

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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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			
					11	28	2023				TO
					12	31	2023				
A. Amount Brought Forward From Last Report					\$		14,406.37				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		1,630.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		16,036.37				
D. Total Expenditures (From Schedule III)					\$		2,308.98				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		13,727.39				
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>11/28/2023</u> To: <u>12/31/2023</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)	\$ 125.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 125.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 1,630.00
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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>11/28/2023</u> To: <u>12/31/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee Friends of Brad Pransky	MO	DAY	YEAR	\$ 125.00
Mailing Address 231 Linden Dr	12	1	2023	
City Elkins Park State PA Zip Code (Plus 4) 190271341				

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

PAGE TOTAL
\$ 125.00

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)					

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
Campaign for Compassion Committee	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
Full Name of Contributing Committee				
Johnson & Johnson PAC				
Mailing Address 1350 I St NW Ste 1210				
City Washington	State	Zip Code (Plus 4)		
	DC	200053305		
	12	1	2023	\$ 500.00
Full Name of Contributing Committee				
LAWPAC				
Mailing Address 800 N 3rd St Ste 203				
City Harrisburg	State	Zip Code (Plus 4)		
	PA	171022025		
	12	1	2023	\$ 500.00

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

PAGE TOTAL
\$ 1,000.00

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>11/28/2023</u> To: <u>12/31/2023</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Friends of Ken Lawrence (POLITICAL COMMITTEE)	12	28	2023	\$ 500.00
Mailing Address PO Box 376				
City Blue Bell	State PA	Zip Code (Plus 4) 194220376		
Employer Name POLITICAL COMMITTEE			Occupation POLITICAL COMMITTEE	
Employer Mailing Address/Principal Place of Business PO Box 376		City Blue Bell	State PA	Zip Code (Plus 4) 194220376

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

PAGE TOTAL
\$ 500.00

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>11/28/2023</u> To: <u>12/31/2023</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

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
Campaign for Compassion Committee	From <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid				
Friends of Sharif Street				
Mailing Address 658 N 63rd St				
City Philadelphia	State PA	Zip Code (Plus 4) 191513868		
Description of Expenditure				
Donation				
To Whom Paid				
Arthur Haywood				
Mailing Address 443 Rices Mill Rd				
City Wyncote	State PA	Zip Code (Plus 4) 190952037		
Description of Expenditure				
Reimbursement				
To Whom Paid				
High Point Cafe				
Mailing Address 602 Carpenter Ln				
City Philadelphia	State PA	Zip Code (Plus 4) 191193404		
Description of Expenditure				
Event				
To Whom Paid				
Laborers' Local 332				
Mailing Address 1310 Wallace St				
City Philadelphia	State PA	Zip Code (Plus 4) 191232411		
Description of Expenditure				
Donation				
To Whom Paid				
NGPVAN				
Mailing Address				
City	State	Zip Code (Plus 4)		
Description of Expenditure				
Operations				
To Whom Paid				
Old Towne Deli				
Mailing Address 512 W 3RD St				
City Harrisburg	State PA	Zip Code (Plus 4) 17101		
Description of Expenditure				
Event Fee				

To Whom Paid Old Towne Deli			MO	DAY	YEAR	\$ 312.70
Mailing Address 512 W 3RD St			11	28	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Event Fee			

To Whom Paid Santander Bank Fees			MO	DAY	YEAR	\$ 1.32
Mailing Address			12	11	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Bank Processing Fee			

To Whom Paid The Frosted Fox Cake Shop			MO	DAY	YEAR	\$ 250.00
Mailing Address 6511 Germantown Ave			12	26	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191192247	Description of Expenditure Event			

To Whom Paid Wallace Weaver			MO	DAY	YEAR	\$ 500.00
Mailing Address 1808 Manor Dr Apt A			12	12	2023	
City Union	State NJ	Zip Code (Plus 4) 070834421	Description of Expenditure Stipend			

To Whom Paid ZOOM USA			MO	DAY	YEAR	\$ 16.95
Mailing Address			12	1	2023	
City	State	Zip Code (Plus 4)	Description of Expenditure Operations			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,308.98

