### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 201                          | 70358       |                        |       |       | port<br>ed B |                | CAND               | IDATE     |        | СОМ        | <b>4ITTEE</b>      | <b>✓</b>       | LOBE         | YIST      |                |
|---|---------------------------------|-------------|------------------------|-------|-------|--------------|----------------|--------------------|-----------|--------|------------|--------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                          | Committee, Candid               | date or L   | obbyist:               |       | COI   | ммо          | NWE <i>A</i>   | ALTH LEA           | ADERS     | FUNE   |            |                    |                |              |           |                |
| Street Address:                           | 420 N 3RD S                     | TREET       |                        |       |       |              |                |                    |           |        |            |                    |                |              |           |                |
| City:                                     | HARRISBURG                      | 6           |                        |       |       |              |                | State:             | PA        |        |            | Zip Cod            | le: 1          | 7101         |           |                |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-  | -     | 2. <b>X</b>  | 30 DA<br>PRIMA |                    | POST-     | 3.     |            | AMENDM<br>REPORT   |                | Yes          | No        | <b>~</b>       |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | PRE   | -     | 5.           | 30 DA<br>ELECT |                    | POST-     | 6.     |            | TERMINA<br>REPORT  |                | Yes          | No        | <b>~</b>       |
| report type)                              | ANNUAL REPORT                   | 7.          | <b>Year</b> 2025       |       |       |              |                | IG METH<br>CHECK O |           |        |            | PAPER              |                | $\checkmark$ | DISKE     | ГТЕ            |
| Name of Office S                          | Sought by Candida               | nte:        |                        |       | _     |              |                | DATE (             | )F ELE    | CTIC   | N          | District<br>Number | Office<br>Code | Pari         | y Code    | County<br>Code |
|   |                                 |             |                        |       |       |              |                | МО                 | DAY       | YI     | AR         | rumber             | Couc           |              |           |                |
|   |                                 |             |                        |       |       |              |                | 11                 |           | 4      | 2025       |                    | (SEE IN        | ISTRUCTIO    | NS FOR C  | ODES)          |
| Summary of Expenditures                   | Receipts and                    | МО          | DAY Y                  | 'EAR  |       |              |                | МО                 | DAY       | ΥI     | EAR        | FO                 | R OFFI         | CE USE       | ONLY      |                |
|   |                                 |             | 4 1                    | 20    | 025   | 5 T          | <u> </u>       | 5                  | 5         | 5      | 2025       |                    |                |              |           |                |
| A. Amount Bro                             | ught Forward Fro                | m Last R    | eport                  |       |       |              | \$             |                    |           | 253,4  | 112.79     |                    |                |              |           |                |
| B. Total Moneta                           | ary Contributions               | And Rec     | eipts (From S          | Sche  | dule  | e I)         | \$             |                    |           | 21,9   | 936.60     |                    |                |              |           |                |
| C. Total Funds                            | Available (Sum O                | f Lines A   | and B)                 |       |       |              | \$             |                    |           | 275,3  | 349.39     |                    |                |              |           |                |
| D. Total Expend                           | ditures (From Sch               | edule II    | I)                     |       |       |              | \$             |                    |           | 62,2   | 292.01     |                    |                |              |           |                |
| E. Ending Cash                            | Balance (Subtrac                | t Line D    | From Line C)           |       |       |              | \$             |                    | :         | 213,0  | 57.38      |                    |                |              |           |                |
| F. Value Of In-                           | Kind Contribution               | s Receiv    | ed (From Sch           | edu   | le II | I)           | \$             |                    |           |        | 0.00       |                    |                |              |           |                |
| G. Unpaid Debt                            | s And Obligations               | (From S     | Schedule IV)           |       |       |              | \$             |                    |           |        | 0.00       |                    |                | •            |           |                |
|   |                                 |             | ,                      | ٩FF   | ΙDΑ   | AVI          | T SE           | CTION              |           |        |            |                    |                |              |           |                |
|   | s a Committee rep               |             | _                      |       |       |              |                |                    |           |        |            |                    |                |              |           |                |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete. | cluding the | e attached sche        | dules | file  | ed on        | paper (        | or by elec         | tronic m  | edium  | , are to t | he best o          | f my kno       | wledge a     | ind belie | f , true       |
| Sworn to and subs                         | cribed before me th             | is          | 20                     |       |       |              |                |                    |           | S      | Signature  | of Perso           | n Submit       | ting Rep     | ort       |                |
|   | Signate                         | ire         |                        |       |       |              | -              |                    |           |        |            | Prin               | ted Nam        | e            |           |                |
| My Commission Ex                          | _                               |             |                        |       |       |              |                |                    |           |        |            | Ema                | il             |              |           |                |
|   | мо                              | D           | AY                     | YR    |       |              | _              |                    | Ar        | ea Cod | le         | Daytim             | e Telep        | hone Nur     | nber      |                |
| Part II- If this is                       | a report of a can               | didate's    | authorized Co          | omn   | nitte | ee, C        | andida         | ate shall          | sign h    | ere.   |            |                    |                |              |           |                |
| I swear (or affirm)<br>No 320) as amende  | that to the best of             | my knowl    | edge and belief        | this  | poli  | itical       | commi          | ittee has ı        | not viola | ted an | y provis   | ions of the        | e act of I     | lune 3,19    | 37 (P.L.  | 1333,          |
| Sworn to and subsc                        | ribed before me this            | i           |                        |       |       |              |                |                    |           |        | s          | ignature o         | of Candid      | late         |           |                |
|   | day of<br>                      |             |                        |       |       |              | -              |                    |           |        |            | Drint              | d Name         |              |           |                |
|   | Signature                       |             |                        |       |       |              | -              |                    |           |        |            |                    |                |              |           |                |
| My Commission Exp                         | -                               |             |                        |       |       |              |                |                    |           |        |            | Ema                | il             | _            | _         |                |
|   | МО                              | D           | AY                     | YR    |       |              | •              |                    | Area      | Code   |            | Da                 | ytime 1        | Telephon     | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting                 | g Period  |              |           |
|--|---------------------------|-----------|--------------|-----------|
| COMMONWEALTH LEADERS FUND  | From:                     | 4/1/202   | <u>5</u> To: | 5/5/2025  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                           |           |              |           |
| TOTAL for the Reporting  | ) Period                  | (1)       | \$           | 725.00    |
| 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)   |                           |           | \$           | 2,915.00  |
| TOTAL for the Reporting  | ) Period                  | (2)       | \$           | 2,915.00  |
| 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)   |                           |           | \$           | 17,600.00 |
| TOTAL for the Reporting  | ) Period                  | (3)       | \$           | 17,600.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                           |           |              |           |
| TOTAL for the Reporting  | ) Period                  | (4)       | \$           | 696.60    |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | d enter am<br>ge, Item B. | ount<br>) | \$           | 21,936.60 |

