

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 • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

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

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. Part I - If this form is submitted with a Committee report, the treasurer must sign here. If

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

O9/16/2020
Signature of Treasurer Candidana Control Control Candidana Control Candi CON COLUMBISSIONERS

Signature of Treasurer, Candidate, or Lobbyist

Jeffrey S. Batoff

Printed Name

Date (DD/MM/YYYY)

Philadelphia, PA

Location (City/State/Country)

DSFB-502k Updated 6/24/2020

PAGE I

Commonwealth of Pennsylvania Campaign Finance Report

332030

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

nber	Daytime Telephone Number	Daytime T		de	Arca Code				ΥR	*	DAY	NO.	ı	
		Email	<u></u>									9		My Commission Expires
		Printed Name	P.									San and a san a sa		
										` & 			day of	
	ate	Signature of Candidate	Signatur									e me this	aribed befor	Sworn to and subscribed before me this
1, 1333,	une 3,1937 (P	the act of Ju	sions of	any provi	t violated	ee has no	mmitte	litical co	ef this pol	dge and bel	η knowje:	e best of m	i) that to the	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.J., 1333, No. 320) as amended.
				ř	ign hare	e shall s	didate	ee, Can	Committ	roport of a candidate's authorized Committee, Candidate shall sign hore.	lidate's a	of a cand	s a report	Part II- If this is a
	ono Number	Daytima To lo phono Number	}	Code	Area Code				YR	٧	DAY	MO		
		Emali		(215) 665-3064	(215) 6								Expires	My Commission Expires
		sb@obermayer.com	rmaye	jsb@obe		ı					è	Signature		
	3	Jeffrey S. Batoff, Treasurer	Batof	Jeffrey S.						6			1	
	ing Report	Signature of Person Submitting	e of Per	Skgnatur						}		re me this	scribed befo	Sworn to and subscribed before me this
ilier, true	vtedge and be	t of my know		um, are to	inic medi	by electro	peror	od on pa	hedušes fik	attached sc	uding the	eport, incli	i) that this relate.	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 bailed, true correct and complete.
		gr	gn her	didate si	rort, can	idate rep	Candi	nis is a	here. If t	urer sign	ort, treas	Ittec repo	is a Commi	PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here
						NOIT	SEC	AVIT	AFFIDAVIT SECTION					
123	ģ			0.00			₩		Ĭ	:hedule IV	(From Sc	igations (ts And Ob	G. Unpaid Debts And Obligations (From Schedule IV)
iois	d	.12) Ot	<u></u>	0.00			S	5	chedule I	d (From S	Receive	ributions	-Kind Conti	F. Value Of In-Kind Contributions Received (From Schedule II)
Sim	ı	IS A		8,639.50	8		S		3	rom Line	Line DF	Subtract	h Balance (E, Ending Cash Balance (Subtract Line D From Line C)
	Zd	037 VIII	<u> </u>	0,00			Ð				dule III)	rom Sche	nditures (Fi	D. Total Expenditures (From Schedule III)
3 .(4):	13S (ia 10 0	1	8,639.50			s			and B)	Lines A a	(Sum Of	Available	C. Total Funds Available (Sum Of Lines A and B)
P3	N.			3.07			\$	5	Schedule	ipts (From	ind Recei	butions A	ary Contril	B, Yotal Monetary Contributions And Receipts (From Schedule I)
			1	8,636,43	_	į	₩.			port	Last Re	ard From	ought Forw	A. Amount Brought Forward From Last Report
				2020	14	9		70	2020	23	6		s from:	Expanditure
	FOR OFFICE USE ONLY	OR OFFIC		YEAR	DAY		MO	****	YEAR	DAY	MO	and	Receipts	Summary of Receipts
(CODES)	(SFE INSTRUCTIONS FOR CODES)	(\$FE 1H3		2020	3	11								
			<u> </u>	YEAR	DAY		3							
County	Party Code	t Office er Code	District Number	NO	ELECT	DATE OF ELECTION	Q				æ	Candidat	Sought by (Name of Office Sought by Candidate:
ETTE	DISKETTE		PAPER			FILING METHOD) CHI	_ E		Year 2020	7.		ANNUAL REPORT	report type)
~	Yes No	ERMINATION REPORT?	TERMINA: REPORT?		POST- 6.		30 DAY ELECTION	5. 30 E.	PRE-	2ND FRIDAY ELECTION	4. X		PRE-ELECTION	(place X to
· *	Yes	IMENT T?	AMENDMENT REPORT?		POST- 3.		30 DAY PRIMARY	2. 30 PR	બ્રાદ-	2ND FRIDAY PRIMARY	1. P	JAY JRY	6TH TUESDAY PRE-PRIMARY	TYPE OF REPORT
	19102-0000		Zip Code:		PA	State: F	Sta					PHILADELPHIA	- РНІЪА	city:
						3400	STE 3	rreet,	ARKET ST	CENTRE SQUARE WEST, 1500 MARKET STREET, STE 3400	RE WESI	RE SQUAI	CENTE	Street Address:
					~	ALERTED DEM MAJORITY	N W3C	RTED (ALE	byist:	te or Lob	Candida	Committee,	Name of Filing Committee, Candidate or Lobbyisti
	LOBBYIST	~	COMMITTEE	COM	1	CANDIDATE		Report Filed By :	Re _l Filo		03	8200003	on .	Filer Identification Number :
		1	I				l							

