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			Report Filed E		CA	NDI	DATE		COM	AITTEE	Y	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	,	СОММС	NWE	ALTH	LEA	DERS I	FUND						
Street Address:																
City:	HARRISBURG						State	e:	PA			Zip Co	de: 17	7101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2023				NG MI					PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pai	rty Code	County Code
							МО		DAY	YE	AR					
								11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 28	20)23 T	0		12	3	31	2023					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			2	231,9	912.27					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			1,0)22,0	069.91					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			1,2	253,9	982.18					
D. Total Expend	ditures (From Scho	edule II	I)			\$			ϵ	89,0	09.68					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			5	64,9	72.50					
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			•		
					IDAVI											
	that this report, incl	*	_								_		f my kno	wledge	and beli	ef , true
•	cribed before me this	:									ianatur	of Perso	n Submit	ting De	nort	
	day of		_ 20			_						. 01 7 6130		ting ite		
	Signatu	re				_						Prin	ted Name	9		
My Commission Ex						_						Ema				
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	one Nu	ımber	
	a report of a cand				•				_			e e e e	+ -f 1	2 1	027 (0.1	1222
No 320) as amende		iy Kilowi	euge and ben	iei tilis	political	Commi	ittee i	145 II		eu an	y provis	ions or th	e act of J	une 3,1	.937 (P.L	
Sworn to and subsc	day of		20								s	ignature (of Candid	ate		
	_					_						Printe	d Name			
My Commission Exp	Signature ires											Ema	il			
	мо	D	AY	YR		-			Area (Code		D	aytime T	elephoi	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	11/28/202	<u>:3</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	25.00
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)			\$	200.00
TOTAL for the Reporting	g Period	(2)	\$	200.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000,000.00
All Other Contributions (Part D)			\$	21,500.00
TOTAL for the Reporting	J Period	(3)	\$	1,021,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	344.91
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			\$	1,022,069.91

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	R	eporting	Period			
		F	rom:		То	:	
		1		DATE			AMOUNT
Full Name of Contributing C	ommittee		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

Reporting Period

COMMONWEALTH LEADERS FUND

From: <u>11/28/2023</u> To:

12/31/2023

				DATE		AMOUNT
Full Name of Contributor			мо	DAY	YEAR	
JAMES ARMIGH, JR			1-10	אלו	ILAK	
Mailing Address						\$ 100.00
City HOLIDAYSBURG	State	Zip Code (Plus 4)	11	29	2023	
	PA	16648				
Full Name of Contributor			мо	DAY	YEAR	
PEARL BRUKER			140	DAI	ILAK	
Mailing Address						\$ 100.00
City HARRISBURG	State	Zip Code (Plus 4)	11	29	2023	
	PA	17110				

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

PAGE TOTAL \$ 200.00

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 P	Period		
COMMONWEALTH LEADERS FUND	From:	11/28/2023	To:	12/31/2023

DATE AMOUNT

Full N	ame of Contributing Committee			МО	DAY	YEAR	
COMM	ONWEALTH CHILDRENS CHOICE	FUND				ILAK	\$ 1,000,000.00
Mailin	Mailing Address		11	28	2023	, ,	
City	HARRISBURG	State	Zip Code (Plus 4)	11	20	2023	
		PA	17101				

