



Campaign Finance Report

286121

(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.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION POST-	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	MO	DAY	YEAR	FOR OFFICE USE ONLY
				6	5	2018	TO	9	17	2018
A. Amount Brought Forward From Last Report				\$			8,619.48			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$			3.07			
C. Total Funds Available (Sum Of Lines A and B)				\$			8,622.55			
D. Total Expenditures (From Schedule III)				\$			0.00			
E. Ending Cash Balance (Subtract Line D From Line C)				\$			8,622.55			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$			0.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$			0.00			

COUNTY BD. OF ELECTIONS
 2018 SEP 25 P 6:41
 CITY COMMISSIONERS

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 September 20 18
 Signature
 My Commission Expires 12/29/20 YR

Signature of Person Submitting Report
Jeffrey S. Batoff
 Printed Name
jsb@obermayer.com
215-665-3064 Email
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

Part II - If this is a report of a candidate authorized Committee, Candidate shall 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 this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 32)

Sworn to and subscribed before me this
 day of _____ 20 _____
 Signature
 My Commission Expires _____ YR
 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	Reporting Period
ALERTED DEM MAJORITY	From: <u>6/5/2018</u> To: <u>9/17/2018</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)	\$ 3.07

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.)	\$ 3.07
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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
Mailing Address			
City	State	Zip Code (Plus 4)	
			\$ 0.00

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

PAGE TOTAL
\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

**PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00**

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

Name of Filing Committee or Candidate	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>6/5/2018</u> To: <u>9/17/2018</u>
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				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
Republic Bank							
Mailing Address 50 S. 15th Street, Suite 2400				6	30	2018	\$ 0.12
City Philadelphia	State PA	Zip Code (Plus 4) 19102					
Receipt Description interest earned							
Full Name				MO	DAY	YEAR	
Republic Bank							
Mailing Address 50 S. 15th Street, Suite 2400				7	31	2018	\$ 0.12
City Philadelphia	State PA	Zip Code (Plus 4) 19102					
Receipt Description interest earned							
Full Name				MO	DAY	YEAR	
Republic Bank							
Mailing Address 50 S. 15th Street, Suite 2400				8	31	2018	\$ 0.12
City Philadelphia	State PA	Zip Code (Plus 4) 19102					
Receipt Description interest earned							
Full Name				MO	DAY	YEAR	
Republic Bank							
Mailing Address 50 S. 15th Street, Suite 2400				6	30	2018	\$ 0.88
City Philadelphia	State PA	Zip Code (Plus 4) 19102					
Receipt Description interest earned							

Full Name Republic Bank			MO	DAY	YEAR	\$ 0.91
Mailing Address 50 S. 15th Street, Suite 2400			7	31	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						

Full Name Republic Bank			MO	DAY	YEAR	\$ 0.92
Mailing Address 50 S. 15th Street, Suite 2400			8	31	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						

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

PAGE TOTAL
\$ 3.07

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	
ALERTED DEM MAJORITY		From: <u>6/5/2018</u>	To: <u>9/17/2018</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		
Mailing Address					\$ 0.00
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: _____

To Whom Paid	DATE			AMOUNT				
	MO	DAY	YEAR					
Mailing Address				\$ 0.00				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 15%; padding: 5px;">State</td> <td style="width: 15%; padding: 5px;">Zip Code (Plus 4)</td> <td style="padding: 5px;">Description of Expenditure</td> </tr> </table>	City	State	Zip Code (Plus 4)	Description of Expenditure				
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				