

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 : | | 20190183 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: COMMONWEALTH CHILDRENS CHOICE 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 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 | FILING METHOD () CHECK ONE | | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | | | | |
| | | | | | | 11 | 5 | 2024 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 10 | 22 | 2024 | | 11 | 25 | 2024 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 1,540,941.77 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 17,007.76 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 1,557,949.53 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 183,662.92 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 1,374,286.61 | | | | | | |
| 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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| COMMONWEALTH CHILDRENS CHOICE FUND | From: <u>10/22/2024</u> To: <u>11/25/2024</u> |

| | |
|--|---------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 0.00 |

| | |
|--|-----------|
| 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) | \$ 500.00 |
| TOTAL for the Reporting Period (2) | \$ 500.00 |

| | |
|---|---------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 0.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 0.00 |

| | |
|--|--------------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 17,007.76 |

| | |
|---|--------------|
| 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.) | \$ 17,507.76 |
|---|--------------|

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 Candidate | Reporting Period |
| COMMONWEALTH CHILDRENS CHOICE FUND | From: <u>10/22/2024</u> To: <u>11/25/2024</u> |

| DATE | AMOUNT |
|------|--------|
|------|--------|

| | | | | | | |
|--|--------------|--------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| MATT PINCUS | | | | | | |
| Mailing Address 627 WESTBOURNE RD | | | | | | |
| City WEST CHESTER | State | Zip Code (Plus 4) | 11 | 2 | 2020 | |
| | PA | 19382 | | | | |

| | | | | | | |
|--------------------------------------|--------------|--------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| MATT BROUILLETTE | | | | | | |
| Mailing Address 5 PLUM STREET | | | | | | |
| City ANNVILLE | State | Zip Code (Plus 4) | 11 | 4 | 2020 | |
| | PA | 17003 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 500.00 |

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 | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| City | State | Zip Code (Plus 4) | | |
| | | | | |

| | |
|--|------------------------------|
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | PAGE TOTAL \$ 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.)**

| | |
|--|-------------------------|
| 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 Name | | | Occupation | | | | |
| Employer Mailing Address/Principal Place of Business | | City | | State | | Zip Code (Plus 4) | |

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

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.00 |

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.

| | |
|--|--|
| Name of Filing Committee or Candidate COMMONWEALTH CHILDRENS CHOICE FUND | Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|----------------------------------|--|----------|-------------------------|------|-----|--------|--------------|
| Full Name | | | | MO | DAY | YEAR | \$ 17,007.76 |
| FIRST NATIONAL BANK OF PA | | | | | | | |
| Mailing Address 110 N 2ND STREET | | | | | | | |
| City HARRISBURG | | State PA | Zip Code (Plus 4) 17101 | | | | |
| Receipt Description | | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 17,007.76 |

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 CHILDRENS CHOICE FUND | | From: <u>10/22/2024</u> To: <u>11/25/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| 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: To: |
|---------------------------------------|--|

| | | | 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. | | | | | | PAGE TOTAL \$ 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

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| COMMONWEALTH CHILDRENS CHOICE FUND | From <u>10/22/2024</u> To: <u>11/25/2024</u> |

| | | | | DATE | | AMOUNT | |
|---|----------|-------------------------|---|------|-----|--------|-----------------------------|
| To Whom Paid FRIENDS OF DAWN KEEFER | | | | MO | DAY | YEAR | \$ 25,000.00 |
| Mailing Address 150 ORE BANK ROAD | | | | 10 | 29 | 2024 | |
| City DILLSBURG | State PA | Zip Code (Plus 4) 17019 | Description of Expenditure CONTRIBUTION | | | | |
| To Whom Paid HRCC | | | | MO | DAY | YEAR | \$ 150,000.00 |
| Mailing Address 500 N 3RD STREET | | | | 10 | 30 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure CONTRIBUTION | | | | |
| To Whom Paid DEBEE CLARK & WEBER | | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address PO BOX 54949 | | | | 11 | 1 | 2024 | |
| City OKLAHOMA CITY | State OK | Zip Code (Plus 4) 73154 | Description of Expenditure LEGAL | | | | |
| To Whom Paid ATLAS & MIGHT | | | | MO | DAY | YEAR | \$ 3,000.00 |
| Mailing Address 2135 MARKET STREET | | | | 11 | 1 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 17011 | Description of Expenditure CONSULTING | | | | |
| To Whom Paid PAYTRACE | | | | MO | DAY | YEAR | \$ 20.00 |
| Mailing Address 12709 MIRABEAU PKWY BUILDING A | | | | 11 | 2 | 2024 | |
| City SPOKANE VALLEY | State WA | Zip Code (Plus 4) 99216 | Description of Expenditure CREDIT CARD PROCESSING FEE | | | | |
| To Whom Paid COMMONWEALTH ENTREPRENEURS, LLC | | | | MO | DAY | YEAR | \$ 3,642.92 |
| Mailing Address 420 N 3RD STREET | | | | 11 | 1 | 2024 | |
| City HARRISBURG | State | Zip Code (Plus 4) 17101 | Description of Expenditure RENT | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL \$ 183,662.92 |

