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			Rep File			CAN	ADI	DATE		COM	AITTEE	✓	LO	DD T	151	
Name of Filing C	Committee, Candid	late or L	obbyist:	•	СОМ	МО	NWE	ALTH I	LEA	DERS	FUNE							
Street Address:																		
City:	HARRISBURG	i						State	:	PA			Zip Co	de: 1	7101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	7	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ē- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2025					CHECH					PAPER		>	D	ISKET	TE
Name of Office S	– Sought by Candida	te:						DATI	ΕO	F ELE	CTIO	N	District Number	Office Code	P	arty	Code	County
								МО		DAY	YE	AR		•				
									3	2	25	2025		(SEE IN	NSTRUC [*]	TIONS	S FOR CO	DES)
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YI	EAR	FC	R OFFI	CE US	ΕO	NLY	
Expenditures	from:		1 7	2	025	T	0		3	:	LO	2025						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	•			390,2	216.75						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				7,9	955.33						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$;	398,1	172.08						
D. Total Expend	ditures (From Sch	edule II	I)				\$			-	106,3	371.44						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			2	91,8	00.64						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$					0.00			1			
								CTIC										
I swear (or affirm)	s a Committee rep	-	_									_		of my kno	wledg	e an	d belief	, true
correct and comple	ete. scribed before me this	s										ianatura	of Perso	n Gubmit	ttina D		•	
	day of		_ 20				-					ngnature	oi Peiso	iii Subiiiii	itiliy K	ероі		
	Signatu	ire					_						Prin	ted Nam	е			
My Commission Ex	· —						_		•				Ema					
	МО		AY	YR		-					a Coc	le	Daytin	ne Telep	hone N	lumb	er	
	a report of a can					•									l 2	102	7 (0.1	1222
No 320) as amende	ed.	ily Kilowi	euge and ben	iei tilis	politi	icai	Commi	ittee ii	a5 III	ot violai	eu an	y provis	ions or th	e act of .	rune 3,	193	7 (P.L.	
SWORN TO AND SUBSC	ribed before me this day of		20									S	ignature (of Candid	late			
	<u> </u>						-						Printe	ed Name				-
My Commission Exp	Signature pires												Ema	nil				-
	мо	D	AY	YR			-			Area	Code		D	aytime 1	Γeleph	one I	Numbei	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
COMMONWEALTH LEADERS FUND	From:	1/7/20	<u>)25</u> To :	3/10/2025
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	110.00
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)			\$	6,600.00
TOTAL for the Reporting	Period	(3)	\$	6,600.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	1,245.33
			<u> </u>	
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			\$	7,955.33

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 Committ	Name of Filing Committee or Candidate					Reporting Period						
		F	rom:		То	:						
		•		DATE			AMOUNT					
Full Name of Contributing	g Committee		мо	DAY	YEAR							
Mailing Address						\$	0.00					
City	State	Zip Code (Plus 4)										

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

PAGE TOTAL
0.00

0.00

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 Filling Committee	an Contidate	1	Ren	orting P	eriod			
Name of Filing Committe	ee or Candidate		Fro			To):	
					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.

9/15/2025 4:06:24 AM

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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 Candidate				Rep	orting Pe	riod				
COM	MONWEALTH LEADERS FUND				Fror	m:	<u>1/7/2</u>	<u>025</u> T o	To: <u>3/10/2025</u>		
						D	ATE			AMOUNT	
Full N	ame of Contributor					МО	DAY	YEAR	_		F 000 00
CARO	L ANN SAVOY					1-10	DAI	ILAK	\$		5,000.00
Mailin	g Address					1	6	2025			
City	MONTOURSVILLE	State	Zij	p Code (Plus	4)	_					
		I PA	₁₇	754							
Emplo	yer Name SAVOY FURNITURE					Occupat	tion	OWNER			
Emplo	yer Mailing Address/Principal Pla	ice of Business		City			State		Zip (Code (Plus	s 4)
				MONTOUF	RSVILLI	E	PA		177!	54	
Full N	ame of Contributor								Т		
	O CRANSTON					МО	DAY	YEAR	\$		1,000.00
-	g Address					_			₹		
City	MCKEES ROCKS	State	Zij	p Code (Plus	; 4)	2	24	2025			
-		PA	1	5136	•	1					
Emplo	yer Name CRANSTON MATERIA	AL HANDLINE EQUIP	MENT	Γ CORP		Occupat	tion	PRESID	ENT		
	yer Mailing Address/Principal Pla			City		•	State		Zip (Code (Plus	s 4)
				PITTSBUR	.GH		PA		1520	05	
Full N	ame of Contributor										
DONA	LD REINHARD					МО	DAY	YEAR	\$		600.00
Mailin	g Address					3	5	2025	7		
City	PALMERTON	State	Zij	p Code (Plus	(4)] 3	3	2025			
		_{PA}	₁₈	3071							
Emplo	yer Name PENCOR SERVICES,	INC.				Occupat	tion	EXECUT	IVE		
	yer Mailing Address/Principal Pla			City			State		Zip (Code (Plus	s 4)
				PALMERTO	ON		PA		180	71	
								Г		PAGE TO	TAI.
Enter	Grand Total of Part C on Scho	edule I, Detailed S	umn	nary Page,	Section	on 3.				PAGE IC	JIAL
									\$	6,6	500.00
								L			