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

		######################################		
Name of Filing Committee or Candidate	Reporting Period	g Period		
ALERTED DEM MAJORITY	From:	<u>6/23/2020</u> то:	<u>?0</u> To:	9/14/2020
1. Unitemized Contributions Received - \$ 50,00 or Less Per Contributor				
TOTAL for the Reporting Period	Period	(1)	44	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)			4	0.00
TOTAL for the Reporting Period	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	Period	(3)	*	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting Period	Period	(4)	40	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.)	d enter an ge, Item B	nount	₩	3.07
And the second s				

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 Ţo:

Full Name of Contributing Committee State Zip Code (Plus 4) <u>X</u> DAY DATE YEAR TNUOMA 0.00

Mailing Address

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)

City Mailing Address Full Name of Contributor Name of Filing Committee or Candidate State Zip Code (Plus 4) Reporting Period **™** DAY YEAR To: 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	g Period			
		From:			To:	
			DA	DATE		AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)		,		
						PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	ile I, Detailed Sum	ımary Page, Sectio	on 3.			\$ 0.00
					ſ	

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 Ţo:

Mailing Address Employer Mailing Address/Principal Place of Business City **Employer Name Full Name of Contributor** State Zip Code (Plus 4) City Occupation Š DATE DAY State YEAR Zip Code (Plus 4) ₩ AMOUNT PAGE TOTAL 0.00

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

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.

						Receipt Description interest earned
				19102	PA	1
	2020	30	σ.	Zip Code (Plus 4)	State	City Philadelphia
\$ 0.11					suite 2400	Mailing Address 50 S. 15th Street, Suite 2400
	YEAR	DAY	Mo			Full Name Republic Bank
					1	Receipt Description interest earned
	2020	Ç.	α	Zip Code (Plus 4) 19102	State PA	City Philadelphia
* 0.91)		uite 2400	Mailing Address 50 S. 15th Street, Suite 2400
	YEAR	DAY	MO			Full Name Republic Bank
						Receipt Description interest earned
				19102	PA	
	2020	31	7	Zip Code (Plus 4)	State	City Philadelphia
\$ 0.91					uite 2400	Mailing Address 50 S. 15th Street, Suite 2400
	YEAR	VAQ	¥.			Full Name Republic Bank
						Receipt Description interest earned
				19102	PA	CITY Philadelphia
\$ 0.89	2020	30	o		uite 2400	Mailing Address 50 S. 15th Street, Suite 2400
	YEAR	DAY	MO			Full Name Republic Bank
AMOUNT		DATE	0,4			
9/14/2020	Û To:	6/23/2020 To:		From:		ALERTED DEM MAJORITY
			Reporting Period	Reporti		Name of Filing Committee or Candidate

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PAGE TOTAL							
						Receipt Description interest earned	Recei
				19102	PA		
	2020	31	00	Zip Code (Plus 4)	State	Philadelphia	city
\$ 0.12					uite 2400	Mailing Address 50 S. 15th Street, Suite 2400	Maili
	YEAR	DAY	MO			Full Name Republic Bank	Full Name Republic E
						Receipt Description interest earned	Recei
				19102	PA		
	2020	32	7	Zip Code (Plus 4)	State	Philadelphia	city
\$ 0.13					Jite 2400	Mailing Address 50 S. 15th Street, Suite 2400	Mailir
	YEAR	DAY	. 8			Republic Bank	Repu
	_					ame	Full Name

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.

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Name of Filing Committee or Candidate	Reporting Period			
ALERTED DEM MAJORITY	From:	6/23/20	6/23/2020 To:	9/14/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50,00 OR LESS PER CONTRIBUTOR	R CONTRIBUTOR			
TOTAL for the Reporting Period	iod (1)		₩	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	F)			
TOTAL for the Reporting Period	iod (2)		₩.	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)				
TOTAL for the Reporting Period	iod (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.)	۱ ۱ ۱ ۱ ۱		₩	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00

PAGE TOTAL 0.00	4	ge,	mary Pa	ed Sum	Contributions Detail	fule II, In-Kind (Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.
							Description of Contribution:
					Zip Code (Plus 4)	State	City
0.00	₩.						Mailing Address
	Ŕ	YEAR	DAY	MO			Full Name of Contributor
AMOUNT			DATE				
**	To:			From:	71		
			Period	Reporting Period	77		Name of Filing Committee or Candidate

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

PAGE TOTAL 0.00			d	ons Detaile	1-Kind Contributio	edule II, I:	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.
Description of Contribution	Descri	Zip Code(Plus 4)	Zip 4)	State	City		Employer Mailing Address/Principal Place of Business
	•	tion	Occupation				Employer of Contributor
				lus 4)	Zip Code(Plus 4)	State	City
\$ 0.00							Mailing Address
	YEAR	DAY	МО				Full Name of Contributor
AMOUNT		DATE					
	To:			From:			
		eriod	Reporting Period	Rep			Name of Filing Committee or Candidate

STATEMENT OF EXPENDITURES

0.00	*			The second secon	over Page, Item D.	n Page 1, Report C	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.
700							
		penditure	Description of Expenditure	Descrip	Zip Code (Plus 4)	State	City
0.00	*						Mailing Address
		YEAR	DAY	M _O			To Whom Paid
AMOUNT			DATE				
	To:			From	H		
			Reporting Period	Reportir			Name of Filing Committee or Candidate