

# 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>		20170358		<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 LEADERS FUND												
<b>Street Address:</b>												
<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 PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	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>			
		10	22	2024		11	25	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 696,776.11						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 75,318.45						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 772,094.56						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 368,211.64						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 403,882.92						
<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 LEADERS FUND	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 120.00

<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>	\$ 950.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 950.00

<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>	\$ 74,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 74,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 248.45

<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>	\$ 75,318.45
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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 LEADERS FUND	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
THOMAS HOOPES							
Mailing Address				10	28	2024	
City	WEST CHESTER	State	Zip Code (Plus 4)				
		PA	19382				
Full Name of Contributor				MO	DAY	YEAR	\$ 150.00
CHARLES ECKERT							
Mailing Address				10	29	2024	
City	GREENBURG	State	Zip Code (Plus 4)				
		PA	15601				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
JACOB DAILEY							
Mailing Address				10	24	2024	
City	POTTSTOWN	State	Zip Code (Plus 4)				
		PA	19464				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
TIMOTHY HOUCK							
Mailing Address				11	18	2024	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	17109				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
HOWARD GREGG III							
Mailing Address				11	19	2024	
City	STATE COLLEGE	State	Zip Code (Plus 4)				
		PA	16801				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
REBECCA BICKEL							
Mailing Address				11	25	2024	
City	PRESTO	State	Zip Code (Plus 4)				
		PA	15142				

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

<b>PAGE TOTAL</b>
\$ 950.00

**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>	<b>Reporting Period</b>
COMMONWEALTH LEADERS FUND	<b>From:</b> <u>10/22/2024</u> <b>To:</b> <u>11/25/2024</u>

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
MATT BROUILLETTE						
Mailing Address				10	28	2024
City	ANNVILLE	State	Zip Code (Plus 4)			
		PA	17003			
Employer Name COMMONWEALTH PARTNERS				Occupation PRESIDENT & CEO		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			HARRISBURG	PA	17101	
Full Name of Contributor				MO	DAY	YEAR
NATE BENEFIELD						
Mailing Address				10	28	2024
City	CAMP HILL	State	Zip Code (Plus 4)			
		PA	17011			
Employer Name COMMONWEALTH FOUNDATION				Occupation CPO		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			HARRISBURG	PA	17101	
Full Name of Contributor				MO	DAY	YEAR
DAVID CRANSTON						
Mailing Address				11	1	2024
City	MC KEES ROCKS	State	Zip Code (Plus 4)			
		PA	15136			
Employer Name CRANSTON MATERIAL HANDLING EQUIPMENT CORP				Occupation PRESIDENT		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			PITTSBURGH	PA	15205	
Full Name of Contributor				MO	DAY	YEAR
RYAN MELLINGER						
Mailing Address				10	28	2024
City	HARRISBURG	State	Zip Code (Plus 4)			
		PA	17112			
Employer Name PRIME TRANSFER				Occupation PRESIDENT		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			LANCASTER	PA	17601	

<b>Full Name of Contributor</b> PAIGE WINGERT				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 5,000.00
<b>Mailing Address</b>				10	28	2024	
<b>City</b> HANOVER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17331					
<b>Employer Name</b> LS BRAND				<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> HANOVER	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17331	

  

<b>Full Name of Contributor</b> PAUL SILVIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 2,500.00
<b>Mailing Address</b>				10	28	2024	
<b>City</b> PORT MATILDA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16870					
<b>Employer Name</b> SIKOTEK				<b>Occupation</b> FOUNDER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> BELLEFONTE	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16823	

  

<b>Full Name of Contributor</b> NICK PANDELIDIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				11	1	2024	
<b>City</b> SHREWSBURY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19361					
<b>Employer Name</b> RETIRED				<b>Occupation</b> RETIRED			
<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> THOMAS PETERFFY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 50,000.00
<b>Mailing Address</b>				10	28	2024	
<b>City</b> PALM BEACH	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33480					
<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>	

  

<b>Full Name of Contributor</b> PATRICK GALLAGHER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b>				11	15	2024	
<b>City</b> SEWICKLEY HIGHTS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15143					
<b>Employer Name</b> PGT TRUCKING				<b>Occupation</b> FOUNDER AND CEO			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> ALIQUIPPA	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15001	

  

<b>Full Name of Contributor</b> JOHN OLIVER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 5,000.00
<b>Mailing Address</b>				11	1	2024	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222					
<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.

**PAGE TOTAL**

\$ 74,000.00



## 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 LEADERS FUND	<b>Reporting Period</b>  From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 248.45
FIRST NATIONAL BANK OF PA							
Mailing Address							
City		State	Zip Code (Plus 4)				
HARRISBURG		PA	17101	10	30	2024	
Receipt Description							

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

<b>PAGE TOTAL</b>
\$ 248.45

## 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>10/22/2024</u> To: <u>11/25/2024</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 LEADERS FUND	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$	
CAMBRIA COUNTY REPUBLICAN COMMITTEE								
Mailing Address				10	29	2024		
City		JOHNSTOWN	State	PA	Zip Code (Plus 4)		15904	Description of Expenditure
								CONTRIBUTION
To Whom Paid				MO	DAY	YEAR	\$	
DAVE SUNDAY FOR ATTORNEY GENERAL								
Mailing Address				10	31	2024		
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17102	Description of Expenditure
								CONTRIBUTION
To Whom Paid				MO	DAY	YEAR	\$	
CLEARWORD								
Mailing Address				11	12	2024		
City		ASHBURN	State	VA	Zip Code (Plus 4)		20147	Description of Expenditure
								DIRECT MAIL
To Whom Paid				MO	DAY	YEAR	\$	
SPECIALTY DATA SOLUTIONS								
Mailing Address				11	18	2024		
City		FREDERICK	State	MD	Zip Code (Plus 4)		21701	Description of Expenditure
								DIRECT MAIL
To Whom Paid				MO	DAY	YEAR	\$	
DEBEE CLARK								
Mailing Address				11	2	2024		
City		OKLAHOMA CITY	State	OK	Zip Code (Plus 4)		73154	Description of Expenditure
								LEGAL FEES
To Whom Paid				MO	DAY	YEAR	\$	
COMMONWEALTH ENTREPRENEURS, LLC								
Mailing Address				11	5	2024		
City		HARRISBURG	State	PA	Zip Code (Plus 4)		17101	Description of Expenditure
								RENT
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
							\$ 167,677.92	