#### **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 or   | Candidate | R                 | eporting | Period |      |      |      |
|-------------------------------|-----------|-------------------|----------|--------|------|------|------|
|                               |           | F                 | rom:     |        | То   | •    |      |
|                               |           | ·                 |          | DATE   |      | AMOL | JNT  |
| Full Name of Contributing Com | mittee    |                   | 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.

### 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 Filing Committee or Candida | te        |                  | Repo | rting Pe | eriod |                 |                  |
|-------------------------------------|-----------|------------------|------|----------|-------|-----------------|------------------|
| COMMONWEALTH LEADERS FUND           |           |                  | From | :        | 4/1/2 | 2025 <b>T</b> o | <u>5/5/2025</u>  |
|                                     |           |                  |      | I        | DATE  |                 | AMOUNT           |
| Full Name of Contributor            |           |                  |      | мо       | DAY   | YEAR            |                  |
| FRANK HAWLEY                        |           |                  |      |          |       |                 |                  |
| Mailing Address 321 GREENBANK F     | RD        |                  |      |          |       |                 | <b>\$</b> 100.00 |
| City ROSEMONT                       | State     | Zip Code (Plus 4 | )    | 4        | 3     | 2025            |                  |
|                                     | PA        | 19010            |      |          |       |                 |                  |
| Full Name of Contributor            |           |                  |      | мо       | DAY   | YEAR            |                  |
| PATRICIA JEFFER                     |           |                  |      |          |       |                 |                  |
| Mailing Address 107 ALUVIAL RD      |           |                  |      |          |       |                 | <b>\$</b> 100.00 |
| City SHOHOLA                        | State     | Zip Code (Plus 4 | )    | 4        | 3     | 2025            |                  |
|                                     | PA        | 18458            |      |          |       |                 |                  |
| Full Name of Contributor            |           |                  |      | мо       | DAY   | YEAR            |                  |
| BARBARA LAUDY                       |           |                  |      |          |       | 12/11           |                  |
| Mailing Address 424 KENDAL DR       |           |                  |      |          |       |                 | <b>\$</b> 65.00  |
| City KENNETT SQUARE                 | State     | Zip Code (Plus 4 | )    | 4        | 8     | 2025            |                  |
|                                     | PA        | 19348            |      |          |       |                 |                  |
| Full Name of Contributor            |           |                  |      | мо       | DAY   | YEAR            |                  |
| WILLIAM FREAS                       |           |                  |      | MO       | DAT   | TEAR            |                  |
| Mailing Address 211 CARTER DRIV     | E SUITE A |                  |      |          |       |                 | <b>\$</b> 100.00 |
| City WEST CHESTER                   | State     | Zip Code (Plus 4 | )    | 4        | 8     | 2025            |                  |
|                                     | PA        | 19382            |      |          |       |                 |                  |
| Full Name of Contributor            |           |                  |      |          |       |                 |                  |
| ALICE TOMI                          |           |                  |      | МО       | DAY   | YEAR            |                  |
| Mailing Address 1761 KINGS CT       |           |                  |      |          |       |                 | <b>\$</b> 100.00 |
| City SOUTH PARK                     | State     | Zip Code (Plus 4 | )    | 4        | 14    | 2025            |                  |
|                                     | PA        | 15129            |      |          |       |                 |                  |
| Full Name of Contributor            |           |                  |      |          |       |                 |                  |
| WALTER WEIR, JR.                    |           |                  |      | МО       | DAY   | YEAR            |                  |
| Mailing Address 537 WEYMOUTH R      | <br>D     |                  |      |          |       |                 | <b>\$</b> 100.00 |
| City SPRINGFIELD                    | State     | Zip Code (Plus 4 | )    | 4        | 14    | 2025            |                  |
|                                     | PA        | 19064            |      |          |       |                 |                  |
| L                                   |           |                  |      |          |       |                 | •                |