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

PAGE TOTAL \$ 1,000,000.00

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 Candidate	of Filing Committee or Candidate			Repo	orting Pe	riod			
COMMONWEALTH LEADERS FUND				Fron	n:	11/28/2	023 T o) :	12/31/2023
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		1 000 00
DAVID CRANSON, JR					140	DAI	ILAK	\$	1,000.00
Mailing Address					12	3	2023		
City MCLEES ROCKS	State	Zip	Code (Plus	4)	12		2023		
	l _{PA}	15:	136						
Employer Name CRANSTON MATERIA	L HANDLING				Occupat	tion	PRESID	ENT	
Employer Mailing Address/Principal Plac	ce of Business		City			State		Zip C	Code (Plus 4)
			PITTSBUR	GH		PA		1520)5
Full Name of Contributor		-			МО	DAY	YEAR	\$	10,000.00
CAROL SAVOY								*	10,000.00
Mailing Address	1				12	20	2023	:	
City MONTOURSVILLE	State	Zip	Code (Plus	4)					
	I PA	177	754					ı	
Employer Name SAVOY FURNITURE					Occupat	tion	PRESID	ENT	
Employer Mailing Address/Principal Place	ce of Business		City			State		Zip C	Code (Plus 4)
			MONTOUR	SVILLE	<u> </u>	PA		1775	54
Full Name of Contributor							V=45		
JEFF KENDALL					МО	DAY	YEAR	\$	10,000.00
Mailing Address					11	28	2023	7	
City SEWICKLEY	State	Zip	Code (Plus	4)] ''	20	2023		
	_{PA}	_{15:}	143						
Employer Name LAUREL MOUNTAIN P	ARTNERS				Occupat	tion	MANAG	ING D	IRECTOR
Employer Mailing Address/Principal Place	ce of Business		City			State		Zip C	Code (Plus 4)
Full Name of Contributor NICHOLAS DEBENEDICTIS					МО	DAY	YEAR	\$	500.00
Mailing Address								┑	
City ARDMORE	State	Zip	Code (Plus	4)	11	28	2023		
	_{PA}	190	003						
Employer Name RETIRED					Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business		City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	umm	ary Page,	Section	on 3.	•		-	PAGE TOTAL

21,500.00

\$

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			Report	ing Perio	d			
COMMONWEALTH LEADERS FUND			From:		<u>11/28/202</u>	<u>3</u> To:		12/31/2023
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	_	145.00
FIRST NATIONAL BANK OF PA				МО	DAT	TEAR	\$	145.88
Mailing Address		1		11	29	2023		
City HARRISBURG	State	Zip Code (Plus 4)					
	PA	17102						
Receipt Description INTEREST EARN	ĒD							
Full Name					DAY	VEAD		100.00
FIRST NATIONAL BANK OF PA				МО	DAY	YEAR	\$	199.03
Mailing Address				12	30	2023		
City HARRISBURG	State	Zip Code (Plus 4)					
	PA	17101						
Receipt Description								
						Г	F	PAGE TOTAL

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

\$

344.91

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>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	र	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	of Filing Committee or Ca	ndidate		Reportir	ng Period				
COMI	MONWEALTH LEADERS FU	ND		From	11/28	<u>8/2023</u>	То:	12/31/2023	
					DATE			AMOUNT	
To Wh	om Paid			МО	DAY	YEAR			
ATLAS	S & MIGHT			MO		ILAK			
Mailin	g Address			11 28 2023 \$ 678,2					
City	DAUPHIN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
		PA	17018	DIRECT	MAIL				
	om Paid			МО	DAY	YEAR			
PAYTE	-				_			22.00	
Mailin	g Address			12	3	2023	\$	22.90	
City	SPOKANE VALLEY	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		WA	99216	CREDIT	CARD PRO	CESSIN	G FEE		
To Wh	om Paid			мо	DAY	YEAR			
CLEAF	RWORD COMMUNICATION	S GROUP							
Mailing Address				12	8	2023	\$	5,000.00	
City	ASHBURN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		VA	20147	DIRECT	MAIL				
	om Paid			МО	DAY	YEAR			
	STEIN LAW PARTNERS							272.00	
Mailin	g Address			12	6	2023	\$	273.00	
City	HATFIELD	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		PA	19440	LEGAL					
To Wh	om Paid			МО	DAY	YEAR			
COMM	IONWEALTH ENTREPRENE	URS, LLC							
Mailin	g Address			12	12	2023	\$	3,571.43	
City	HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		PA	17101	RENT DI	ECEMBER				
To Wh	om Paid			мо	DAY	YEAR			
NOVA	BROKERAGE & amp; MAN	AGEMENT SOLUTIONS							
Mailin	g Address			12	15	2023	\$	1,942.36	
City	ASHBURN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
		VA	20147	DIRECT	MAIL				
								PAGE TOTAL	
_			port Cover Page, Item I	_			1		