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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS

For Other Than An Authorized Committee

RECEIVED -

2008 OCT 17 AM 9: 10

| | | | Office Us | e Only |
|---|--|--|--|--|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 | |
| | <u> </u> | | <u> </u> | <u> </u> |
| | William W. Ba | HOFF LLLL | | 1 1 1 1 |
| | | cratic Majority | | |
| ADDRESS (number and street) | | ne Penn Center | | |
| Check if different | 1617 John F. Philadelphia | Kennedy Blvd. | <u>i </u> | <u> </u> |
| Check if different than previously reported. (ACC) | Philiadelphia | PA 19103 | | |
| 2. FEC IDENTIFICATION NU | IMBER ▼ CITY | ′ ▲ | STATE A | ZIP CODE A |
| C 00 | 3. IS 6 52 3 RE | THIS NEW PORT (N) OR | AMENDED (A) | |
| 1. TYPE OF REPORT (Choose One) | Report See | 20 (M2) May 20 (M5 20 (M3) Jun 20 (M6 | | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) |
| (a) Quarterly Reports: | 21 | 20 (M4) Jul 20 (M7) | | (Non-Election Year Only) |
| April 15 Quarterly Report (Q | | | | Runoff (12R) |
| July 15 Quarterly Report (Q | PRF-Election | Primary (12P) Convention (12C) | General (12G) Special (12S) | lai nunon (ren) |
| October 15 Quarterly Report (Q | | | | |
| January 31 Year-End Report (Y | E) Election | on | | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election Report for the: | General (30G) | Runoff (30R) | ::: :::::::::::::::::::::::::::::::: |
| Termination Report (TER) | Election | M M / D D / | | in the State of |
| i. Covering Period 0.4 | 7 .0.1 .2.0.0 | through 0.9 | 3.40. F2.40. | |
| certify that I have examined the | • | | true, correct and complet | e. |
| Signature of Treasurer | William W. Ba | | Date 1 0 20: | -7 -2 0 0 8 |
| NOTE: Submission of false, errone | ous, or incomplete information | may subject the person signing | this Report to the penaltic | es of 2 U.S.C. §437g. |
| Office Use Only | | | | FORM 3X lev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Alerted Democratic Majority 0 1 .2 .0 ..8 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, 106 044 95 (b) Cash on Hand at ,<u>1</u> 0 7, <u>3 5 5 25</u> Beginning of Reporting Period..... process that the control to a (c) Total Receipts (from Line 19) ____6,233<u>___03</u> (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... ,<u>1</u> 0 7, 7, 2 2 87 ¹ , 112<u>,2</u>77 <u>98</u> 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 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

