

# 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 :		20170358		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: COMMONWEALTH LEADERS 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.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2023	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	7	2023					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	28	2023					
						12	31	2023					
A. Amount Brought Forward From Last Report						\$ 231,912.27							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,022,069.91							
C. Total Funds Available (Sum Of Lines A and B)						\$ 1,253,982.18							
D. Total Expenditures (From Schedule III)						\$ 689,009.68							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 564,972.50							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH LEADERS FUND	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 25.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,000,000.00
<b>All Other Contributions (Part D)</b>	\$ 21,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,021,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 344.91

<b>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.)</b>	\$ 1,022,069.91
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**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)**

<b>Name of Filing Committee or Candidate</b> COMMONWEALTH LEADERS FUND	<b>Reporting Period</b> <b>From:</b> <u>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>
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				DATE			AMOUNT	
Full Name of Contributor PEARL BRUKER					MO	DAY	YEAR	\$ 100.00
Mailing Address 2142 GREEN ST					11	29	2023	
City HARRISBURG		State PA	Zip Code (Plus 4) 17110					

Full Name of Contributor			MO	DAY	YEAR	\$	100.00
JAMES ARMIGH, JR							
Mailing Address			11	29	2023		
215 MARIAN HEIGHTS DR							
City	HOLIDAYSBURG	State	Zip Code (Plus 4)				
		PA	16648				

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

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>	
COMMONWEALTH LEADERS FUND	<b>From:</b> <u>11/28/2023</u>	<b>To:</b> <u>12/31/2023</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$
COMMONWEALTH CHILDRENS CHOICE FUND							
Mailing Address							
420 N 3RD STREET							1,000,000.00
City	State		Zip Code (Plus 4)	11	28	2023	
HARRISBURG	PA		17101				

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

<b>PAGE TOTAL</b>	
\$	1,000,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH LEADERS FUND	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2023</u> <b>To:</b> <u>12/31/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DAVID CRANSON, JR							
<b>Mailing Address</b> 361 COBBLESTONE CIRCLE				12	3	2023	\$ 1,000.00
<b>City</b> MCLEES ROCKS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15136					
<b>Employer Name</b> CRANSTON MATERIAL HANDLING				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 190 BILMAR DRIVESUITE 300			<b>City</b> PITTSBURGH		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15205	

Full Name of Contributor				MO	DAY	YEAR	
CAROL SAVOY							
<b>Mailing Address</b> 579 PRIMROSE LANE				12	20	2023	\$ 10,000.00
<b>City</b> MONTOURSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17754					
<b>Employer Name</b> SAVOY FURNITURE				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 300 HOWARD ST			<b>City</b> MONTOURSVILLE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17754	

Full Name of Contributor				MO	DAY	YEAR	
JEFF KENDALL							
<b>Mailing Address</b> 515 ESAT DR				11	28	2023	\$ 10,000.00
<b>City</b> SEWICKLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15143					
<b>Employer Name</b> LAUREL MOUNTAIN PARTNERS				<b>Occupation</b> MANAGING DIRECTOR			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

<b>Full Name of Contributor</b> NICHOLAS DEBENEDICTIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 231 GOLFVIEW RD				11	28	2023	
<b>City</b> ARDMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19003					
<b>Employer Name</b> RETIRED				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
\$ 21,500.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH LEADERS FUND	<b>Reporting Period</b>  From: <u>11/28/2023</u> To: <u>12/31/2023</u>
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				DATE			AMOUNT
<b>Full Name</b> FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 145.88
<b>Mailing Address</b> 110 N 2ND STREET				11	29	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102					
<b>Receipt Description</b> INTEREST EARNED							

<b>Full Name</b> FIRST NATIONAL BANK OF PA				MO	DAY	YEAR	\$ 199.03
<b>Mailing Address</b> 110 N 2ND STREET				12	30	2023	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101					
<b>Receipt Description</b>							

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
COMMONWEALTH LEADERS FUND		From: <u>11/28/2023</u> To: <u>12/31/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH LEADERS FUND	From <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT		
To Whom Paid ATLAS & MIGHT			MO	DAY	YEAR	\$ 678,200.00
Mailing Address 1591 STONEY MOUNTAIN WAY			11	28	2023	
City DAUPHIN	State PA	Zip Code (Plus 4) 17018	Description of Expenditure DIRECT MAIL			
To Whom Paid PAYTRACE			MO	DAY	YEAR	\$ 22.90
Mailing Address 12709 MIRABEAU PKWY BUILDING A SUITE 100			12	3	2023	
City SPOKANE VALLEY	State WA	Zip Code (Plus 4) 99216	Description of Expenditure CREDIT CARD PROCESSING FEE			
To Whom Paid CLEARWORD COMMUNICATIONS GROUP			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 20130 LAKEVIEW CENTER PLAZA			12	8	2023	
City ASHBURN	State VA	Zip Code (Plus 4) 20147	Description of Expenditure DIRECT MAIL			
To Whom Paid GOLDSTEIN LAW PARTNERS			MO	DAY	YEAR	\$ 273.00
Mailing Address 11 CHURCH RD			12	6	2023	
City HATFIELD	State PA	Zip Code (Plus 4) 19440	Description of Expenditure LEGAL			
To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC			MO	DAY	YEAR	\$ 3,571.43
Mailing Address 420 N 3RD STREET			12	12	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT DECEMBER			

<b>To Whom Paid</b> NOVA BROKERAGE & MANAGEMENT SOLUTIONS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 20130 LAKEVIEW CENTER PLAZA SUITE 300			12	15	2023	
<b>City</b> ASHBURN	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 20147	<b>Description of Expenditure</b> DIRECT MAIL			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 689,009.69

