Campaign Finance Report

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

Filer Identificat Number :	ion 2017	0358			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST	
Name of Filing (Committee, Candid	ate or Lo	bbyist:	ı	СОММО	NWE	ALTH LEA	DERS F	UND					
Street Address:	420 N 3RD ST	TREET												
City:	HARRISBURG						State: PA Zip Code: 17					101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3	3.	AMENDN REPORT		Yes	√ Nc)
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA ELEC		POST- 6	5.		TERMINATION N REPORT?			· 🗸
report type) ANNUAL REPORT 7. Year 2023 FILING MI									PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
			мо	DAY	YEAR	Humber	couc			coue				
	11 7 2023 (see instructions for codes)											CODES)		
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	. 20	023 T	0	3	27	7 2023					
A. Amount Bro	ught Forward Fror	n Last Re	eport			\$		1	38,571.12					
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Sche	dule I)	\$	\$ 1,250,408.98							
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$		1,3	88,980.10					
D. Total Expen	ditures (From Sch	edule III	:)			\$		1,32	23,266.65					
E. Ending Cash	Balance (Subtrac	t Line D I	From Line	C)		\$		e	55,713.45					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	\$			0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		\$			0.00					
				AFF	IDAVI	T SE	CTION							
PART I - If this i	s a Committee rep	ort, treas	surer sign	here. I	If this is	a Car	ndidate re	eport, ca	ndidate si	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	luding the	attached sc	hedules	s filed on	paper	or by elect	ronic mec	lium, are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Signatur	e of Perso	n Submitt	ing Rej	port	
	Signatu	re				_				Prin	ted Name			
My Commission E	xpires					_				Ema	il			
	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 amend) that to the best of n ed.	ny knowle	dge and bel	ief this	political	comm	ittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this day of		20						5	Signature	of Candida	ite		
day of 20										Printe	ed Name			
My Commission Exp	Signature					-				Ema	il			
						-								
	МО	DA	Y	YR				Area C	ode	D	aytime Te	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** COMMONWEALTH LEADERS FUND From: <u>1/1/2023</u> **To:** <u>3/27/2023</u> 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)** 400.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 400.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 1,250,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,250,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 8.98 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,250,408.98 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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				porting				
From				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

\$

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 Can	didate			Rep	oorting Po	eriod				
COMMONWEALTH LEADERS FUND					m:	<u>1/1/</u> 2	<u>2023</u> То	:: <u>3/27/2023</u>		
						DATE		AMOUNT		
Full Name of Contributor BILL HOFFMAN					мо	DAY	YEAR			
Mailing Address 248 GRAMMER RD City WILLIAMSPORT State Zip Code (Plus 4) PA 17701					2	28	2023	\$	150.00	
Full Name of Contributor			17701		мо	DAY	YEAR			
BILL HOFFMAN										
Mailing Address 248 GRAMMER	RD							\$	100.00	
City WILLIAMSPORT	State PA		Zip Code (Plus 4) 17701		3	16	2023			
Full Name of Contributor BILL HOFFMAN					мо	DAY	YEAR			
Mailing Address 248 GRAMMER RD								\$	150.00	
City WILLIAMSPORT State Zip Code (Plus 4) PA 17701					3	28	2023			
									PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.									400.00	

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	Name of Filing Committee or Candidate Reporting							
COMMONWEALTH LEADERS FUND			From:	<u>1/</u>	<u>'1/2023</u>	То:	2	<u>3/27/2023</u>
				DA	TE		A	MOUNT
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE	FUND			мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET						\$	250,000.00	
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	2	7	2023	3	
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE FUND					DAY	YEAR		
Mailing Address 420 N 3RD STREET							\$	500,000.00
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	3	15	2023	3	
Full Name of Contributing Committee COMMONWEALTH CHILDREN'S CHOICE	FUND	-		мо	DAY	YEAR		
Mailing Address 420 N 3RD STREET							\$	500,000.00
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	3	21	2023	3	
			.	_				PAGE TOTAL
Enter Grand Total of Part C on Scheo	iule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	1,250,000.00

