	didate		Reportin	g Period				
			From:			To	·	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporti	Reporting Period				
COMMONWEALTH LEADERS FUND					<u>10/2!</u>	5/2022	То:	11/28/2022	
					DATE				
To Whom Paid				МО	DAY	YEAR			
ATLAS & amp; MIGHT LLC					DAI	ILAK			
Mailing Address					16	2022	\$	11,905.00	
City DAUPHIN		State	Zip Code (Plus 4	) Descrip	tion of Exp	enditure			
		PA	17018	VIDEO	EDITING				
To Whom Paid  COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS					DAY	YEAR			
Mailing Address					11	2022	   \$	18,921.97	
			<u> </u>	11					
City HARRISBURG	JRG	State	Zip Code (Plus 4		Description of Expenditure				
PA 17101					ISTRATION I		ı		
To Whom Paid FIRST NATIONAL BANK OF PA				мо	DAY	YEAR			
Mailing Address				11	10	2022	\$	121.64	
City HARRISBURG		State	Zip Code (Plus 4	) Descrip	tion of Exp	ı enditure	<u> </u>		
		PA 17102			BANK FEES				
To Whom Paid					DAY	YEAR			
HISPANIC REPUBLICAN COALITION OF PA				МО	DAI	ILAK			
Mailing Address				11	22	2022	\$	35,000.00	
City LAFAYETTE HILL	E HILL	State Zip Code (Plus 4)			Description of Expenditure				
		PA	19444	CONTRI	CONTRIBUTION				
To Whom Paid				МО	DAY	YEAR			
COMMONWEALTH ENTREPRENEURS, LLC				HO		ILAK			
Mailing Address				11	11	2022	\$	3,571.42	
City HARRISBURG	JRG	State	Zip Code (Plus 4	) Descrip	tion of Exp	enditure			
		PA	17101	RENT N	RENT NOVEMBER				
To Whom Paid				МО	DAY	YEAR			
DEBEE CLARK PLLC				1-10		12/110			
Mailing Address				11	1	2022	\$	2,000.00	
	AA CITY	State	Zip Code (Plus 4	Descrip	Description of Expenditure				
City OKLAHOM	IA CITY	State	Zip Code (Flus 4	Descrip	tion of Exp	ciiaitai c			

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

71,520.03