| Full Na | ame of Contributor        |          |                   | мо   | DAY | YEAR         |                  |
|---------|---------------------------|----------|-------------------|------|-----|--------------|------------------|
| JEFFE   | RY R JONES                |          |                   | 1.10 |     | ILAK         |                  |
| Mailin  | g Address 742 KENWOOD [   | )R       |                   |      |     |              | \$ 100.00        |
| City    | DICKSON CITY              | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 18447             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | мо   | DAY | YEAR         |                  |
| WILLI   | AM BROUGHAM               |          |                   | 140  | DAI | ILAK         |                  |
| Mailin  | g Address 12674 ROUTE 59  | )        |                   |      |     |              | <b>\$</b> 100.00 |
| City    | SMETHPORT                 | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 16749             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | МО   | DAY | YEAR         |                  |
| FREDE   | ERICK MCILVENNY, JR.      |          |                   | МО   | DAT | TEAR         |                  |
| Mailin  | g Address 527 RUTTER AVE  |          |                   |      |     |              | \$ 250.00        |
| City    | KINGSTON                  | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 18704             |      |     |              |                  |
| Full Na | ame of Contributor        |          | <u>-</u>          | МО   | DAY | VEAD         |                  |
| DUAN    | E ORTIZ                   |          |                   | МО   | DAY | YEAR         |                  |
| Mailin  | g Address 380 FOREST MAI  | NOR RD   |                   |      |     |              | <b>\$</b> 100.00 |
| City    | COCHRANVILLE              | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 19330             |      |     |              |                  |
| Full Na | ame of Contributor        | -        |                   |      |     | <b>V</b> =45 |                  |
| HARO    | LD PROBANSKI              |          |                   | МО   | DAY | YEAR         |                  |
| Mailin  | g Address 223 MACHELL AV  | /E       |                   |      |     |              | \$ 100.00        |
| City    | DALLAS                    | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 18612             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | МО   | DAY | YEAR         |                  |
| MICHA   | AEL HEPLER                |          |                   | МО   | DAT | TEAR         |                  |
| Mailin  | g Address 622 WHISKEY SI  | RINGS RD |                   |      |     |              | \$ 100.00        |
| City    | BOILING SPRINGS           | State    | Zip Code (Plus 4) | 4    | 15  | 2025         |                  |
|         |                           | PA       | 17007             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | мо   | DAY | YEAR         |                  |
| FRANC   | CIS AND DOLORES ZIELINSKI |          |                   | MO   | DAT | TEAK         |                  |
| Mailin  | g Address 117 BRUNN LN    |          |                   |      |     |              | \$ 200.00        |
| City    | GREENTOWN                 | State    | Zip Code (Plus 4) | 4    | 22  | 2025         |                  |
|         |                           | PA       | 18426             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | МО   | DAY | YEAR         |                  |
| J. MIC  | CHAEL RUEFLE, JR.         |          |                   | МО   | DAT | TEAR         |                  |
| Mailin  | g Address 3620 HILLS CHU  | RCH RD   |                   |      |     |              | <b>\$</b> 100.00 |
| City    | EXPORT                    | State    | Zip Code (Plus 4) | 4    | 22  | 2025         |                  |
|         |                           | PA       | 15632             |      |     |              |                  |
| Full Na | ame of Contributor        |          |                   | 140  | DAY | VEAD         |                  |
| CLIFF   | ORD SWEITZER, JR          |          |                   | МО   | DAY | YEAR         |                  |
| Mailin  | g Address 303 CHARLESTO   | N LN     |                   |      |     |              | \$ 100.00        |
| City    | READING                   | State    | Zip Code (Plus 4) | 4    | 22  | 2025         |                  |
|         |                           | PA       | 19610             |      |     |              |                  |
|         |                           |          |                   |      | -   |              |                  |