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 Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 R				ing Perio	d				
COMMONWEALTH LEADERS FUN	ID		From:		<u>1/1/202</u>	<u>3</u> To:	: <u>3/27/2023</u>		
				D	ATE			AMOUNT	
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR			
Mailing Address 110 N 2ND STREET							\$	5.68	
City HARRISBURG	State PA	Zip Code (17102	Plus 4)	1	31	2023			
Receipt Description INTERES	ST EARNED								
Full Name FIRST NATIONAL BANK OF PA				мо	DAY	YEAR			
Mailing Address 110 N 2ND S	TREET			_			\$	3.30	
City HARRISBURG	State PA	Zip Code (17101	Plus 4)	2	28	2023			
Receipt Description INTERES	ST EARNED								
Enter Grand Total of Part E on S	Schedule I. Detailed	Summary Page	Section	А		[PAGE TOTAL	
		Sammary Faye,	Section	7.			\$	8.98	

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>1/1/2023</u> To:	<u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Re			Reporting	g Period			
	From:						
				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 Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plu	ıs 4)						
Employer of Contributor	I		1			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	f Contribution	
				_						PAGE TOTAL

- 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate								
COMMONWEALTH LEADERS FUND			From	<u>1/</u>	<u>1/2023</u>	То:	<u>3/27/2023</u>		
				DATE			AMOUNT		
To Whom Paid ATLAS & MIGHT LLC			мо	DAY	YEAR				
Mailing Address 1591 STONEY MOU	NTAIN WAY		1	25	2023	\$	217,675.09		
City DAUPHIN State Zip Code (Plus 4) PA 17018				Description of Expenditure DIRECT MAIL					
To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC				DAY	YEAR				
Mailing Address 420 N 3RD STREET				1	2023	\$	10,714.26		
CityHARRISBURGStateZip Code (Plus 4)PA17101				Description of Expenditure RENT JANUARY, FEBRUARY & amp; MARCH					
To Whom Paid DEBEE CLARK PLLC			мо	DAY	YEAR				
Mailing Address PO BOX 54949			3	4	2023	\$	6,000.00		
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154		tion of Exp FEES JANU			amp; MARCH		
To Whom Paid FRIENDS OF DEVLIN ROBINSON			мо	DAY	YEAR				
Mailing Address PO BOX 81			2	9	2023	\$	5,000.00		
City HERSHEY	State PA	Zip Code (Plus 4) 17033		ion of Exp IBUTION	penditure				
To Whom Paid COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS			мо	DAY	YEAR				
Mailing Address 420 N 3RD STREET			1	11	2023	\$	5,463.90		
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		otion of Exp ISTRATION			٤		

						-	
To Whom Paid			мо	DAY	YEAR		
ATLAS & MIGHT LLC			110				
Mailing Address							
1591 STONEY MOUNTAIN WAY			3	21	2023	\$	1,000,000.00
City DAUPHIN	State	Zip Code (Plus 4)	Description of Expenditure MAIL & TV BUY				
	PA	17018					
				1			
To Whom Paid COMMITTEE TO ELECT ERIC ROE			мо	DAY	YEAR		
Mailing Address 1591 STONEY MOUNTAIN WAY			3	7	2023	\$	2,500.00
	State	Zin Code (Dlug 4)					2,500100
City DAUPHIN		Zip Code (Plus 4)		otion of Exp	penditure		
	PA	17018	CONTRIBUTION				
To Whom Paid				DAY	VEAD		
POP PAC			мо		YEAR		
Mailing Address 35 E BALTIMORE AVE			2	7	2023	\$	50,000.00
City MEDIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	PA	19063	CONTRIBUTION				
To Whom Paid			мо	DAY	YEAR		
OLD TOWN DELI							
Mailing Address 512 N 3RD STREET			3	8	2023	\$	F72 40
				_		7	572.40
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	FOOD FOR FUNDRAISER				
To Whom Paid							
UNITED STATES TREASURY			мо	DAY	YEAR		
Mailing Address 1500 PENNSYLVANIA AVENUE			3	8	2023	\$	341.00
City WASHINGTON	State	Zip Code (Plus 4)	Descrit	L			
	DC	20220	Description of Expenditure 1120-POL TAXES				
To Whom Paid			мо	DAY	YEAR		
RCAC							
Mailing Address DO BOX 22156			3	15	2023		
- FO BOX 23130					2025	\$	25,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
	PA	15222	CONTRIBUTION SPONSOR LI			LINCOL	N DAY DINNER
<u> </u>			1				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							
						\$	1,323,266.65