

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From:

M	M	R
0	4	

 /

D	D	D
0	1	

 /

Y	Y	Y	Y	Y
2	0	0	7	

 To:

M	M	R
0	6	

 /

D	D	D
3	0	

 /

Y	Y	Y	Y	Y
2	0	0	7	

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	2	0	0	7		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>16</td><td>2</td><td>8</td><td>3</td><td>2</td><td>6</td></tr></table>	1	16	2	8	3	2	6					
2	0	0	7															
1	16	2	8	3	2	6												
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>5</td><td>7</td><td>7</td><td>9</td><td>0</td><td>2</td></tr></table>	1	1	5	7	7	9	0	2									
1	1	5	7	7	9	0	2											
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>1</td><td>5</td><td>6</td><td>4</td><td>8</td></tr></table>	6	1	5	6	4	8	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>0</td><td>3</td><td>4</td><td>0</td><td>9</td></tr></table>	7	0	3	4	0	9				
6	1	5	6	4	8													
7	0	3	4	0	9													
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>1</td><td>9</td><td>3</td><td>5</td><td>5</td><td>0</td></tr></table>	1	2	1	9	3	5	5	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>3</td><td>1</td><td>7</td><td>3</td><td>5</td></tr></table>	1	2	3	3	1	7	3	5
1	2	1	9	3	5	5	0											
1	2	3	3	1	7	3	5											
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	5	6	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>9</td><td>8</td><td>1</td><td>8</td><td>5</td></tr></table>	6	9	8	1	8	5				
5	6	0	0	0	0													
6	9	8	1	8	5													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>3</td><td>3</td><td>5</td><td>5</td><td>0</td></tr></table>	1	1	6	3	3	5	5	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>3</td><td>3</td><td>5</td><td>5</td><td>0</td></tr></table>	1	1	6	3	3	5	5	0
1	1	6	3	3	5	5	0											
1	1	6	3	3	5	5	0											
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table>	0	0															
0	0																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table>	0	0															
0	0																	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

 Toll Free 800-424-9530
 Local 202-694-1100

27039473062

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 04 / 01 / 2007 To: 06 / 30 / 2007

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5,000.00	5,000.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,000.00	5,000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,000.00	5,000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,156.48	2,034.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)).....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6,156.48	7,034.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,156.48	7,034.09

27039473063

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	0 0	0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0	0 0
22. Transfers to Affiliated/Other Party Committees	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0	0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0	0 0
26. Loan Repayments Made	0 0	0 0
27. Loans Made	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0	0 0
29. Other Disbursements	5 6 0 00 0	6 9 8 1 8 5
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0	0 0
(ii) "Levin" Share	0 0	0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0	0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0	0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5 6 0 00 0	6 9 8 1 8 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5 6 0 0 00	6 9 8 1 8 5

27039473064

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	5 0 0 0 0 0 0	5 0 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5 0 0 0 0 0 0	5 0 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

27039473065

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Republic First Bank		Date of Receipt 04/01/2007
Mailing Address Two Liberty Place 50 S. 16th St. Suite 2400		Amount of Each Receipt this Period 4057.5
City Philadelphia, PA	State Zip Code 19102	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Republic First Bank		Date of Receipt 04/22/2007
Mailing Address Two Liberty Place 50 S. 16th St. Suite 2400		Amount of Each Receipt this Period 135
City Philadelphia, PA	State Zip Code 19102	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Republic First Bank		Date of Receipt 04/30/2007
Mailing Address Two Liberty Place 50 S. 16th Street Suite 2400		Amount of Each Receipt this Period 3484.5
City Philadelphia, PA	State Zip Code 19102	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	7555.5
TOTAL This Period (last page this line number only).....▶	

27039475088

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial)
A. Republic First Bank

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400
City State Zip Code
Philadelphia, PA 19102

Amount of Each Receipt this Period
1-2.2

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)
B. Republic First Bank

Date of Receipt
MM / DD / YYYY
05 / 31 / 2007

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400
City State Zip Code
Philadelphia, PA 19102

Amount of Each Receipt this Period
3.63-2.3

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)
C. Republic First Bank

Date of Receipt
MM / DD / YYYY
00.6 / 20 / 2007

Mailing Address
Two Liberty Place 50 S. 16th Street Suite 2400
City State Zip Code
Philadelphia, PA 19102

Amount of Each Receipt this Period
1.48

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

36593

TOTAL This Period (last page this line number only).....▶

112148

27039473067

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial)
A. Obermayer Rebmann Maxwell & Hippel LLP