| Full Na | ame of Contributor      |           |                   | мо       | DAY | YEAR         |                  |
|---------|-------------------------|-----------|-------------------|----------|-----|--------------|------------------|
| JOSEF   | PH AND DEBRA GALLAGHER  |           |                   | 1-10     |     | ILAK         |                  |
| Mailin  | g Address 2014 VILLAGE  | CIR E     |                   | <u> </u> |     |              | <b>\$</b> 100.00 |
| City    | YORK                    | State     | Zip Code (Plus 4) | 4        | 22  | 2025         |                  |
|         |                         | PA        | 17404             |          |     |              |                  |
| Full Na | ame of Contributor      |           |                   | мо       | DAY | YEAR         |                  |
| CLIFF   | ORD CLAYTON             |           |                   |          |     |              |                  |
| Mailin  | g Address 183 CLEARFIE  | _D RD     |                   | <u> </u> |     |              | <b>\$</b> 100.00 |
| City    | NEW PROVIDENCE          | State     | Zip Code (Plus 4) | 4        | 22  | 2025         |                  |
|         |                         | PA        | 17560             |          |     |              |                  |
| Full Na | ame of Contributor      |           |                   | мо       | DAY | YEAR         |                  |
| SONIA   | A DE SANCTIS            |           |                   | MO       | DAT | TEAR         |                  |
| Mailin  | g Address 5230 WESTMIN  | NSTER PL  |                   |          |     |              | \$ 100.00        |
| City    | PITTSBURGH              | State     | Zip Code (Plus 4) | 4        | 22  | 2025         |                  |
|         |                         | PA        | 15232             |          |     |              |                  |
| Full Na | ame of Contributor      | <u> </u>  | ·                 | l wa     | DAY | VEAD         |                  |
| DAVID   | M STOCKWELL             |           |                   | МО       | DAY | YEAR         |                  |
| Mailin  | g Address 41 SUMMIT CI  | R         |                   |          |     |              | <b>\$</b> 100.00 |
| City    | LAKEVILLE               | State     | Zip Code (Plus 4) | 4        | 22  | 2025         |                  |
|         |                         | PA        | 18438             |          |     |              |                  |
| Full Na | ame of Contributor      |           | ·                 |          |     | <b>V</b> =45 |                  |
| CARR    | OLL LEPTUCK             |           |                   | МО       | DAY | YEAR         |                  |
| Mailin  | g Address 243 S PINE ST |           |                   |          |     |              | \$ 100.00        |
| City    | ELVERSON                | State     | Zip Code (Plus 4) | 4        | 25  | 2025         |                  |
|         |                         | PA        | 19520             |          |     |              |                  |
| Full Na | ame of Contributor      | ·         | ·                 |          | DAY | VEAD         |                  |
| MARK    | GRIMM                   |           |                   | МО       | DAY | YEAR         |                  |
| Mailin  | g Address 317 OVERLOO   | < DR      |                   |          |     |              | \$ 100.00        |
| City    | MCVEYTOWN               | State     | Zip Code (Plus 4) | 4        | 25  | 2025         |                  |
|         |                         | PA        | 17051             |          |     |              |                  |
| Full Na | ame of Contributor      |           | ·                 |          | l   |              |                  |
| HUI H   | ARGENRADER              |           |                   | МО       | DAY | YEAR         |                  |
| Mailin  | g Address 1970 WARREN   | SVILLE RD |                   |          |     |              | \$ 100.00        |
| City    | MONTOURSVILLE           | State     | Zip Code (Plus 4) | 4        | 25  | 2025         |                  |
|         |                         | PA        | 17754             |          |     |              |                  |
| Full Na | ame of Contributor      |           |                   |          |     |              |                  |
| TERRY   | ANDREWS                 |           |                   | МО       | DAY | YEAR         |                  |
| Mailin  | g Address 5690 GREEN M  | IEADOW RD |                   |          |     |              | \$ 100.00        |
| City    | NORTHAMPTON             | State     | Zip Code (Plus 4) | 4        | 25  | 2025         |                  |
|         |                         | PA        | 18067             |          |     |              |                  |
| Full Na | ame of Contributor      | •         | •                 |          |     | VE           |                  |
| DORO    | THY HORNER              |           |                   | МО       | DAY | YEAR         |                  |
|         | g Address 2000 STONEY   | RD        |                   |          |     |              | \$ 100.00        |
| City    | NEW BETHLEHEM           | State     | Zip Code (Plus 4) | 4        | 29  | 2025         |                  |
|         |                         | PA        | 16242             |          |     |              |                  |
|         |                         | - I       |                   | •        |     |              |                  |

