

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 POST-PRIMARY	3.	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. X	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			
		11	26	2024		12	31	2024				
A. Amount Brought Forward From Last Report						\$ 1,374,286.61						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 20,246.76						
C. Total Funds Available (Sum Of Lines A and B)						\$ 1,394,533.37						
D. Total Expenditures (From Schedule III)						\$ 9,014.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,385,519.37						
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>11/26/2024</u> To: <u>12/31/2024</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)	\$ 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)	\$ 10,000.00
TOTAL for the Reporting Period (3)	\$ 10,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 10,246.76

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.)	\$ 20,246.76
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<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				\$ 0.00
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						PAGE TOTAL
						\$ 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: 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 CHILDRENS CHOICE 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	
CHUCK VOLPE				\$ 10,000.00
Mailing Address 336 OAKFORD ROAD				
City CLARKS SUMMIT	11	26	2024	
State PA				
Zip Code (Plus 4) 18411				
Employer Name EXCALIBUR	Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	
423 JEFFERSON AVENUE	SCRANTON	PA	18510	

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

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate COMMONWEALTH CHILDRENS CHOICE FUND	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE		AMOUNT	
Full Name FIRST NATIONAL BANK				MO 11	DAY 29	YEAR 2024	\$ 4,975.96
Mailing Address 110 N 2ND STREET							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Receipt Description INTEREST EARNED							
Full Name FIRST NATIONAL BANK				MO 12	DAY 31	YEAR 2024	\$ 5,270.80
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	
\$	10,246.76

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>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

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>11/26/2024</u> To: <u>12/31/2024</u>

				DATE	AMOUNT		
To Whom Paid PAYTRACE				MO	DAY	YEAR	\$ 20.00
Mailing Address 12709 MIRABEAU PKWY BUILDING A, SUITE 100				12	2	2024	
City SPOKANE VALLEY	State WA	Zip Code (Plus 4) 99216	Description of Expenditure CREDIT CARD FEES				
To Whom Paid CAPITOL SUPPORT SERVICE				MO	DAY	YEAR	\$ 160.33
Mailing Address 1043 MUMMA ROAD				12	3	2024	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Expenditure LETTERHEAD				
To Whom Paid DEBEE CLARK & WEBER				MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949				12	3	2024	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES				
To Whom Paid ATLAS & MIGHT LLC				MO	DAY	YEAR	\$ 3,000.00
Mailing Address 2135 MARKET STREET				12	3	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CONSULTING				
To Whom Paid FIRST NATIONAL BANK				MO	DAY	YEAR	\$ 190.75
Mailing Address 110 N 2ND STREET				12	10	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure BANK FEES NOV/DEC				
To Whom Paid COMMONWEALTH ENTREPRENEURS LLC				MO	DAY	YEAR	\$ 3,642.92
Mailing Address 420 N 3RD STREET				12	3	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT DECEMBER				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 9,014.00