Mailing Address
1617 John F. Kennedy Blvd. 19th Floor

City **Philadelphia, PA** State Zip Code **19103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Law Firm** Occupation **Partnership**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 / 02 / 2007

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
B. United States Treasury

Mailing Address

City **Austin, Texas** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Refund of overpayment** Occupation **on Federal Deposit**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 / 10 / 2007

Amount of Each Receipt this Period
3,500

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **5,035.00**

TOTAL This Period (last page this line number only).....▶ **6,156.48**

27039473068

OBERMAYER REBMANN MAXWELL & HIPPEL LLP
 PARTNERSHIP ALLOCATION FORM

ALERTED DEMOCRATIC MAJORITY

ALLOCATION

ALLEN, PAUL	\$	77.45
AYRES, WARREN	\$	77.45
BARNES, ALEX	\$	77.45
BATOFF, JEFFREY	\$	105.29
BESNOFF, LARRY	\$	77.45
CENTENO, JOSEPH	\$	77.45
CHING, STEPHEN	\$	77.45
COHEN, WALTER	\$	77.45
DOUGHER, JOSEPH	\$	90.77
EFSTRATIADIS, ANASTASIUS	\$	90.77
EHLINGER, JOHN	\$	77.45
FINEGAN, DANIEL	\$	77.45
FOX, BRUCE	\$	77.45
GALLAGHER, JACKIE	\$	77.45
GEORGE, EDMOND	\$	77.45
GOLDEN, CHARLES	\$	90.77
HABER, STEVEN	\$	81.69
HEINTZ, PAUL	\$	90.77
HUGG, JONATHON	\$	77.45
JANSEEN, HANK	\$	77.45
JOHNSTON, ALICE	\$	136.15
KLINE, JERRY	\$	77.45
KUPPERMAN, LOUIS	\$	77.45
LEONARD, WILLIAM	\$	63.50
LIEBER, MARVIN	\$	79.87
LIMBURG, RICHARD	\$	77.45
LUBLIN, MARK	\$	65.35
MGGOVERN, JOSEPH	\$	90.77
MILLS, THORLEY	\$	77.45
NASATIR, DAVID	\$	90.77
OBERKORCHER, PETER	\$	77.45
OHARA, JACK	\$	77.45
PELOSI, WILLIAM	\$	77.45
PENNY, JAMES	\$	77.45
PEPPERMAN, MICHAEL	\$	77.45
PODUSLENKO, NICK	\$	77.45
RATHEURN, ERIC	\$	77.45
REISMAN, JASON	\$	77.45
ROEDIGER, JOAN	\$	77.45
ROTWITT, JEFFREY	\$	232.36
RYAN, JOHN	\$	77.45
SAMMS, GARY	\$	77.45
SAPUTELLI, GREGORY	\$	77.45
SCHRIER, STEPHEN	\$	81.69
SHAPIRO, MATT	\$	77.45
SHULMAN, JACKIE	\$	81.69
STEERMAN, DAVID	\$	77.45
STEINER, JULIUS	\$	145.23
STRAUB, KURT	\$	77.45
STRYKER, NINA	\$	77.45
SUTHERLAND, HUGH	\$	81.69
TABAS, LAWRENCE	\$	90.77
WARNER, PARRY	\$	77.45
WEINBERG, MARTIN	\$	167.01
WEINSTEIN, MICHAEL	\$	66.56
WESSEL, RUTH	\$	77.45
WHITELAW, ROBERT	\$	90.77
YOUNG, VICTOR	\$	77.45
	\$	
	\$	5,000.00

SIGNED



8-May-07

PRINTED NAME ROBERT PERRY

TITLE CHIEF OPERATING OFFICER

Obermayer Rebmann Maxwell & Hippel LLP

27039473068

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A.

Full Name (Last, First, Middle Initial)
Patricia M. Doto

Date of Disbursement
MM / DD / YYYY
04 / 04 / 2007

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical Expense

Candidate Name

Category/Type

Amount of Each Disbursement this Period
5,000.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
McLaughlin & Associates

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2007

Mailing Address
566 Rt 303 S

City State Zip Code
Blauvelt NY 10913

Purpose of Disbursement
Polling Expense

Candidate Name

Category/Type

Amount of Each Disbursement this Period
4,900.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Patricia M. Doto

Date of Disbursement
MM / DD / YYYY
06 / 27 / 2007

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical Expense 2nd Quarter

Candidate Name

Category/Type

Amount of Each Disbursement this Period
6,500.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶ **5,600.00**

TOTAL This Period (last page this line number only).....▶ **5,600.00**

27039473070

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial)
There are no loans.

