Campaign Finance Report

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

Filer Identificati Number :	on	20120	0419				port ed B		CA	COMMITTEE COMMITTEE COBBYIST									
Name of Filing C	committee	e, Candida	ate or Lo	obbyist:		CAM	1PAI	GN F	OR CO	OMP	ASSIO	N CC	MMITT	EE					
Street Address:	P.O.	BOX 302:	34																
City:	ELKIN	NS PARK							State	e:	PA			Zip Cod	ie: 19	027			_
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRI PRIMAR	IDAY PRE Y		2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	√ \	0	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRI ELECTIO	IDAY PRI DN	E-	5.	30 DA		Р	OST-	6. X		TERMINA REPORT		Yes	Ν	0	/
report type)	ANNUAL	REPORT	7.	Year 20)22				NG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidat	e:	_					DAT	E O	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	e Cou	
SENATOR IN TH	HE GENER	ΩΔΙ ΔSSF	MRIY						МО		DAY	YI	EAR	4	STS	DEI	М	46	
	TE GENE	WE A33E	.I·IDL1							11		8	2022		(SEE IN	TRUCTI	ONS FOI	CODES	5)
Summary of Expenditures		and	МО	DAY	YEAR		Т	^	МО		DAY		EAR	FO	R OFFIC	E USE	ONLY	7	
A. Amount Bro		raud Evan		10	25 2	022	ı	1		11	2	28	2022						
				•	rom Sche	dule	· I)	\$ \$					514.92 491.54						
B. Total Monetary Contributions And Receipts (From Schedule I) C. Total Funds Available (Sum Of Lines A and B)							+	\$ 37,006.46											
D. Total Expenditures (From Schedule III)							\$					259.19							
E. Ending Cash Balance (Subtract Line D From Line C)							\$				29,7	747.27							
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fron	n Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule	e IV)			\$					0.00						
					AFF	·ID/	۱۷۶	T SE	CTIC	NC									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer si	gn here.	If th	is is	a Car	ndidat	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached	d schedule	s file	d on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	vledge	and be	lief , tı	ue
Sworn to and subs	cribed befo	ore me this		20								S	Signature	of Perso	n Submitt	ing Re	oort		_
		Signatur	·e	_				- -						Prin	ted Name	1			_
My Commission Ex	cpires	-								•				Ema	il				_
	İ	мо	D/	ΑY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authoriz	zed Comm	nitte	e, C	andid	ate sl	nalls	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	belief this	polit	tical	comm	ittee h	as no	ot viola	ted ar	ıy provisi	ions of th	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		e me this											Si	ignature o	of Candida	ite			-
	day of							-						Printe	d Name				-
	S	Signature						-											_
My Commission Exp	ires 		_					-					_	Ema					_
	_	МО	D	AY	YR	₹					Area	Code		D	aytime To	elepho	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CAMPAIGN FOR COMPASSION COMMITTEE	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	491.54
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	491.54
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,000.00
All Other Contributions (Part D)			\$	5,000.00
TOTAL for the Reporting	g Period	(3)	\$	8,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	1,000.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	nd enter am ige, Item B.	ount)	\$	9,491.54

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 Can	didate		Re	porting I	Period			
CAMPAIGN FOR COMPASSION C	BATTIMMC		Fr	om:	10/25/20) <u>22</u> To	:	11/28/2022
					DATE			AMOUNT
Full Name of Contributing Committee ACTBLUE	ee			МО	DAY	YEAR		
Mailing Address PO BOX 4411	.46						\$	136.54
City WEST SOMERVILLE	State MA				9	2022		
Full Name of Contributing Committee ACTBLUE		МО	DAY	YEAR				
Mailing Address PO BOX 441146							\$	5.00
City WEST SOMERVILLE	State MA	Zip Code (Plus 021440031	s 4)	11	21	2022		
Full Name of Contributing Committee	ee			МО	DAY	YEAR		
Mailing Address City	State	Zip Code (Plus	; 4)	11	28	2022	\$	250.00
Full Name of Contributing Committee	ee			мо	DAY	YEAR		
Mailing Address 1231 HIGHLA	AND AVE						\$	100.00
City FORT WASHINGTON	State PA	Zip Code (Plus 190341642	s 4)	10	27	2022		
							Г	PAGE TOTAL

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

PAGE TOTAL \$ 491.54

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				МО	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	g Period				
CAMPAIGN FOR COMPASSION COMM	ITTEE		From:	10/2	5/2022	То:	<u>11</u>	1/28/2022
				DA	TE		A	AMOUNT
Full Name of Contributing Committee CONSTELLATION EMPLOYEE PAC				мо	DAY	YEAR		
Mailing Address 101 CONSTITUTIO	ON AVE NW STE	400					\$	500.00
City WASHINGTON	State DC	Zip Cod 200012	e (Plus 4)	11	28	2022		
Full Name of Contributing Committee HIGHMARK PAC				МО	DAY	YEAR		
Mailing Address 1800 CENTER ST							\$	1,000.00
City CAMP HILL	State PA	Zip Cod 170111	e (Plus 4) 702	10	27	2022		
Full Name of Contributing Committee MERCK EMPLOYEES POLITICAL ACTI	ON COMMITTEE			МО	DAY	YEAR		
Mailing Address 601 PENNSYLVAN	IA AVE NW STE	120					\$	1,500.00
City WASHINGTON	State DC	Zip Cod 200042	e (Plus 4)	11	28	2022		
	•	•		•				PAGE TOTAL
Enter Grand Total of Part C on Sch	er Grand Total of Part C on Schedule I, Detailed Summary			n 3.			\$	3,000.00

