



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: 8200003 | | Report Filed By: | | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST | | | | |
| Name of Filing Committee, Candidate or Lobbyist: ALERTED DEM MAJORITY | | | | | | | | | | |
| Street Address: CENTRE SQUARE WEST, 1500 MARKET STREET, STE 3400 | | | | | | | | | | |
| City: PHILADELPHIA | | | State: PA | | Zip Code: 19102-0000 | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2.X | 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. | Year 2018 | 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 | 6 | 2018 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 3 | 27 | 2018 | TO | 4 | 30 | 2018 | CITY COMMISSIONERS COUNTY BD. OF ELECTIONS 2018 MAY - 7 PM 5: 56 | |
| A. Amount Brought Forward From Last Report | | | | \$ | 8,601.40 | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | 17.04 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | 8,618.44 | | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | 0.00 | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | 8,618.44 | | | | | |
| 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 3rd day of May 2018

Regina M. [Signature]

My Commission Expires _____ MO _____ DAY _____ YR

NOTARIAL SEAL
 REGINA M. KEMP
 Notary Public
 PHILADELPHIA PHILADELPHIA CNTY
 My Commission Expires Jun 10, 2018

Signature of Person Submitting Report
Jeffrey S. Batoff
jsb@obermayer.com
(215) 665-3084
 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

My Commission Expires _____ MO _____ DAY _____ YR

Signature of Candidate _____
 Printed Name _____
 Email _____
 Area Code Daytime Telephone Number _____

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate ALERTED DEM MAJORITY | Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</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) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 17.04 |
| 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.) | \$ 17.04 |

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 | 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 A on Schedule I, Detailed Summary Page, Section 2.

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)

| | |
|---------------------------------------|--|
| 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) | | |

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

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

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 | | | | |
| Mailing Address | | | | \$ 0.00 | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:20%; padding: 5px;">State</td> <td style="width:50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table> | City | State | Zip Code (Plus 4) | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

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

**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 | Reporting Period |
| | From: To: |

| | | | DATE | AMOUNT |
|--|-------|-------------------|------------|-------------------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | | | Occupation | |
| Employer Mailing Address/Principal Place of Business | | 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 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 ALERTED DEM MAJORITY | Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u> |
|--|--|

| | | | DATE | | | AMOUNT |
|--|-------------------------------|--------------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | |
| Republic Bank | | | | | | \$ 0.12 |
| Mailing Address | 50 S. 15th Street, Suite 2400 | | 3 | 31 | 2018 | |
| City | State | Zip Code (Plus 4) | | | | |
| Philadelphia | PA | 19102 | | | | |
| Receipt Description interest earned | | | | | | |
| Republic Bank | | | | | | \$ 0.12 |
| Mailing Address | 50 S. 15th Street, Suite 2400 | | 4 | 30 | 2018 | |
| City | State | Zip Code (Plus 4) | | | | |
| Philadelphia | PA | 19102 | | | | |
| Receipt Description interest earned | | | | | | |
| Republic Bank | | | | | | \$ 0.91 |
| Mailing Address | 50 S. 15th Street, Suite 2400 | | 3 | 31 | 2018 | |
| City | State | Zip Code (Plus 4) | | | | |
| Philadelphia | PA | 19102 | | | | |
| Receipt Description interest earned | | | | | | |
| Republic Bank | | | | | | \$ 0.89 |
| Mailing Address | 50 S. 15th Street, Suite 2400 | | 4 | 30 | 2018 | |
| City | State | Zip Code (Plus 4) | | | | |
| Philadelphia | PA | 19102 | | | | |
| Receipt Description interest earned | | | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|----------|
| Full Name Republic Bank | | | MO | DAY | YEAR | \$ 15.00 |
| Mailing Address 50 S. 15th Street, Suite 2400 | | | 3 | 29 | 2018 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19102 | | | | |
| Receipt Description service charge fee refund | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 17.04 |

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 ALERTED DEM MAJORITY | Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</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 RECEIVED - 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: _____ |

| | | | | DATE | AMOUNT |
|--|-------|-------------------|------|------|-------------------|
| Full Name of Contributor | MO | DAY | YEAR | | |
| Mailing Address | | | | \$ | 0.00 |
| 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 From _____ To: _____ |
|---------------------------------------|--|

| | | | DATE | AMOUNT |
|---|-------|-------------------|----------------------------|------------------------------|
| To Whom Paid | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL \$ 0.00 |