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:

/ / / / % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only) 00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

27039473071

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Information found on
Page _____ of Schedule C

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan _____	Interest Rate (APR) _____ %
--	--------------------------------	---------------------------------------

Mailing Address _____	Date Incurred or Established MM / DD / YYYY _____ / _____ / _____	Date Due MM / DD / YYYY _____ / _____ / _____
City _____ State _____ Zip Code _____		

A. Has loan been restructured? No Yes If yes, date originally incurred: MM / DD / YYYY

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: MM / DD / YYYY Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE MM / DD / YYYY _____ / _____ / _____
--	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE MM / DD / YYYY _____ / _____ / _____
---	-------------	--

27039473072

DEBTS AND OBLIGATIONS

Excluding Loans

schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor There are no debts or obligations.	Nature of Debt (Purpose):
Mailing Address	
City	State
Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City	State
Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City	State
Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0 0

27039473073

**SCHEDULE E (REG FORM 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
City State Zip Code	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
City State Zip Code	

Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date

/ /

27039473074

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	<input type="checkbox"/> Check if 24-hour notice
---	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee There are no itemized coordinated party expenditures.
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	00

27039473075

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

N/A

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

27039473078

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

N/A

Methods of allocation:

- 1: FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- 2: Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS:</p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>CHECK IF THE RATIO IS:</p> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>CHECK IF THE RATIO IS:</p> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>CHECK IF THE RATIO IS:</p> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>CHECK IF THE RATIO IS:</p> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p>%</p>
<p>CHECK IF THE RATIO IS:</p> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported		

27039473077

TRANSFERS FROM NONFEDERAL ACCOUNTS OR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 - Altered Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	<input type="text"/>
ii) Generic Voter Drive	<input type="text"/>
iii) Exempt Activities	<input type="text"/>
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Fundraising	<input type="text"/>
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	<input type="text"/>
b) _____	<input type="text"/>
c) Total Amount Transferred For Direct Candidate Support	<input type="text"/>
vi) Public Communications Referring Only to Party (Made by PAC)	<input type="text"/>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<input type="text"/>
TOTAL This Period (Generic Voter Drive)	<input type="text"/>
TOTAL This Period (Exempt Activities)	<input type="text"/>
TOTAL This Period (Direct Fundraising)	<input type="text"/>
TOTAL This Period (Direct Candidate Support)	<input type="text"/>
TOTAL This Period (Public Communications Referring Only to Party)	<input type="text"/>
TOTAL This Period (Total Amount Transferred)	<input type="text"/> 00

27039473078

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Activity or Event Identifier:		Category/ Type	Allocated Activity or Event Year-To-Date		
			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	NONFEDERAL SHARE		=

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				00

27039473079

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID
- iii) **GOTV**
Total Amount Transferred for GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID
- iii) **GOTV**
Total Amount Transferred for GOTV
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration).....
- TOTAL This Period (Voter ID)
- TOTAL This Period (GOTV).....
- TOTAL This Period (Generic Campaign Activity).....
- TOTAL This Period (Total Amount of Transfers Received).....

27039473080

**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
		0 0	0 0
TOTAL This Period for the Levin Share			
		0 0	

27039473081

AGGREGATION PAGE: LEVIN FUNDS


NAME OF COMMITTEE (In Full) <p style="text-align: center; margin: 0;">Alerted Democratic Majority</p>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS (a) Itemized <small>(Use Schedule L-A)</small> (b) Unitemized (c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS <small>(Add Lines 1c and 2)</small>		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small> (a) Voter Registration (b) Voter ID (c) GOTV (d) Generic Campaign (e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS <small>(Add Lines 4e and 5)</small>		
7. BEGINNING CASH ON HAND <small>(for Column B, use cash as of January 1st)</small>		
8. RECEIPTS <small>(from Line 3)</small>		
9. SUBTOTAL <small>(Add Lines 7 and 8)</small>		
10. DISBURSEMENTS <small>(From Line 6)</small>		
11. ENDING CASH ON HAND <small>(Subtract Line 10 From Line 9)</small>		00

127039475082

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/16/07
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 7/16/07
 PREPARER DATE PREPARED
 (3/2005)

27039473085