5/5/2024 11:48:30 PM

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				Rep	orting Per	riod				
CAMPAIGN FOR COMPASSION COMMIT	TEE			Fron	n:	10/25/2	<u>022</u> To	: <u>11/28/2022</u>		
					DA	\TE		AMOUNT		
Full Name of Contributor SYD BOOKER					мо	DAY	YEAR			
Mailing 1912 COBDEN RD Address								\$ 1,500.00		
City LAVEROCK	State	Zip	Code (Plus	4)	11	28	2022			
	PA	19	0387222							
Employer Name INFORMATION REQUE	STED				Occupation INFOR			MATION REQUESTED		
Employer Mailing Address/Principal Place Business	nployer Mailing Address/Principal Place of Siness					State		Zip Code (Plus 4)		
Full Name of Contributor GOODMAN PROPERTIES					МО	DAY	YEAR			
Mailing 636 OLD YORK RD	DRK RD							\$ 2,000.00		
City JENKINTOWN	State	Zip	Code (Plus	4)	10	27	2022			
	PA	19	0462858							
Employer Name					Occupat	ion				
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (Plus 4)		
Full Name of Contributor					МО	DAY	YEAR			
MAGELLAN HEALTH INC.					МО	DAT	TEAR			
Mailing 8621 ROBERT FULTON	I DR							\$ 500.00		
City COLUMBIA	State	Zip	Code (Plus	4)	11	2	2022			
	MD	21	0462620							
Employer Name					Occupat	ion				
Employer Mailing Address/Principal Place Business	e of		City		State			Zip Code (Plus 4)		

Full Name of Contributor TOWERS AT WYNCOTE	OWERS AT WYNCOTE						
Address	DAD - SUITE 211	11	28	2022	\$ 1,000.00		
City JENKINTOWN	19046						
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	City	City			Zip Code (Plus 4)		

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

PAGE TOTAL \$ 5,000.00

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 Pe	riod	
CAMPAIGN FOR COMPASSION COMMITTEE	From:	<u>10/25/2022</u> To:	11/28/2022

			D	ATE		AMOUNT
Full Name BE THE CHANGE PA	BE THE CHANGE PA					
Mailing Address PO BOX 254				21	2022	\$ 1,000.00
City ROYERSFORD	State PA	Zip Code (Plus 4) 194680254	11	21	2022	
Receipt Description REFUND (ON CYCLE 5					

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

PAGE TOTAL \$ 1,000.00

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 Peri	od	
CAMPAIGN FOR COMPASSION COMMITTEE	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting l	Period					
					Fro	om:		То	:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address										\$	0	0.00
City	State	Zip Code(Plus 4)										
Employer of Contributor					Occupation							
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Desc	ript	ion of	Contribution	n
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Des Summary Page, Section 3.				etaile	ed					PAGE TOTA	AL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
CAMPAIGN FOR COMPASSION COMMITTEE	From	10/25/2022	То:	11/28/2022

			DATE				AMOUNT	
To Whom Paid ACTBLUE			мо	DAY	YEAR			
Mailing Address PO BOX 44114	6		11	2	2022	\$	27.50	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure PROCESSING FEES					
To Whom Paid CHELTENHAM PRINTING			МО	DAY	YEAR			
Mailing Address 518 RYERS AVE BLDG 2			11	28	2022	\$	238.50	
City CHELTENHAM	State PA	Zip Code (Plus 4) 190122131	Description of Expenditure STICKERS/VOTING					
To Whom Paid FRIENDS OF NAPOLEON NELSON			МО	DAY	YEAR			
Mailing Address 18 POE AVE			10	27	2022	\$	4,068.23	
City WYNCOTE	State PA	Zip Code (Plus 4) 190952912	Description of Expenditure RENTAL SPACE					
To Whom Paid FRIENDS OF NICK MILLER	•	•	МО	DAY	YEAR			
Mailing Address PO BOX 1799		10	27	2022	\$	1,000.00		
City ALLENTOWN	State PA	Zip Code (Plus 4) 181051799	Descrip	l otion of Exp	l penditure			
To Whom Paid GODADDY.COM			МО	DAY	YEAR			
Mailing Address			10	31	2022	\$	20.17	
City	State	Zip Code (Plus 4)	Description of Expenditure WEBSITE					

							PAGE 13
To Whom Paid GODADDY.COM			мо	DAY	YEAR		
Mailing Address			11	1	2022	\$	76.20
City	State	Zip Code (Plus 4)	Description of Expenditure WEBSITE				
To Whom Paid HITOUCH INC.			МО	DAY	YEAR		
Mailing Address 30 S 15TH ST STE 1500			11	28	2022	\$	500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191024826	Description of Expenditure				
To Whom Paid NICETOWN CDC			мо	DAY	YEAR		
Mailing Address 4340 GERMANTOWN AVE			11	25	2022	\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191401700	Description of Expenditure THANKSGIVING TURKEYS				
To Whom Paid OLD TOWNE DELI	·	·	МО	DAY	YEAR		
Mailing Address 512 W 3RD ST		11	15	2022	\$	312.70	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CATERING COSTS				
To Whom Paid ZOOM USA			мо	DAY	YEAR		
Mailing Address			11	1	2022	\$	15.89
City	State	Zip Code (Plus 4)	Description of Expenditure CONFERENCE CALLS				
Enter Grand Total of Expend	litures on Page 1 Pe	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expend	inuies on raye 1, Re	port cover Page, Itelli D	•			\$	7,259.19