| Full Name of Contributor                |                |                   | МО          | DAY           | YEAR             |              |
|---|----------------|-------------------|-------------|---------------|------------------|--------------|
| DARLENE ROBBINS                         |                |                   |             |               | 12/11            |              |
| Mailing Address 125 CLARK               | DRIVE          |                   |             |               |                  | \$<br>100.00 |
| City ORWIGSBURG                         | State          | Zip Code (Plus 4) | 4           | 29            | 2025             |              |
|   | PA             | 17961             |             |               |                  |              |
|   |                |                   |             |               |                  |              |
| Full Name of Contributor                | •              | •                 | МО          | DAV           | VEAD             |              |
| Full Name of Contributor HUGH GALLAGHER | ·              | •                 | МО          | DAY           | YEAR             |              |
|   | SANT AVE       | •                 | МО          | DAY           | YEAR             | \$<br>200.00 |
| HUGH GALLAGHER                          | SANT AVE State | Zip Code (Plus 4) | <b>MO</b> 4 | <b>DAY</b> 29 | <b>YEAR</b> 2025 | \$<br>200.00 |

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

**PAGE TOTAL \$** 2,915.00

#### **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        | 00 |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ | 0.0        | טע |
| City                                  | State                | Zip Code | 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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

| COMMONWEALTH LEADERS FUND  |                                 |   | Fron  | n:          | 4/1/2                      | 025 <b>To</b>               | :                     | <u>5/5/2025</u> |
|--|---------------------------------|---|-------|-------------|----------------------------|-----------------------------|-----------------------|-----------------|
|  |                                 |   |       | DA          | ATE                        |                             | АМ                    | IOUNT           |
| Full Name of Contributor   |                                 |   |       | мо          | DAY                        | YEAR                        |                       |                 |
| EDWARD S MARTIN  |                                 |   |       | МО          | DAT                        | ILAK                        | \$                    | 700.00          |
| Mailing Address 112 MARWOOD RD.  | APT 4237                        |   |       | 4           | 29                         | 2025                        |                       |                 |
| City CABOT   | State                           | Zip Code (Plus                                    | s 4)  |             | 23                         | 2023                        |                       |                 |
|  | PA                              | 16023   |       |             |                            |                             |                       |                 |
| Employer Name RETIRED  |                                 |   |       | Occupat     | ion                        | RETIRE                      | )                     |                 |
| Employer Mailing Address/Principal Plac  | e of Business                   | City  |       |             | State                      |                             | Zip Code              | e (Plus 4)      |
| RETIRED  |                                 |   |       |             |                            |                             |                       |                 |
| Full Name of Contributor   |                                 | •   |       | мо          | DAY                        | YEAR                        | Ī                     |                 |
| KEN HEALY  |                                 |   |       | МО          | DAI                        | ILAK                        | \$                    | 5,000.00        |
| Mailing Address 1205 BONAIR DRIVE  |                                 |   |       | 4           | 28                         | 2025                        |                       |                 |
| City WILLIAMSPORT  | State                           | Zip Code (Plus                                    | 5 4)  | ·           |                            |                             |                       |                 |
|  | PA                              | 17701   |       |             |                            |                             |                       |                 |
| Employer Name PMF INDUSTRIES   |                                 |   |       | Occupat     |                            | EXECUT                      | IVE VP &              | amp; DIR OF     |
|  |                                 |   |       |             |                            |                             |                       |                 |
| Employer Mailing Address/Principal Plac  | e of Business                   | City  |       |             | State                      |                             | Zip Code              | e (Plus 4)      |
| Employer Mailing Address/Principal Place 2601 REACH RD   | e of Business                   | <b>City</b><br>WILLIAMS                           | SPORT |             | 1                          |                             | <b>Zip Code</b> 17701 | e (Plus 4)      |
|  | e of Business                   |   | SPORT |             | <b>State</b><br>PA         |                             | -                     | e (Plus 4)      |
| 2601 REACH RD  | e of Business                   |   | SPORT | МО          | State                      | YEAR                        | -                     | 1,000.00        |
| 2601 REACH RD  Full Name of Contributor  |                                 |   | SPORT |             | State<br>PA<br>DAY         | YEAR                        | 17701                 |                 |
| 2601 REACH RD  Full Name of Contributor  LUTHER RHODES III   |                                 |   |       | <b>MO</b> 4 | <b>State</b><br>PA         |                             | 17701                 |                 |
