

Campaign Finance Report

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

Filer Identification Number : 20120419		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: Campaign for Compassion Committee											
Street Address: P.O. Box 30234											
City: Elkins Park					State: PA		Zip Code: 19027				
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.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2023	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	7	2023				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					10	24	2023				TO
					11	27	2023				
A. Amount Brought Forward From Last Report					\$		18,205.08				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		1,855.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		20,060.08				
D. Total Expenditures (From Schedule III)					\$		5,653.71				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		14,406.37				
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

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Campaign for Compassion Committee	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 5.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 500.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 500.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 850.00
TOTAL for the Reporting Period (3)	\$ 1,350.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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.)	\$ 1,855.00
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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 Campaign for Compassion Committee	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
DATE	
AMOUNT	

Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 Center St			11	3	2023	
City Camp Hill	State PA	Zip Code (Plus 4) 170111702				

Full Name of Contributing Committee Rehabilitation and Community Providers Association			MO	DAY	YEAR	\$ 250.00
Mailing Address 777 E Park Dr Ste G4			11	3	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 171112754				

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

PAGE TOTAL
\$ 500.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
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.						<div>PAGE TOTAL</div> <div>\$ 0.00</div>

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
Campaign for Compassion Committee	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
UFCW Local 1776									
Mailing Address									
3031 A Walton Rd Ste 201					11	3	2023		
City	Plymouth Meeting		State	PA					

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

PAGE TOTAL
\$ 500.00

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 Campaign for Compassion Committee	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Daniel Muroff					
Mailing Address 207 Avian Aly				10	24
City Media	State PA	Zip Code (Plus 4) 190632438	2023		
Employer Name Self				Occupation Consultant	
Employer Mailing Address/Principal Place of Business PO Box 1215		City Media		State PA	Zip Code (Plus 4) 190638215

Full Name of Contributor	MO	DAY	YEAR		
Obermayer Rebmman Maxwell & Hippel					
Mailing Address 1500 Market St Frnt 34				11	3
City Philadelphia	State PA	Zip Code (Plus 4) 191022109	2023		
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
\$ 850.00

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	Reporting Period From: To:
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				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 0.00

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 Period	
Campaign for Compassion Committee		From: <u>10/24/2023</u> To: <u>11/27/2023</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 RECIEVED - 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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Campaign for Compassion Committee	From <u>10/24/2023</u> To: <u>11/27/2023</u>

DATE				AMOUNT		
To Whom Paid Actblue			MO	DAY	YEAR	\$ 9.08
Mailing Address PO Box 441146			11	3	2023	
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Processing Fee			
To Whom Paid Khaleef Alexander			MO	DAY	YEAR	\$ 300.00
Mailing Address 1256 S Greylock St			10	31	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191435112	Description of Expenditure Canvassing			
To Whom Paid Khaleef Alexander			MO	DAY	YEAR	\$ 600.00
Mailing Address 1256 S Greylock St			11	13	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191435112	Description of Expenditure Canvassing			
To Whom Paid D.I.V.A.S. Ministry Group			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 600 Red Lion Rd Ste G-1			11	6	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191151246	Description of Expenditure Donation			
To Whom Paid GODADDY.com			MO	DAY	YEAR	\$ 386.13
Mailing Address			10	31	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Website			

To Whom Paid GODADDY.com			MO	DAY	YEAR	\$ 152.39
Mailing Address			11	8	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Website			

To Whom Paid NGPVAN			MO	DAY	YEAR	\$ 265.00
Mailing Address			11	3	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Operating Fee			

To Whom Paid Overflow Events Center LLC			MO	DAY	YEAR	\$ 100.00
Mailing Address 1623 E Wadsworth Ave			11	6	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191501026	Description of Expenditure Event Room Rental			

To Whom Paid PostNet			MO	DAY	YEAR	\$ 2,106.10
Mailing Address 143 Union Blvd Ste 600			11	27	2023	
City Lakewood	State CO	Zip Code (Plus 4) 802281828	Description of Expenditure Event Giveaways			

To Whom Paid Santander Bank Fees			MO	DAY	YEAR	\$ 27.50
Mailing Address			11	2	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Processing Fees			

To Whom Paid Santander Bank Fees			MO	DAY	YEAR	\$ 29.95
Mailing Address			11	7	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Reorder DELUX Checks			

To Whom Paid Santander Bank Fees			MO	DAY	YEAR	\$ 20.61
Mailing Address			11	9	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Processing Fee			
To Whom Paid Wallace Weaver			MO	DAY	YEAR	\$ 500.00
Mailing Address 1808 Manor Dr Apt A			11	13	2023	
City Union	State NJ	Zip Code (Plus 4) 070834421	Description of Expenditure Payroll			
To Whom Paid Willow Grove NAACP			MO	DAY	YEAR	\$ 140.00
Mailing Address 1680 Prospect Ave			11	21	2023	
City Willow Grove	State PA	Zip Code (Plus 4) 190904630	Description of Expenditure Donation			
To Whom Paid ZOOM USA			MO	DAY	YEAR	\$ 16.95
Mailing Address			11	1	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Campaign Meeting			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,653.71

