

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190183		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> COMMONWEALTH CHILDREN'S CHOICE FUND												
<b>Street Address:</b> 420 N 3RD STREET												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17101			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		4	9	2024		5	13	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 10,390,903.68						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 33,648.01						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 10,424,551.69						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,257,673.84						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 7,166,877.85						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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 CHILDREN'S CHOICE FUND	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 113.00

<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>	\$ 100.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 100.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 10,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 10,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 23,435.01

<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>	\$ 33,648.01
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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>	<b>Reporting Period</b>
COMMONWEALTH CHILDREN'S CHOICE FUND	<b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
JOHN MCCONNELL				
<b>Mailing Address</b> 1001 CITY AVENUE				\$ 100.00
<b>City</b> WYNNEWOOD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19096		

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

<b>PAGE TOTAL</b>
\$ 100.00

**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 Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 0.00

**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 CHILDREN'S CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$5,000.00
CHARLES MITCHELL				5	12	2024	
Mailing Address201 MEADOW LANE							
CityMECHANICSBURG	StatePA	Zip Code (Plus 4)17055					
Employer NameCOMMONWEALTH FOUNDATION				OccupationPRESIDENT			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
225 STATE STREET			HARRISBURG		PA		17101
Full Name of Contributor				MO	DAY	YEAR	\$5,000.00
MATT BROUILLETTE				5	12	2024	
Mailing Address5 PLUM STREET							
CityANNVILLE	StatePA	Zip Code (Plus 4)17003					
Employer NameCOMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS				OccupationPRESIDENT & CEO			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
420 N 3RD STREET			HARRISBURG		PA		17101

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

<b>PAGE TOTAL</b>
\$ 10,000.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH CHILDREN'S CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 23,435.01
FIRST NATIONAL BANK OF PA							
Mailing Address 110 N 2ND STREET							
City HARRISBURG		State PA	Zip Code (Plus 4) 17101				
Receipt Description EARNED INTEREST							

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

<b>PAGE TOTAL</b>
\$ 23,435.01

## 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 CHILDREN'S CHOICE FUND		From: <u>4/9/2024</u> To: <u>5/13/2024</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 RECIEVED - 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 CHILDREN'S CHOICE FUND	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
CLEARWOOD COMMUNICATIONS GROUP				
<b>Mailing Address</b> 20130 LAKEVIEW CENTER PLAZA	4	9	2024	\$ 2,500.00
<b>City</b> ASHBURN	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 20147	<b>Description of Expenditure</b> DIRECT MAIL	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
COMMONWEALTH LEADERS FUND				
<b>Mailing Address</b> 420 N 3RD STREET	4	10	2024	\$ 200,000.00
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ATLAS & MIGHT				
<b>Mailing Address</b> 2135 MARKET STREET FL 2	5	2	2024	\$ 3,000.00
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Expenditure</b> CONSULTING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF KRISTIN PHILLIPS-HILL				
<b>Mailing Address</b> PO BOX 156	4	9	2024	\$ 2,500.00
<b>City</b> JACOBUS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17407	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
CHAMBER PAC				
<b>Mailing Address</b> 417 WALNUT STREET	4	9	2024	\$ 1,000.00
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
BONNIE LANGBORGH DESIGN, LLC				
<b>Mailing Address</b> 2405 HOLT STREET	4	11	2024	\$ 460.00
<b>City</b> VIENNA	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22180	<b>Description of Expenditure</b> DIRECT MAIL ART	

To Whom Paid			MO	DAY	YEAR	\$ 7,544.72
PERSONALIZED MARKETING COMMUNICATIONS						
Mailing Address 85 AIR PARK DR			4	12	2024	
City LYNCHBURG	State VA	Zip Code (Plus 4) 24502	Description of Expenditure DIRECT MAIL			
To Whom Paid			MO	DAY	YEAR	\$ 15,000.00
FRIENDS OF MARTINA WHITE						
Mailing Address PO BOX 16041			4	24	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 3,000,000.00
COMMONWEALTH LEADERS FUND						
Mailing Address 420 N 3RD STREET			5	1	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 10,000.00
FRIENDS OF JOE PITTMAN						
Mailing Address 119 S 3RD STREET			4	30	2024	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
HRCC						
Mailing Address PO BOX 556			4	30	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 3,642.92
COMMONWEALTH ENTREPRENEURS, LLC						
Mailing Address 420 N 3RD STREET			5	2	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT MAY			
To Whom Paid			MO	DAY	YEAR	\$ 20.00
PAYTRACE						
Mailing Address 12709 MIRABEAU PKWY BUILDING A			5	2	2024	
City SPOKANE VALLEY	State WA	Zip Code (Plus 4) 99216	Description of Expenditure CREDIT CARD PROCESSING			
To Whom Paid			MO	DAY	YEAR	\$ 5,006.20
CLEARWORD COMMUNICATIONS GROUP						
Mailing Address 20130 LAKEVIEW CENTER PLAZA			5	8	2024	
City ASHBURN	State VA	Zip Code (Plus 4) 20147	Description of Expenditure DIRECT MAIL			

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

**PAGE TOTAL**

\$ 3,255,673.84