FE6AN026

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

| | Alerted Democratic | majurity | |
|------------|---|--|--|
| Re | | 7 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | To: .09 2008 |
| | I. Receipts | COLUMN A | COLUMN B |
| | - | Total This Period | Calendar Year-to-Date |
| 1. | Contributions (other than loans) From: | | |
| | (a) Individuals/Persons Other | | |
| | Than Political Committees | And the second s | A TEMPORAL TO THE SECOND STREET, TO |
| | (i) Itemized (use Schedule A) | | 00 <u></u> |
| | | | i |
| | (ii) Unitemized | , <u>00</u> . | .00 |
| | (iii) TOTAL (add | | P. Carakurt Consider Commission |
| | Lines 11(a)(i) and (ii)▶ | 00 | |
| | | | |
| | (b) Political Party Committees | 1 | · · · · · · · · · · · · · · · · · · · |
| | (c) Other Political Committees | | · |
| | (such as PACs) | * | v v |
| | (d) Total Contributions (add Lines | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | • • | | ga : |
| | 11(a)(iii), (b), and (c)) (Carry | | Man a manufallar a section relation and designation of |
| | Totals to Line 33, page 5) | + whomales it will be a to the total to the | 5' -000 700 |
| 2. | Transfers From Affiliated/Other | | |
| | Party Committees | | [|
| | | | |
| 3. | All Loans Received | O | <u> </u> |
| | | The state of the s | Highway |
| | Lean Departments Descrived | 00 | 00 |
| | Loan Repayments Received | | Lame of Laminia Lamin |
| 5 . | Offsets To Operating Expenditures | | |
| | (Refunds, Rebates, etc.) | i i i i i i i i i i i i i i i i i i i | |
| | (Carry Totals to Line 37, page 5) | | 00-را د السيمان و الروايات والانتاج التي التي التي التي التي التي التي التي |
| 6. | Refunds of Contributions Made | 21. 1 m one / mf at and 1. 1 m one / mf at an | |
| | to Federal Candidates and Other | | he skippopher |
| | Political Committees | | |
| 7. | Other Federal Receipts | | |
| | (Dividends, Interest, etc.) | | |
| a | Transfers from Non-Federal and Levin Fund | s | |
| ٠. | (a) Non-Federal Account | · · · · · · · · · · · · · · · · · · · | romm 22. 1 |
| | (from Schedule H3) | | |
| | (Irom Schedule 175) | <u> </u> | ima |
| | | Annual Caradians Company of the British Caradians in | |
| | (b) Levin Funds (from Schedule H5) | Annual Committee | |
| | · | Communication of communication of the communication | |
| | (c) Total Transfers (add 18(a) and 18(b)) | | |
| | ., | Last time Handle Committee 18 Sun Carlo Olive S | ^{10.0} |
| 9. | Total Receipts (add Lines 11(d), | managemental control of management of the control o | Consideration (No. 2) and a contract of the co |
| | 12, 13, 14, 15, 16, 17, and 18(c)) | 1 | Company of the Control of the Contro |
| | | ************************************** | |
| ი | Total Federal Receipts | | |
| J. | | · | 6. 233 |
| | (subtract Line 18(c) from Line 19)▶ | 3.67 | [6_23303 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A | COLUMN B |
|--|--|--|
| 21. Operating Expenditures: | Total This Period | Calendar Year-to-Date |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | PROBLEM CONTROL OF THE CONTROL OF TH | gar r <u>ammapharatar</u> i _s saying i i i i i i i i i i i i i i i i i i |
| (i) Federal Share | 7 | in the second of |
| (ii) Non-Federal Share | | |
| (b) Other Federal Operating | 7 <u></u> - 700: | · · · · · · · · · · · · · · · · · · · |
| Expenditures(c) Total Operating Expenditures | y | |
| (add 21(a)(i), (a)(ii), and (b)) | | # # # # # # # # # # # # # # # # # # # |
| 22. Transfers to Affiliated/Other Party Committees | r I | : |
| 23. Contributions to Federal Candidates/Committees | | The second secon |
| and Other Political Committees 24. Independent Expenditures | الله و و و و و و و و و و و و و و و و و و | 3.00000 |
| (use Schedule E) | Support Frankfilm #00. | |
| (use Schedule F) | The second secon | t minute of the second of the |
| 26. Loan Repayments Made | •00 | • |
| 27. Loans Made | ķ | - ; |
| 28. Refunds of Contributions To: (a) Individuals/Persons Other | · · · · · · · · · · · · · · · · · · · | |
| Than Political Committees | 7 | |
| (b) Political Party Committees | · · · · · · · · · · · · · · · · · · · | The stand Commitment of the St |
| (such as PACs) | · · · · · · · · · · · · · · · · · · · | |
| (d) Total Contribution Refunds | Section Section 1 - Section 2010 Section 2010 | |
| (add Lines 28(a), (b), and (c)) | ► <u></u> | o company to the control of the cont |
| CO. Other Distances | (· · · · · · · · · · · · · · · · · · · | |
| 29. Other Disbursements | ************************************** | 4. ₄ , 555 <u>1</u> , 71 1 |
| 30. Federal Election Activity (2 U.S.C. §431(2 | 0)) | |
| (a) Allocated Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | Total Committee Territory (1997) | g ing a second of the second o |
| (i) rederal Share | Constitution of the consti | |
| (ii) "Levin" Share | Resident the second sec | ** *********************************** |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add | And the street of the Physics of the Control of the | Hamilton of the state of the st |
| Lines 30(a)(i), 30(a)(ii) and 30(b)) | • 17 - Language - 18 - Language - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1 | the second of th |
| 31. Total Disbursements (add Lines 21(c), 22, | the second secon | the committee of the control of the |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | · • • • • • • • • • • • • • • • • • • • | |
| 32. Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | name |
| from Line 31) | • · · · · · · · · · · · · · · · · · · · | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | | , 555 |