| 2601 REACH RD  Full Name of Contributor  LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  | D                               | WILLIAMS  |       |             | State<br>PA<br>DAY         | YEAR                        | 17701                 |                 |
| 2601 REACH RD  Full Name of Contributor  LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  | .D<br>State                     | WILLIAMS  Zip Code (Plus                          |       |             | State<br>PA<br>DAY         | YEAR                        | 17701<br>\$           |                 |
| 2601 REACH RD  Full Name of Contributor  LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  City ALLENTOWN  | State                           | WILLIAMS  Zip Code (Plus                          |       | 4           | State<br>PA<br>DAY         | <b>YEAR</b> 2025            | \$ AN                 |                 |
| 2601 REACH RD  Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  City ALLENTOWN  Employer Name RETIRED  | State                           | WILLIAMS  Zip Code (Plus 18103                    |       | 4           | State<br>PA  DAY  22       | <b>YEAR</b> 2025            | \$ AN                 | 1,000.00        |
| 2601 REACH RD  Full Name of Contributor  LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  City ALLENTOWN  Employer Name RETIRED  Employer Mailing Address/Principal Place   | State                           | WILLIAMS  Zip Code (Plus 18103                    |       | 4 Occupat   | DAY  22  State PA  State   | YEAR 2025 PHYSICI           | \$ AN                 | 1,000.00        |
| 2601 REACH RD  Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  City ALLENTOWN  Employer Name RETIRED  Employer Mailing Address/Principal Place RETIRED  | State                           | WILLIAMS  Zip Code (Plus 18103                    |       | 4           | State<br>PA  DAY  22       | <b>YEAR</b> 2025            | \$ AN                 | 1,000.00        |
| Full Name of Contributor  LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R  City ALLENTOWN  Employer Name RETIRED  Employer Mailing Address/Principal Place RETIRED  Full Name of Contributor  | State                           | Zip Code (Plus 18103                              | s 4)  | 4 Occupat   | DAY  22  State PA  State   | YEAR 2025 PHYSICI           | \$ AN                 | 1,000.00        |
| Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R City ALLENTOWN  Employer Name RETIRED  Employer Mailing Address/Principal Place RETIRED  Full Name of Contributor RICHARD LEIST  | State                           | WILLIAMS  Zip Code (Plus 18103                    | s 4)  | 4 Occupat   | DAY  22  Sion  State  DAY  | YEAR 2025 PHYSICI           | \$ AN                 | 1,000.00        |
| Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R City ALLENTOWN  Employer Name RETIRED Employer Mailing Address/Principal Place RETIRED  Full Name of Contributor RICHARD LEIST  Mailing Address PO BOX 366                       | State PA e of Business          | Zip Code (Plus 18103                              | s 4)  | 4 Occupat   | DAY  22  Sion  State  DAY  | YEAR 2025 PHYSICI           | \$ AN                 | 1,000.00        |
| Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R City ALLENTOWN  Employer Name RETIRED Employer Mailing Address/Principal Place RETIRED  Full Name of Contributor RICHARD LEIST  Mailing Address PO BOX 366                       | State PA e of Business State    | Zip Code (Plus 18103  City  Zip Code (Plus 18104) | s 4)  | 4 Occupat   | DAY  22  State PA  DAY  15 | YEAR 2025 PHYSICI           | \$ AN Zip Code        | 1,000.00        |
| Full Name of Contributor LUTHER RHODES III  Mailing Address 3965 EAST TEXAS R City ALLENTOWN  Employer Name RETIRED Employer Mailing Address/Principal Place RETIRED  Full Name of Contributor RICHARD LEIST  Mailing Address PO BOX 366  City BUCK HILL FALLS | State PA e of Business State PA | Zip Code (Plus 18103  City  Zip Code (Plus 18104) | s 4)  | Occupat     | DAY  22  State PA  DAY  15 | YEAR 2025 PHYSICI YEAR 2025 | \$AN Zip Code         | 1,000.00        |

| Full Name of Contributor                |               |    |                 |         |                 |        |          |           |
|---|---------------|----|-----------------|---------|-----------------|--------|----------|-----------|
| JON DEARMENT                            |               |    |                 | МО      | DAY             | YEAR   | \$       | 10,000.00 |
| Mailing Address 1306 SOUTH MAIN         | STREET        |    |                 | 4       | 14              | 2025   | 7        |           |
| City MEADVILLE                          | State         | Zi | p Code (Plus 4) | ] ]     | 14              | 2023   | Ī        |           |
|   | PA            | 16 | 335             |         |                 |        | 1        |           |
| Employer Name CHANNELLOCK, INC          |               |    |                 | Occupat | ion             | PRESID | ENT      |           |
| Employer Mailing Address/Principal Plac | e of Business |    | City            |         | State           |        | Zip Code | (Plus 4)  |
| 1306 SOUTH MAIN STREET                  |               |    | MEADVILLE       |         | PA              |        | 16335    |           |
| Full Name of Contributor                |               |    |                 | мо      | DAY             | YEAR   |          |           |
| GORDON TOMB                             |               |    |                 | MO      | DAT             | ILAK   | \$       | 400.00    |
| Mailing Address 91 FAIRFAX LANE         |               |    |                 | 4       | 8               | 2025   |          |           |
| City ANNVILLE                           | State         | Zi | p Code (Plus 4) |         |                 |        |          |           |
|   | PA            | 17 | 7003            |         |                 |        | 1        |           |
| Employer Name SELF EMPLOYED             |               |    |                 | Occupat | ion             | WRITER |          |           |
| Employer Mailing Address/Principal Plac | e of Business |    | City            |         | State           |        | Zip Code | (Plus 4)  |
| 91 FAIRFAX LANE                         |               |    | ANNVILLE        |         | l <sub>PA</sub> |        | 17003    |           |

