



Campaign Finance Report

303544

(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. X	2ND FRIDAY PRE-PRIMARY	2.	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 2019	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	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	2	2019	TO	4	1	2019		
A. Amount Brought Forward From Last Report				\$		8,626.63		CITY COMMISSIONERS 19 APR - 8 PM 2:22 COUNTY BD. OF ELECTIONS		
B. Total Monetary Contributions And Receipts (From Schedule)				\$		3.02				
C. Total Funds Available (Sum Of Lines A and B)				\$		8,629.65				
D. Total Expenditures (From Schedule)				\$		4.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		8,625.65				
F. Value Of n-Kind Contributions Received (From Schedule)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule V)				\$		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
 4 day of April 2019
 Signature

NOTARIAL SEAL
 LINDA M. COSTELLO, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires July 8, 2020

Signature of Person Submitting Report
 Jeffrey S. Batoff
 Printed Name
 jsb@obermayer.com

My Commission Expires

(215) 665-3774

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

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>1/2/2019</u> To: <u>4/1/2019</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)	\$ 3.02
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.)	\$ 3.02

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

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

PAGE TOTAL
\$ 0.00

**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: _____
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				DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR			
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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 CONTR BUT ONS
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>1/2/2019</u> To: <u>4/1/2019</u>
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			DATE			AMOUNT
Full Name	MO	DAY	YEAR			
Republic Bank						\$ 0.12
Mailing Address 50 S. 15th Street, Suite 2400			1	31	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						
Republic Bank						\$ 0.11
Mailing Address 50 S. 15th Street, Suite 2400			2	28	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						
Republic Bank						\$ 0.13
Mailing Address 50 S. 15th Street, Suite 2400			3	31	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						
Republic Bank						\$ 0.92
Mailing Address 50 S. 15th Street, Suite 2400			1	31	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Receipt Description interest earned						

Full Name Republic Bank			MO	DAY	YEAR	\$ 0.82
Mailing Address 50 S. 15th Street, Suite 2400			2	28	2019	
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			3	31	2019	
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
\$ 3.02

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>1/2/2019</u> To: <u>4/1/2019</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: _____
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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.						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 ALERTED DEM MAJORITY	Reporting Period From <u>1/2/2019</u> To: <u>4/1/2019</u>
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	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
Alerted Democratic Majority (federal account)				
Mailing Address Centre Square West, 1500 Market Street, Suite 3400	3	8	2019	\$ 4.00
City Philadelphia	State PA	Zip Code (Plus 4) 19102		Description of Expenditure reimbursement of state account share of taxes due
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 4.00