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) | | 5,00000 |
| 34. | Total Contribution Refunds (from Line 28(d)) | | 1 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | The second of th | <u> </u> |
| 36. | Total Federal Operating Expenditures | | 5,000 .: 00 |
| 37. | (add Line 21(a)(i) and Line 21(b))▶ Offsets to Operating Expenditures | | 1 |
| 38. | (from Line 15, page 3) Net Operating Expenditures | · • • • • • • • • • • • • • • • • • • • | |
| | (subtract Line 37 from Line 36) | : | · · · · · · · · · · · · · · · · · · · |

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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| Any information copied from such Reports and Statement or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Alerted Democratic Major | and address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| FEC ID number of contributing federal political committee. Name of Employer Coccup Interest Earned Receipt For: Primary General Other (specify) | 19102 | |
| Receipt For: Primary General Other (specify) — Other (specify) — | 19108 | ÷ |
| Full Name (Last, First, Middle Initial) C. Republic First Bank | | Date of Receipt |

| FEC ID number of contributing federal political committee. | Commence of the contract of th | Commence and the second |
|---|--|--|
| Name of Employer | Occupation | . 33 |
| Interest Earned Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| B. <u>Republic First Bank</u> Mailing Address | | PARTITIONS / FIGURE / Y Y Y Y Y |
| City 50 S. 16th Street | State Zip Code | 07 31 2 0 0 8 |
| - Philadelphia - | PA 19102 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Commission of the commission of the contract o | manager of the community of the communit |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) C. Republic First Ban | le . | Date of Receipt |
| Mailing Address 50 S. 16th Street | | 0 8 20 2 0 0 8 |
| City | State Zip Code | Amount of Each Pagaint this Paging |
| Philadelphia FEC ID number of contributing federal political committee. | PA 19102 Secretaria de la constanta del constanta de la constanta de la constanta de la const | Amount of Each Receipt this Period |
| Name of Employer | Occupation | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| SUBTOTAL of Receipts This Page (optional). | | sustangua ngawanga wagana garawan a samuna a sam |
| TOTAL This Period (last page this line numb | er only) | 134 36 |
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| SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE C | | | | | | | |
|--|------------------------|--|----------|-----------------------------|---|-------|------------|------------|----------|-----|--|
| · · | | Use separate schedule(s) | | | FOR LINE NUMBER: PAGE OF (check only one) | | | | | | |
| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | |] 11a | 11b | | 11c | 12 | | | |
| | | | | 13 | 14 | | 15 | 16 | | 17 | |
| Any information copied from such Reports and S or for commercial purposes, other than using the | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| Alerted Democratic | Majorit | у | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | D.4 | | | | | | | |
| A. <u>Republic First Bank</u> Mailing Address | A. Republic First Bank | | | | Receipt | er in | 200 | | _ | | |
| 50 S. 16th Street | | | | 5 AA | 01. | D) | 1 2 | 0 0 | R. | | |
| City | State | Zip Code | 一 | 60: U -9 | d PO-14 | | 4.T. s. | | . | | |
| Philadelphia | Philadelphia PA 19102 | | | | of Each | Rec | eipt this | s Period | | | |
| FEC ID number of contributing | | angement an engen er eg av eg aver parate. Na harrester militarester en de seria and | - | ganingani g | allendid en all | | | · · | ٠ | | |
| federal political committee. | | nationality adversibration order | | ใ ในกรณีเล่าห | ್ಲಿ ಆ್. _ಕ ್ಕ | e was | 5-1 2 | 20 · | 87 | 7 · | |
| Name of Employer | Occupation | 1 | - | | | | | | | | |
| Interest Earned | ļ | | | | | | | | | | |
| Heceipt For: | | Year-to-Date ▼ | | | | | | | | | |
| Primary General | g salagas agus g | rings in Burnish and Section 1997, 1987, 19 | 17 | | | | | | | | |
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| Full Name (Last, First, Middle Initial) | | | _ | | | — | | | | | |
| B | | |] | Date o | f Receipt | | | • | | | |
| B. Republic First Bank Mailing Address | | | | F West is | 7.76 | Ö . | , y:: | y y | γ. | | |
| 50 S. 16th Street | | | | 0.9 | .2: | 2 | , 2 | 0 0 | 8 | | |
| City | State | Zip Code | <u> </u> | | | | | | | | |
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| Name of Employer | Occupation | | \dashv | | | | | • | , , | | |
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| C. <u>Republic First Bank</u> | ζ | ······ | | Date o | f Receipt | | | | | | |
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| Philadelphia PA 19102 FEC ID number of contributing federal political committee | | \neg | | ara vigat,in it Oli⊏arcu | | • | | | | | |
| federal political committee. | C. | น้า มาเมื่อ รอบ นากระตัว (เกม ราวาว) กรมมา คมเมื่อ | | di Kanasara | and State | | . , 1 | 10 | 63 | ; | |
| Name of Employer | Occupatio | n | | | | | | | | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | \dashv | | | | | | | | |

