

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190183		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> COMMONWEALTH CHILDRENS CHOICE FUND												
<b>Street Address:</b> 420 N 3RD STREET												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17101			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2025	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	4	2025				
<b>Summary of Receipts and Expenditures from:</b>						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
						1	1	2025				<b>TO</b>
<b>A. Amount Brought Forward From Last Report</b>						\$ 1,385,519.37						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 18,228.32						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 1,403,747.59						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 138,432.43						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 1,265,315.16						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH CHILDRENS CHOICE FUND	From: <u>1/1/2025</u> To: <u>3/31/2025</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 50.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 5,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 13,178.32

<b>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.)</b>	\$ 18,228.32
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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)					

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

<b>PAGE TOTAL</b>	
\$	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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

			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.**

<b>PAGE TOTAL</b>	
\$	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.)**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH CHILDRENS CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2025</u> <b>To:</b> <u>3/31/2025</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$
WILLIAM HEILIG							5,000.00
<b>Mailing Address</b> 924 WINDING LN				2	12	2025	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063					
<b>Employer Name</b>				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>		<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
\$ 5,000.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  COMMONWEALTH CHILDRENS CHOICE FUND	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2025</u> <b>To:</b> <u>3/31/2025</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	4,934.99
FIRST NATIONAL BANK								
Mailing Address 110 N 2ND STREET								
City HARRISBURG		State PA	Zip Code (Plus 4) 17101					
Receipt Description INTEREST EARNED				1	31	2025		

Full Name				MO	DAY	YEAR	\$ 4,093.88
FIRST NATIONAL BANK				2	28	2025	
Mailing Address 110 N 2ND STREET							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Receipt Description INTEREST EARNED							

Full Name				MO	DAY	YEAR	\$ 4,149.45
FIRST NATIONAL BANK				3	31	2025	
Mailing Address 110 N 2ND STREET							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Receipt Description INTEREST EARNED							

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

<b>PAGE TOTAL</b>
\$ 13,178.32

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
COMMONWEALTH CHILDRENS CHOICE FUND		From: <u>1/1/2025</u> To: <u>3/31/2025</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
COMMONWEALTH CHILDRENS CHOICE FUND	From <u>1/1/2025</u> To: <u>3/31/2025</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
PAYTRACE				
<b>Mailing Address</b> 12709 MIRABEAU PKWY BUILDING A, SUITE 100	1	2	2025	\$ 20.00
<b>City</b> SPOKANE VALLEY				
<b>State</b> WA				
<b>Zip Code (Plus 4)</b> 99216				
<b>Description of Expenditure</b> CREDIT CARD FEES				
To Whom Paid	MO	DAY	YEAR	
HRCC				
<b>Mailing Address</b> 500 N 3RD STREET 4TH FLOOR	1	7	2025	\$ 10,000.00
<b>City</b> HARRISBURG				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 17101				
<b>Description of Expenditure</b> CONTRIBUTION				
To Whom Paid	MO	DAY	YEAR	
DEBEE CLARK & WEBER				
<b>Mailing Address</b> PO BOX 54949	1	8	2025	\$ 2,000.00
<b>City</b> OKLAHOMA CITY				
<b>State</b> OK				
<b>Zip Code (Plus 4)</b> 73154				
<b>Description of Expenditure</b> LEGAL FEES				
To Whom Paid	MO	DAY	YEAR	
ATLAS & MIGHT LLC				
<b>Mailing Address</b> 2135 MARKET STREET	1	8	2025	\$ 3,000.00
<b>City</b> CAMP HILL				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 17011				
<b>Description of Expenditure</b> CONSULTING				
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH ENTREPRENEURS, LLC				
<b>Mailing Address</b> 420 N 3RD ST	1	8	2025	\$ 3,715.75
<b>City</b> HARRISBURG				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 17101				
<b>Description of Expenditure</b> RENT JANUARY				
To Whom Paid	MO	DAY	YEAR	
COMMONWEALTH PARTNERS				
<b>Mailing Address</b> 420 N 3RD ST	1	14	2025	\$ 6,260.58
<b>City</b> HARRISBURG				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 17101				
<b>Description of Expenditure</b> ADMIN OCT-DEC				

To Whom Paid COMMONWEALTH PARTNERS			MO	DAY	YEAR	\$ 172.65
Mailing Address 420 N 3RD ST			1	14	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure ADMIN OCT-DEC REIMBURSABLES			

To Whom Paid DEBEE CLARK & WEBER			MO	DAY	YEAR	\$ 2,000.00
Mailing Address PO BOX 54949			1	31	2025	
City OKLAHOMA	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			

To Whom Paid PAYTRACE			MO	DAY	YEAR	\$ 20.00
Mailing Address 12709 MIRABEAU PKWY BUILDING A, SUITE 100			2	3	2025	
City SPOKANE VALLEY	State WA	Zip Code (Plus 4) 99216	Description of Expenditure CREDIT CARD FEES			

To Whom Paid VOLUNTEERS FOR ARGALL			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 241			2	3	2025	
City TAMAQUA	State PA	Zip Code (Plus 4) 18252	Description of Expenditure CONTRIBUTION			

To Whom Paid ATLAS & MIGHT LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 2135 MARKET STREET			2	3	2025	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CONSULTING			

To Whom Paid FRIENDS OF JOSH PARSONS			MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 412			2	6	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			

To Whom Paid HRCC			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 500 N 3RD STREET 4TH FLOOR			2	18	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF TIM O'NEAL			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 4075 LINGLESTOWN ROAD PMB: 119			2	18	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
FRIENDS OF GREG ROTHMAN						
Mailing Address PO BOX 1471			2	18	2025	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 205.90
FIRST NATIONAL BANK						
Mailing Address 110 N 2ND STREET			2	18	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure BANK FEES			

To Whom Paid			MO	DAY	YEAR	\$ 50,000.00
POP PAC						
Mailing Address 35 E BALTIMORE AVE 2ND FLOOR			2	21	2025	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 3,715.75
COMMONWEALTH ENTREPRENEURS, LLC						
Mailing Address 420 N 3RD ST			2	24	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT FEBRUARY			

To Whom Paid			MO	DAY	YEAR	\$ 3,715.75
COMMONWEALTH ENTREPRENEURS, LLC						
Mailing Address 420 N 3RD ST			3	3	2025	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure RENT MARCH			

To Whom Paid			MO	DAY	YEAR	\$ 3,000.00
ATLAS & MIGHT LLC						
Mailing Address 2135 MARKET STREET			3	3	2025	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure CONSULTING			

To Whom Paid			MO	DAY	YEAR	\$ 2,000.00
DEBEE CLARK & WEBER						
Mailing Address PO BOX 54949			3	3	2025	
City OKLAHOMA CITY	State OK	Zip Code (Plus 4) 73154	Description of Expenditure LEGAL FEES			

To Whom Paid			MO	DAY	YEAR	\$ 20.00
PAYTRACE						
Mailing Address 12709 MIRABEAU BUILDING A, SUITE 100			3	3	2025	
City SPOKANE VALLEY	State WA	Zip Code (Plus 4) 99216	Description of Expenditure CREDIT CARD FEES			

<b>To Whom Paid</b> LMT-YARDLEY GOP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 10,000.00
<b>Mailing Address</b> 232 ASPEN ROAD			3	6	2025	
<b>City</b> YARDLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19067	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> FIRST NATIONAL BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 86.05
<b>Mailing Address</b> 110 N 2ND STREET			3	10	2025	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> BANK FEES MARCH			

  

<b>To Whom Paid</b> SRCC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b> P.O. BOX 457			3	17	2025	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 138,432.43

