

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:													
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 2024	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	5	2024					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	26	2024					
						12	31	2024					
A. Amount Brought Forward From Last Report						\$ 403,882.92							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,400.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 407,282.92							
D. Total Expenditures (From Schedule III)						\$ 17,066.17							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 390,216.75							
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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

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

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate COMMONWEALTH LEADERS FUND	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2,375.00

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.)	\$ 3,400.00
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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.

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 COMMONWEALTH LEADERS FUND	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
QUINTIN FREY	12	2	2024	\$ 1,000.00
Mailing Address				
City WASHINGTON BORO	State PA	Zip Code (Plus 4) 17582		
Employer Name RETIRED			Occupation RETIRED	
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
\$ 1,000.00

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.

Name of Filing Committee or Candidate COMMONWEALTH LEADERS FUND	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	AMOUNT	
Full Name				MO	DAY	YEAR
FIRST NATIONAL BANK						
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
Receipt Description						
INTEREST EARNED						
Full Name				MO	DAY	YEAR
FIRST NATIONAL BANK						
Mailing Address						
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
\$ 2,375.00

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 LEADERS FUND		From: <u>11/26/2024</u> To: <u>12/31/2024</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:
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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.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMONWEALTH LEADERS FUND	From <u>11/26/2024</u> To: <u>12/31/2024</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 20.20
PAYTRACE				12	2	2024	
Mailing Address				12	2	2024	\$ 2,000.00
City	SPOKANE VALLEY	State	WA	Zip Code (Plus 4)	99216	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 690.86
DEBEE CLARK & WEBER				12	3	2024	
Mailing Address				12	3	2024	\$ 3,642.92
City	OKLAHOMA CITY	State	OK	Zip Code (Plus 4)	73514	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 9,929.29
CAPITOL SUPPORT SERVICE				12	3	2024	
Mailing Address				12	3	2024	\$ 782.90
City	LEMOYNE	State	PA	Zip Code (Plus 4)	17043	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 17,066.17
COMMONWEALTH ENTREPRENEURS, LLC				12	3	2024	
Mailing Address				12	3	2024	\$ 17,066.17
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 17,066.17
LINEMARK COMMUNICATIONS				12	9	2024	
Mailing Address				12	9	2024	\$ 17,066.17
City	UPPER MARLBORO	State	MD	Zip Code (Plus 4)	20774	Description of Expenditure	
To Whom Paid				MO	DAY	YEAR	\$ 17,066.17
FIRST NATIONAL BANK				12	10	2024	
Mailing Address				12	10	2024	\$ 17,066.17
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$ 17,066.17