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

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

Primary ☐ General Other (specify) ▼

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SCHEDULE B (FEC Form 3X)

| TEMIZED DISPLIPATION | Use separate schedule(s) | | | only one) | | | | | | JI |
|---|---|----------------|-----------------|---------------|--------------|-------------|---------------------------------------|--------------|----------------------|-----------------------------|
| TEMIZED DISBURSEMENTS | for each category of the | ٦,٠٠٠ | 21b | 22 | \Box | 23 | 24 | · [| 25 | <u> </u> |
| | Detailed Summary Page | <u> </u> | 27 | 28a | | 28b | 28 | ╘├ | 29 | 30b |
| Any information copied from such Reports and Statem | | | | | | | | | | |
| or for commercial purposes, other than using the name | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| Alerted Democratic Maj | ority | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Т | | | | | | | |
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| There are no disbursments. Mailing Address | | | | | . <i>1</i> | | "D" / | Y. | Y <u></u> | Y : |
| Maining Address | | | 1 | ķ | Ë | • | - | ٠ | | · x |
| City S | tate Zip Code | | | | | , | | | | |
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| Purpose of Disbursement | | -,: <u></u> | . | Amount | t of | Each | Disburs | seme | nt this | Period |
| Candidate Name | | Catego | | | | | · | | | · - - · |
| | • | Type | | | | | ; | | | |
| Office Sought: House Disbursem | | | | | | | | | | |
| | Primary General | | | | | | | | | |
| State: District: | Other (specify) ▼ | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| 3. | | | | Date of | | | | | | |
| Asilian Addi | | | | M .s, M | į, / | D D | D / | Υ : | Y | Y : |
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| City S | tate Zip Code | | - | | — | | · · · · · · · · · · · · · · · · · · · | | | |
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| ⊟ | Primary General | | | | | | | | | |
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| TOTAL This Period (last page this line number only). | *************************************** | | ··· ▶ | il.,,,,,,,, . | مس، تند | | | | | -00- |

SCHEDULE C (FEC Form 3X)

| OANS | Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|--|
| NAME OF COMMITTEE (In Full) | |
| Alerted Democratic Majority | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election: |
| _, | Primary General |
| There are no loans. Mailing Address | Other (specify) |
| , | i |
| City State ZIP | Code |
| | t To Date Balance Outstanding at Close of This Period |
| Date Incurred Date C | Due Interest Rate Secured: |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount programme and the second of the secon |
| City State ZIP Code | Guaranteed Dutstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount property and a second control of the |
| City State ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| Older 710 Onder | Amount |
| City State ZIP Code | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Outstanding: |
| SUBTOTALS This Period This Page (optional) | promise |
| TOTALS This Period (last page in this line only) | The second secon |
| Carry outstanding balance only to LINE 3, Schedule D, for this line | |