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

**PAGE TOTAL \$** 17,600.00

## 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 | Reporting Perio | d                          |                 |
|---------------------------------------|-----------------|----------------------------|-----------------|
| COMMONWEALTH LEADERS FUND             | From:           | <u>4/1/2025</u> <b>To:</b> | <u>5/5/2025</u> |

|                                   |       |                   | D  | ATE |      | AMOUNT | =      |
|-----------------------------------|-------|-------------------|----|-----|------|--------|--------|
| Full Name                         |       |                   | МО | DAY | VEAD | _      | 505.50 |
| FIRST NATIONAL BANK               |       |                   | МО | DAY | YEAR | \$     | 696.60 |
| Mailing Address 110 N 2ND STREET  |       |                   | 4  | 30  | 2025 |        |        |
| City HARRISBURG                   | State | Zip Code (Plus 4) |    | 30  | 2023 |        |        |
|                                   | PA    | 17101             |    |     |      |        |        |
| Receipt Description INTEREST EARN | IED   |                   |    | •   |      |        |        |

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

**PAGE TOTAL \$** 696.60

#### **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:            | 4/1/2025 <b>To</b> : | <u>5/5/2025</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 Candidate |                  |                      | Reporting Period |          |      |             |           |      |
|---------------------------------------|------------------|----------------------|------------------|----------|------|-------------|-----------|------|
|                                       |                  |                      | From:            |          |      | To:         |           |      |
|                                       |                  |                      |                  | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor              |                  |                      | МО               | DAY      | YEAR |             |           |      |
| Mailing Address                       |                  |                      |                  |          |      | <b>7</b> \$ |           | 0.00 |
| City                                  | State            | Zip Code (Plus 4)    |                  |          |      |             |           |      |
| Description of Contribution:          | -                | <b>-</b>             | •                | •        | •    |             |           |      |
|                                       |                  |                      |                  |          |      |             |           |      |
| Enter Grand Total of Part F on Sche   | dule II, In-Kind | d Contributions Deta | iled Sum         | mary Pag | ge,  |             | PAGE TOTA | L    |
| 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           |       |       | AMOUNT           |      |
| 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 Zij   | p Code(Plus 4) | Descr | iptio | n of Contributio | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed      |                |       |       | PAGE TOT         | AL   |
| Summary Page, Section 3.               |                |     |                  |        | -       |                |       |       |                  | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |     |                 |
|---------------------------------------|------------------|----------|-----|-----------------|
| COMMONWEALTH LEADERS FUND             | From             | 4/1/2025 | То: | <u>5/5/2025</u> |

