



# Campaign Finance Report

350625

(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 /	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. X	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 2021	FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE			
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
				MO	DAY	YEAR					
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	4	2021	TO	6	7	2021			
A. Amount Brought Forward From Last Report				\$			8,644.11				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$			1.03				
C. Total Funds Available (Sum Of Lines A and B)				\$			8,645.14				
D. Total Expenditures (From Schedule III)				\$			0.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$			8,645.14				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$			0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$			0.00				

2021 JUN 14 P 3:11  
 COUNTY BD. OF ELECTIONS  
 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 \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

NO DAY YR

Signature of Person Submitting Report  
 Jeffrey S. Batoff, Treasurer

Printed Name  
 jsb@obermayer.com

(215) 665-3064 Email

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 \_\_\_\_\_

NO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number





**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration 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), Non-Bid Contract Reporting Form (DSEB-504) 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.**

<b>Name of Filing Committee, Candidate, or Lobbyist</b>				
Alerted Democratic Majority				
<b>Reporting Cycle Name</b>				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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 accompanying Campaign Finance Report is true and correct.**

  
 \_\_\_\_\_  
 Signature of Treasurer, Candidate, or Lobbyist

**Jeffrey S. Batoff**  
 \_\_\_\_\_  
 Printed Name

**06/10/2021**  
 \_\_\_\_\_  
 Date (DD/MM/YYYY)

**Philadelphia, PA**  
 \_\_\_\_\_  
 Location (City/State/Country)





**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

**Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.**

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

A handwritten signature in black ink, consisting of a large, stylized 'S' or similar character.

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Location (City/State/Country)



**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>  ALERTED DEM MAJORITY	<b>Reporting Period</b>  From: <u>5/4/2021</u> To: <u>6/7/2021</u>
<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00
<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00
<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00
<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 1.03
<b>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.)</b>	\$ 1.03





**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: <span style="margin-left: 100px;">To:</span>

	<b>DATE</b>	<b>AMOUNT</b>
--	-------------	---------------

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.

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
<b>Mailing Address</b>				\$	0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>			

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

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

	DATE			AMOUNT						
Full Name of Contributing Committee	MO	DAY	YEAR							
<b>Mailing Address</b>				\$ 0.00						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-weight:normal;">City</td> <td style="width:20%; font-weight:normal;">State</td> <td style="width:50%; font-weight:normal;">Zip Code (Plus 4)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	City	State	Zip Code (Plus 4)							
City	State	Zip Code (Plus 4)								

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>				
<b>State</b>				
<b>Zip Code (Plus 4)</b>				
<b>Employer Name</b>	<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>	<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b> ALERTED DEM MAJORITY	<b>Reporting Period</b> From: <u>5/4/2021</u> To: <u>6/7/2021</u>
--	--

			DATE			AMOUNT
Full Name	MO	DAY	YEAR			
Republic Bank						
<b>Mailing Address</b> 50 S. 15th Street, Suite 2400				\$ 0.12		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102		5	31	2021
<b>Receipt Description</b> interest earned						

			DATE			AMOUNT
Full Name	MO	DAY	YEAR			
Republic Bank						
<b>Mailing Address</b> 50 S. 15th Street, Suite 2400				\$ 0.91		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102		5	31	2021
<b>Receipt Description</b> interest earned						

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

<b>PAGE TOTAL</b>
\$ 1.03



**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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
ALERTED DEM MAJORITY		From: <u>5/4/2021</u>	To: <u>6/7/2021</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
<b>TOTAL for the Reporting Period</b>		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
<b>TOTAL for the Reporting Period</b>		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
<b>TOTAL for the Reporting Period</b>		(3)	\$ 0.00
<b>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.)</b>			\$ 0.00



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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

Full Name of Contributor			DATE			AMOUNT
			MO	DAY	YEAR	\$
Mailing Address						0.00
City	State	Zip Code (Plus 4)				
<b>Description of Contribution:</b>						
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>						<b>PAGE TOTAL</b>
						\$ 0.00



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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
<b>Mailing Address</b>				\$	0.00
<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>			
<b>Employer of Contributor</b>				<b>Occupation</b>	
<b>Employer Mailing Address/Principal Place of Business</b>	<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b>	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>					<b>PAGE TOTAL</b> 0.00





**SCHEDULE III  
STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>	
	<b>From</b>	<b>To:</b>

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