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule

| Federa | I Election Commission, Washington, D.C. 20463 | NDING INSTITUTIONS | | Page | of Schedule C |
|----------|--|---|--|---|-----------------------|
| NAM | OF COMMITTEE (In Full) | · | FEC | IDENTIFICAT | TION NUMBER |
| | | | 5=: | y | 2_6_5_3 |
| | Alerted Democratic Majority | · | | U U <u>1 4</u> | <u> </u> |
| | ING INSTITUTION (LENDER) | Amount of Loan | | Interest R | ate (APR) |
| Full N | ^{lame} There are no loans and lin | les | :: :: : : : : : : : : : : : : : : | • | |
| | of credit from lending inst | | - •Br · rai | ,i Kamuch | ·% |
| Mailin | g Address | | M = M* | / p | Ý****Y Y |
| | | Date Incurred or Established | ΙΊ, i | | |
| City | State Zip Code | Date Due | - M M | / D D 7 1 | |
| J.1.y | 5.d.6 2.p 5500 | Daic Duc | Law. | . 4 1 | |
| Α. | Has loan been restructured? No Yes | If yes, date originally incurred | , u 'u '' | / t=0-1.0 ; / | ΥΥ Y Y Y . Y . Y . Y |
| В. | If line of credit, | Total | | | |
| | Amount of this Draw: | Outstanding Balance: | | | • |
| <u> </u> | .3cr | . •., ; | | | . |
| C | Are other parties secondarily liable for the debt incurre | | | | |
| 늗 | | st be reported on Schedule C.) | \M/hat is the | value of this o | ollatoral? |
| ال | Are any of the following pledged as collateral for the le property, goods, negotiable instruments, certificates of | deposit, chattel papers, | The same | . + *********************************** | |
| | stocks, accounts receivable, cash on deposit, or other | similar traditional collateral? | , · · · · · · · · · · · · · · · · · · · | . • 7 . iniii | : |
| | No Yes If yes, specify: | | | | |
| | | | interest in it? | · . | erfected security Yes |
| E. | Are any future contributions or future receipts of intere | | | estimated valu | |
| | collateral for the loan? No Yes If yes, s | pecify: | ": : · · · · · · · · · · · · · · · · · · | mmia - : .esh | amon. " |
| | | | | | |
| | 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: | Address: | | | |
| | MININI / DIPON / Y A A A A A | | | | |
| <u> </u> | Landing of the Carrier of the Carrie | City, State, Zip: | | | |
| F. | If neither of the types of collateral described above was the loan amount, state the basis upon which this loan | | | | qual or exceed |
| G | COMMITTEE TREASURER | | DATE | | |
| | Typed Name | | . W. W. | / {D = D } / } | <u></u> |
| | Signature | | ļ., : | | |
| H | Attach a signed copy of the loan agreement. | | | • • • • | |
| Ī. | TO BE SIGNED BY THE LENDING INSTITUTION: | | | | |
| | To the best of this institution's knowledge, the tel are accurate as stated above. | rms of the loan and other inform | ation regardir | ng the extensi | on of the loan |
| İ | II. The loan was made on terms and conditions (inc | cluding interest rate) no more fav | orable at the | time than the | se imposed for |
| | similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a | comparable credit worthiness. a loan must be made on a basis | which assure | es repayment. | and has |
| | complied with the requirements set forth at 11 C | FR 100.82 and 100.142 in makin | g this loan. | | |
| | ORIZED REPRESENTATIVE d Name | | DATE | | |
| | o name | <u> </u> | "M M | / ''D'''D / : | A SAMPA |
| | | | | | |

SCHEDULE D (FEC Form 3X)

Ex

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

| | OBLIGATIONS | | fa | r each | (check only one) | g |
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| cluding Loa | | | numi | pered line) | | 10 |
| | AITTEE (In Full) | | | | | |
| | rted Democratic Ma | | | | · | |
| A. Full Name | (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of D | ebt (Purpose): | |
| The | re are no debts or | obligations. | | | | |
| City | State | Zip Code | | | | |
| Amo | | Payment This Period | | H | ng Balance at Close of | |
| 1 | | | , | | | |
| Mailing Addres | SS | | | | | |
| City | State | Zip Code | | | | |
| Amo | 24 | Payment This Period | | : 1887827 | | |
| Mailing Addres | SS . | | | | | |
| City | | State Zip Code | | | | |
| Amo | Balance Beginning This Period | Payment This Period | . 4 | i acimina : | ng Balance at Close of | sealbort |
|) SUBTOTALS | This Period This Page (optional) | | > | | wall of the second of the seco | |
| TOTALS This | s Period (last page this line number | only) | > | | Janes Towns 191 | na villayenditaa viib |
|) TOTAL OUTS | STANDING LOANS from Schedule | C (last page only) | ▶ | ii | | |
| ADD 2) and | 3) and carry forward to appropriate | line of Summary Page (last page or | nly) ▶ | | | 00 |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TEMIZED INDEPENDENT EXPENDITURES | | | PAGE OF FOR LINE 24 OF FORM 3X |
|---|---------------------------------------|----------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Alerted Democratic Majority | | | C0 0 1 4 2 6 5 3 |
| Check if 24-hour notice 48-hour notice | | | |
| Full Name (Last, First, Middle Initial) of Payee | | Date | |
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| Mailing Address | endent expend | rcures. | ін — ін — ін — ін — ін — ін — ін — ін — |
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| City State | Zip Code | | annyandan ari ara ay a ari ar arang dan dan annyandan a |
| | | Ė. | . Levi I |
| Purpose of Expenditure | Category/ | Office Soug | ht: House State: |
| | Type | | Senate District: |
| Name of Federal Candidate Supported or Opposed by Expend | | | President |
| | | Check One: | Support Oppose |
| Calendar Year-To-Date Per Election | · · · · · · · · · · · · · · · · · · · | Disburseme | nt For: Primary General |
| for Office Sought | <u> </u> | | ther (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date | |
| Tan reality (Last, First, Wildele Hillary S. F. Lyo | | | |
| Mailing Address | ···· | | 7%W / 0 0 / 4 Y Y Y Y |
| Maining Address | • | 1 | |
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| Glate | 2ip 000 0 | k S Maria anii | , , , , , , , , , , , , , , , , , , , |
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| , s.p. 5p. 5. | Category/ Type | omos osag | Senate District: |
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| Calendar Year-To-Date Per Election for Office Sought | • | | ther (specify) |
| | data mythilmytam (m.) | | |
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| | | | magaman and an analysis of the second |
| (c) TOTAL Independent Expenditures | •••••• | • | .00 |
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| Under penalty of perjury I certify that the independent expenditu- with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent. | | | |
| | | | |
| | | - M - M - / | DO D . / Y Y Y Y Y |
| Signature | Date | ğ., | TDTD / Y Y Y Y |
| g | | | |

