



Pennsylvania Department of State
Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ca-statement@dos.pa.gov

**Unsworn Statement in Lieu of Sworn Statement for
Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Alerted Democratic Majority				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input checked="" type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist _____
Date (DD/MM/YYYY) **09/16/2020**

Printed Name **Jeffrey S. Batoff** Location (City/State/Country) **Philadelphia, PA**

Campaign Finance Report

332030

(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	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.
(place X to the right of report type)	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		
Name of Office Sought by Candidate:			DATE OF ELECTION			
			MO	DAY	YEAR	
			11	3	2020	
Summary of Receipts and Expenditures from:			MO	DAY	YEAR	FOR OFFICE USE ONLY
			6	23	2020	
A. Amount Brought Forward From Last Report			\$ 8,636.43			
B. Total Monetary Contributions And Receipts (From Schedule I)			\$ 3.07			
C. Total Funds Available (Sum Of Lines A and B)			\$ 8,639.50			
D. Total Expenditures (From Schedule II)			\$ 0.00			
E. Ending Cash Balance (Subtract Line D From Line C)			\$ 8,639.50			
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			Signature of Person Submitting Report			
day of			Jeffrey S. Batoff, Treasurer			
20			jsb@obermayer.com			
My Commission Expires			(215) 665-3064			
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. 133, No 320) as amended.						
Sworn to and subscribed before me this			Signature of Candidate			
day of			Printed Name			
20						
My Commission Expires			Email			
MO DAY YR			Area Code Daytime Telephone Number			

9/16/2020 2:33:06 PM

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
ALERTED DEM MAJORITY		From:	6/23/2020 To: 9/14/2020

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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\$50.01 TO \$250.00

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
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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

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					
Full Name of Contributor			MO	DAY	YEAR
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 C

Contributions Received From Political Committees

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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Full Name of Contributing Committee		DATE			AMOUNT
		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	\$ 0.00
Mailing Address					
City	State	Zip Code (Plus 4)			
Employer Name		Occupation			
Employer Mailing Address/Principal Place of Business		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 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	Reporting Period
ALERTED DEM MAJORITY	From: 6/23/2020 To: 9/14/2020

		DATE		AMOUNT
Full Name		MO	DAY	YEAR
Republic Bank				
Mailing Address	50 S. 15th Street, Suite 2400			\$ 0.89
City	Philadelphia	State	6	30
		PA		2020
Zip Code (Plus 4)	19102			
Receipt Description	Interest earned			

Full Name		MO	DAY	YEAR
Republic Bank				
Mailing Address	50 S. 15th Street, Suite 2400			\$ 0.91
City	Philadelphia	State	7	31
		PA		2020
Zip Code (Plus 4)	19102			
Receipt Description	Interest earned			

Full Name		MO	DAY	YEAR
Republic Bank				
Mailing Address	50 S. 15th Street, Suite 2400			\$ 0.91
City	Philadelphia	State	8	31
		PA		2020
Zip Code (Plus 4)	19102			
Receipt Description	Interest earned			

Full Name		MO	DAY	YEAR
Republic Bank				
Mailing Address	50 S. 15th Street, Suite 2400			\$ 0.11
City	Philadelphia	State	6	30
		PA		2020
Zip Code (Plus 4)	19102			
Receipt Description	Interest earned			

Full Name Republic Bank				MO	DAY	YEAR	\$ 0.13
Mailing Address 50 S. 15th Street, Suite 2400							
City Philadelphia	State PA	Zip Code (Plus 4) 19102		7	31	2020	
Receipt Description Interest earned							
Full Name Republic Bank				MO	DAY	YEAR	\$ 0.12
Mailing Address 50 S. 15th Street, Suite 2400							
City Philadelphia	State PA	Zip Code (Plus 4) 19102		8	31	2020	
Receipt Description Interest earned							

PAGE TOTAL
\$ 3.07

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

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:	6/23/2020 To: 9/14/2020
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:				
To Whom Paid		DATE			AMOUNT	
		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	