Campaign Finance Report

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

Filer Identificati Number :	on 2017	70358			Repo Filed		:	CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		COMM	ION	WEA	LTH LEA	DERS	FUNI							
Street Address:																	
City:	HARRISBURG	i						State:	PA			Zip Cod	le: 1	7101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.		0 DA LECT		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2024					IG METHO				PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•		•			DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YI	EAR	- rumber	Todac	!		Couc	
								11		5	2024		(SEE IN	ISTRUCTI	ONS FOR O	ODES)	
	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		11 26	20)24	то		12	:	31	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			403,8	382.92						
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hed	lule I)	\$			3,4	400.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			407,2	282.92						
D. Total Expen	ditures (From Sch	edule II	I)				\$			17,0	066.17						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			390,2	16.75						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			Al		[DAV	IT/	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	is a	Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	iles	filed o	n pa	per o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Re	oort		
	Signatu	ire										Prin	ted Nam	e			
My Commission Ex	cpires											Ema	il				
	МО	D	AY Y	/R					Are	ea Cod	le	Daytim	e Telep	hone Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Cor	nm	ittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowl	edge and belief ti	his į	politica	al co	mmi	ittee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20								s	ignature o	of Candid	late			
												Printe	d Name				
My Commission Exp	Signature					_						Ema	il				
						_											
	МО	D	AY	ΥR					Area	Code		Da	aytime 1	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
COMMONWEALTH LEADERS FUND	From:	11/26/202	<u>.4</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	2,375.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,400.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee of	or Candidate		Re	porting	Period			
			Fro	om:		То	•	
		·			DATE			AMOUNT
Full Name of Contributing Co	mmittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

PAGE TOTAL
0.00

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

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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	ported	III Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
			Fro	m:		To	o :	
		ı			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
						-		PAGE TOTAL

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

0.00

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:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Candida	ate			Rep	orting Pe	riod			
СОМІ	MONWEALTH LEADERS FUND				Fron	n:	11/26/2	<u>024</u> T	o :	12/31/2024
						D/	ATE			AMOUNT
Full N	ame of Contributor					мо	DAY	YEAR		\$ 1,000.00
QUIN	TIN FREY						2711	,		9 1,000.00
Mailin	g Address					12	2	2024	1	
City	WASHINGTON BORO	State	Zi	ip Code (Plus	4)	12	2	202	`	
		l _{PA}	1 1	7582						
Emplo	yer Name RETIRED					Occupat	ion	RETIRE	D	
Emplo	yer Mailing Address/Principal	Place of Business		City			State		Zip	Code (Plus 4)
Enter	Grand Total of Part C on So	chedule I, Detailed	Sumi	mary Page,	Section	on 3.	l		\$	PAGE TOTAL 1.000.00

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			Report	ing Perio	d			
COMMONWEALTH LEADERS FUND			From:		<u>11/26/202</u>	<u>4</u> To:		12/31/2024
				D	ATE	_		AMOUNT
Full Name				мо	DAY	YEAR	_	1 002 21
FIRST NATIONAL BANK				МО	DAT	TEAR	\$	1,003.31
Mailing Address				11	29	2024		
City HARRISBURG	State	Zip Code (Plus 4)					
	PA	17101						
Receipt Description INTEREST EARNE	ĒD .	•						
Full Name							١.	
FIRST NATIONAL BANK				МО	DAY	YEAR	\$	1,371.69
Mailing Address				12	31	2024	1	
City HARRISBURG	State	Zip Code (Plus 4)	12	J1	2024		
	PA	17101						
Receipt Description								
Enter Grand Total of Part E on Schodul	lo I Detailed Summ	anu Daga	Coation	4		Γ		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 Per	iod	
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 P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Name of Contributor				Reporting Period					
			From:			To	:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL			
Section 2.						\$	0	.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

				_						
Nam	e of Filing Committee or Candi	date		Reporti	ng Period					
СОМ	MONWEALTH LEADERS FUND			From	11/2	<u>5/2024</u>	То:	12/31/2024		
				•	DATE			AMOUNT		
To W	hom Paid			МО	DAY	YEAR				
PAYT	RACE			1-10		1 = 1 \				
Mailir	ng Address			12	12 2 2024 \$					
City	SPOKANE VALLEY	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
		WA	99216	CREDIT	CARD FEE	S				
To W	hom Paid			МО	DAY	YEAR				
DEBE	E CLARK & WEBER			PIO		ILAK				
Mailir	ng Address			12	3	2024	\$	2,000.00		
City	OKLAHOMA CITY	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
OK 73514				LEGAL I	FEES					
To Whom Paid				МО	DAY	YEAR				
CAPI	TOL SUPPORT SERVICE			1-10		12/110				
Mailir	ng Address			12	3	2024	\$	690.86		
City	LEMOYNE	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
		PA	17043	LETTER	LETTERHEAD					
To W	hom Paid			мо	DAY	YEAR				
COM	MONWEALTH ENTREPRENEURS	S, LLC				7 = 7 0				
Mailir	ng Address			12	3	2024	\$	3,642.92		
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		PA	17101	RENT D	ECEMBER					
To W	nom Paid			МО	DAY	YEAR				
LINE	MARK COMMUNICATIONS					1 = 1				
Mailir	ng Address			12	9	2024	\$	9,929.29		
City	UPPER MARLBORO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	MD 20774			DIRECT	MAIL					
To W	Whom Paid				DAY	YEAR				
FIRS	RST NATIONAL BANK									
Mailir	ling Address				10	2024	\$	782.90		
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		I								

17101

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

BANK FEES

PAGE TOTAL

17,066.17