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	Reporting Perio	d	
COMMONWEALTH LEADERS FUND	From:	<u>1/7/2025</u> To:	3/10/2025

			D	ATE		AM	MOUNT
Full Name			мо	DAY	VEAD	_	1 245 22
FIRST NATIONAL BANK			MO	DAT	YEAR	\$	1,245.33
Mailing Address			1	31	2025		
City HARRISBURG	State	Zip Code (Plus 4)	_]	2023		
	PA	17101					
Receipt Description INTEREST EARN	ED						

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

PAGE TOTAL \$ 1,245.33

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:	1/7/2025 To:	<u>3/10/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	Reporting Period							
			From:		:			
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
inter Grand Total of Part F on Schedule II, In-Kind Contributions Details			ailed Summary Page,			PAGE TOTAL		•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
COMMONWEALTH LEADERS FUND	From	1/7/2025	То:	<u>3/10/2025</u>

				DATE				AMOUNT			
To Wh	om Paid			мо	DAY	YEAR					
PAYTR	ACE			140		1 Z / LIK					
Mailing Address			1	2	2025	\$	20.00				
City	SPOKANE VALLEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		WA 99216 CREDI				CREDIT CARD FEES					
To Whom Paid				мо	DAY	YEAR					
DEBEE	CLARK & WEBER			MO	DAI	ILAK					
Mailing	g Address			1	8	2025	\$	2,000.00			
City OKLAHOMA CITY State Zip Code (Plus 4) OK 73514			Zip Code (Plus 4)	Description of Expenditure							
			LEGAL FEES								
To Wh	om Paid			мо	DAY	YEAR					
СОММ	ONWEALTH ENTREPRENEURS	LLC		MO	DAI	ILAK					
Mailing	g Address			1	8	2025	\$	3,715.75			
City HARRISBURG State Zip Code (Plus 4)			Description of Expenditure								
		PA	17101	RENT JANUARY							
To Wh	om Paid			МО	DAY	YEAR					
IMPACT RESPONSE				МО	DAT	TEAR					
Mailing Address			1	10	2025	\$	2,750.00				
City	City FREDERICKSBURG State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
		VA	22401	DIRECT MAIL							
To Wh	om Paid			мо	DAY	YEAR					
FIRST	NATIONAL BANK			MO	DAT	TEAR					
Mailing Address				1	10	2025	\$	90.95			
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l				
		PA	17101	BANK FEES							
To Whom Paid				мо	DAY	YEAR					
COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS				MO	DAI	ILAK					
Mailing Address				1	14	2025	\$	1,105.73			
City HARRISBURG State Zip Code (Plus 4) PA 17101			Description of Expenditure								
			17101	ADMIN OCT-DEC							