|   |                            | AMOUNT             |  |  |  |
|---|----------------------------|--------------------|--|--|--|
| To Whom Paid MO DAY YI  | /EAR                       |                    |  |  |  |
| COMMONWEALTH ENTREPRENEURS  |                            |                    |  |  |  |
| Mailing Address 420 N 3RD ST 4 1  | 2025                       | <b>\$</b> 3,715.75 |  |  |  |
| City HARRISBURG State Zip Code (Plus 4) Description of Expend   | diture                     |                    |  |  |  |
| PA 17101 RENT APRIL   |                            |                    |  |  |  |
| To Whom Paid PAYTRACE MO DAY YI   | /EAR                       |                    |  |  |  |
| Mailing Address   12709 MIRABEAU PKWY BUILDING A. SUITE 100   4   2   | 2025                       | <b>\$</b> 21.72    |  |  |  |
| City SPOKANE VALLEY State Zip Code (Plus 4) Description of Expend   | diture                     |                    |  |  |  |
| WA 99216 CREDIT CARD FEES   |                            |                    |  |  |  |
| To Whom Paid  DEBEE CLARK & DAY  YI  DAY  YI  | /EAR                       |                    |  |  |  |
| Mailing Address PO BOX 54949 4 2  | 2025                       | \$ 2,000.00        |  |  |  |
| City OKLAHOMA CITY State Zip Code (Plus 4) Description of Expend  | Description of Expenditure |                    |  |  |  |
| OK 73154 LEGAL FEES   | LEGAL FEES                 |                    |  |  |  |
| 1.10  | 'EAR                       |                    |  |  |  |
| FIRST NATIONAL BANK   |                            | <b>.</b> 7.50      |  |  |  |
| Mailing Address 110 N 2ND STREET 4 2  | 2025                       | <b>\$</b> 7.50     |  |  |  |
| City HARRISBURG State Zip Code (Plus 4) Description of Expend   | Description of Expenditure |                    |  |  |  |
| PA 17101 BANK FEES  |                            |                    |  |  |  |
| To Whom Paid  HAAS PRINTING  MO  DAY  YI  | 'EAR                       |                    |  |  |  |
|   | 2025                       | <b>\$</b> 198.71   |  |  |  |
| Mailing Address 1000 HUMMEL AVENUE 4 3  |                            |                    |  |  |  |
| Mailing Address 1000 HUMMEL AVENUE 4 3  City LEMOYNE State Zip Code (Plus 4) Description of Expend                        | diture                     |                    |  |  |  |
|   | nditure                    |                    |  |  |  |
| City LEMOYNE State Zip Code (Plus 4) Description of Expendence PA 17043 POSTAGE  To Whom Paid                             | rediture                   |                    |  |  |  |
| City LEMOYNE State Zip Code (Plus 4) Description of Expendence PA 17043 POSTAGE  To Whom Paid HAAS PRINTING  To Whom Paid |                            | <b>\$</b> 954.00   |  |  |  |
| City LEMOYNE State Zip Code (Plus 4) Description of Expendence PA 17043 POSTAGE  To Whom Paid HAAS PRINTING  To Whom Paid | <b>YEAR</b> 2025           | \$ 954.00          |  |  |  |

|                                |       |                   |                            |             |          |    | PAGE 16    |
|--------------------------------|-------|-------------------|----------------------------|-------------|----------|----|------------|
| To Whom Paid                   |       |                   | МО                         | DAY         | YEAR     |    |            |
| FIRST NATIONAL BANK            |       |                   | 140                        |             | ILAK     |    |            |
| Mailing Address 110 N 2ND STR  | REET  |                   | 4                          | 10          | 2025     | \$ | 169.19     |
| City HARRISBURG                | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |    |            |
|                                | PA    | 17101             | BANK F                     | EES         |          |    |            |
| To Whom Paid                   |       |                   | мо                         | DAY         | YEAR     |    |            |
| US TREASURY                    |       |                   | 1-10                       |             |          |    |            |
| Mailing Address PO BOX 80250   | 1     |                   | 4                          | 15          | 2025     | \$ | 791.00     |
| City CINCINNATI                | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |    |            |
|                                | ОН    | 45280             | TAX FIL                    | ING         |          |    |            |
| To Whom Paid                   |       |                   | мо                         | DAY         | YEAR     |    |            |
| U.S. POST OFFICE               |       |                   |                            |             |          |    |            |
| Mailing Address 312 MARKET S   | Т     |                   | 4                          | 15          | 2025     | \$ | 268.00     |
| City HARRISBURG                | State | Zip Code (Plus 4) | Description of Expenditure |             |          |    |            |
|                                | PA    | 17108             | MAILIN                     | G           |          |    |            |
| To Whom Paid                   |       |                   | мо                         | DAY         | YEAR     |    |            |
| COMMONWEALTH PARTNERS          |       |                   |                            |             |          |    |            |
| Mailing Address 420 N 3RD STF  | REET  |                   | 4                          | 22          | 2025     | \$ | 25,450.39  |
| City HARRISBURG                | State | Zip Code (Plus 4) | Description of Expenditure |             |          |    |            |
|                                | PA    | 17101             | ADMIN                      | JAN-MAR     |          |    |            |
| To Whom Paid                   |       |                   | мо                         | DAY         | YEAR     |    |            |
| PMA PAC                        |       |                   |                            |             |          |    |            |
| Mailing Address 225 STATE STR  | REET  |                   | 4                          | 23          | 2025     | \$ | 25,000.00  |
| City HARRISBURG                | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |    |            |
|                                | PA    | 17101             | CONTRI                     | BUTION      |          |    |            |
| To Whom Paid                   |       |                   | мо                         | DAY         | YEAR     |    |            |
| COMMONWEALTH ENTREPRENEUR      | 'S    |                   |                            |             |          |    |            |
| Mailing Address 420 N 3RD ST   |       |                   | 5                          | 1           | 2025     | \$ | 3,715.75   |
| City HARRISBURG                | State | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | _  |            |
|                                | PA    | 17101             | RENT M                     | ΔΥ          |          |    |            |
|                                |       |                   | IXEIVI III                 | , , ,       |          |    |            |
| Enter Grand Total of Expenditu | •     | •                 | •                          | 7.11        |          |    | PAGE TOTAL |