To Whom Paid				мо	DAY	YEAR			
COMMONWEALTH PARTNERS CHAMBER OF ENTREPRENEURS Mailing Address				1	14	2025	 \$	27,662.54	
City	HARRISBURG	State	Zip Code (Plus 4)		tion of Exp OCT-DEC				
PA 17101				ADMIN	I		<u> </u>		
To Whom Paid BONNIE LANGBORGH DESIGN LLC				мо	DAY	YEAR			
Mailing Address				1	22	2025	 \$	370.00	
City	WINCHESTER	State	Zip Code (Plus 4)						
		VA	22601	DIRECT MAIL					
	nom Paid			мо	DAY	YEAR			
	S & & amp; MIGHT LLC				21	2025	 \$	592.00	
мани	ng Address	1		1	31	2025		392.00	
City	CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17011	DIRECT	DIRECT MAIL				
	nom Paid			мо	DAY	YEAR			
DEBE	E CLARK & WEBER								
Mailin	ng Address			1	31	2025	\$	2,000.00	
City	OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure					
		ОК	73514	LEGAL FEES					
To Wi	nom Paid			мо	DAY	YEAR			
PAYTE	RACE			140		ILAK			
Mailin	g Address			2	3	2025	\$	20.10	
City	SPOKANE VALLEY	State	Zip Code (Plus 4)	Description of Expenditure					
		WA	99216	CREDIT CARD FEES					
To Whom Paid				мо	DAY	YEAR			
PA FU	TURE FUND			1-10		I Z J II K			
Mailin	ng Address			2	5	2025	\$	1,000.00	
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17110	CONTRIBUTION					
To Wi	nom Paid			МО	DAY	VEAD			
IMPA	CT RESPONSE			МО	DAT	YEAR			
Mailing Address			2	10	2025	\$	2,750.00		
City FREDERICKSBURG State Zip Code (Plus 4) VA 22401				Descrip	tion of Exp	enditure	I		
				DIRECT MAIL					
To Whom Paid				MO	DAY	VEAD			
PERSONALIZED MARKETING COMMUNICATIONS				МО	DAY	YEAR			
Mailing Address				2	14	2025	\$	1,478.70	
City	LYNCHBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
VA 24502			24502	DIRECT	MAIL				

To Wi	nom Paid			МО	DAY	YEAR			
FIRST NATIONAL BANK				1-10		ILAK			
Mailing Address			2	18	2025	\$	95.70		
City	ry HARRISBURG State Zip Code (Plus 4)				Description of Expenditure				
		PA	17101	BANK FEES					
To Whom Paid						V=45			
COMMONWEALTH ENTREPRENEURS LLC				МО	DAY	YEAR			
Mailing Address				2	24	2025	\$	3,715.15	
City	City HARRISBURG State Zip Code (Plus 4)				Description of Expenditure				
		PA	17101	RENT FEBRUARY					
To Wi	nom Paid								
BONN	IIE LANGBORGH DESIGN LLC			МО	DAY	YEAR			
Mailin	ng Address			2	25	2025	\$	395.00	
City	WINCHESTER	State	Zip Code (Plus 4)	Description of Expenditure					
		VA	22601	DIRECT MAIL					
To Wi	nom Paid	•	•						
PERS	ONALIZED MARKETING COMMUN	ICATIONS		МО	DAY	YEAR			
Mailin	ng Address			2	27	2025	\$	874.07	
City	LYNCHBURG	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
-		VA	24502	DIRECT MAIL					
To Wi	nom Paid		•						
DEBE	E CLARK & WEBER			МО	DAY	YEAR			
Mailin	ng Address			3	3	2025	\$	2,000.00	
City	OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure					
		ок	73514	LEGAL FEES					
To Wi	nom Paid		•						
ATLAS	S & MIGHT LLC			МО	DAY	YEAR			
Mailin	ng Address			3	3	2025	\$	50,000.00	
City	CAMP HILL	State	Zip Code (Plus 4)	Descrin	l tion of Exp	enditure			
,	CAPIT TILL	PA	17011	1	G - DIGITA				
To W	nom Paid	1.7.	1 - 1 - 1 - 1						
COMMONWEALTH ENTREPRENEURS LLC				МО	DAY	YEAR			
Mailing Address			3	3	2025	\$	3,715.75		
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>		
PA 17101				RENT MARCH					
To Whom Paid									
PAYTRACE				МО	DAY	YEAR			
Mailing Address			3	3	2025	\$	20.00		
City	SPOKANE VALLEY	State	Zip Code (Plus 4)	Descrip	l tion of Exp	L enditure	l .		
	WA 99216				CREDIT CARD FEES				
1111									

PAGE 14

	PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		106,371.44	