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2.11.5.C. \$441a(d))

| NAME OF COMMITTEE (In Full) Alerted Democratic Majority las your committee been designated to make coordinated expenditures by a political party committee? YES NO IYES OF Expenditure IYES NO IYES OF Expenditure IYES NO IYES OF Expenditure IYES NO | ON BEHALF OF CANDIDATES FOR FED | ERAL OFFICE | | PAGE OF |
|--|--|-------------------------------------|---|--|
| Alerted Democratic Majority las your committee been designated to make coordinated expenditures by a political party committee? YES NO YES, name the designating committee: Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated party Category Mailing Address Purpose of Expenditure There are no itemized coordinated party Category Mailing Address Purpose of Expenditure There are no itemized coordinated party Category Mailing Address Purpose of Expenditure There are no itemized coordinated party Category Mailing Address Purpose of Expenditure Name of Federal Candidate Supported Office Sought House State District Purpose of Expenditure Name of Federal Candidate Purpose of Expenditure Name of Federal Candidate Purpose of Expenditure Name of Federal Candidate Supported Office Sought House State Purpose of Expenditure Name of Federal Candidate Purpose of | (2 U.S.C. §441a(d)) (To be used only | by Political Committees in the Gene | eral Election) | FOR LINE 25 OF FORM 3X |
| Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated party Mailing Address City State ZiP Code Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated party Mailing Address City Federal office. Name of Federal Candidate Supported Aggregate General Election Expenditure for this Candidate Supported City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Amount Date City State Zip Code Mailing Address City State Zip Code Amount Category Type Category Type Date Category Type Category Type Category Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Name of Federal Candidate Supported Office Sought: House State: Amount Category Type Ca | NAME OF COMMITTEE (In Full) | | | { |
| YES | Has your committee been designated to make | | | |
| Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated party Mailing ##\$Psenditures made by political party committees Or designated agens on behalf of candidates Zip Code Name of Federal Candidate Supported Aggregate General Election Expenditure for this Candidate City State Zip Code Amount Limit Raised Due to Opponent's Spending U.s.C. \$441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Limit Raised Due to Opponent's Spending U.s.C. \$441a(i)/441a-1) Full Name of Federal Candidate Supported Office Sought Aggregate General Election Expenditure for this Candidate Presidential Aggregate General Election Expenditure Date Limit Raised Due to Opponent's Spending U.s.C. \$441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Date Limit Raised Due to Opponent's Spending (2 U.s.C. \$441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Date City State: Amount Aggregate General Election Expenditure Date Limit Raised Due to Opponent's Spending (2 U.s.C. \$441a(i)/441a-1) Full Name (Last, First, Middle Initial) of Each Payee Date Category/ Type Type Category/ Type Date Amount coordinated expenditures by a political party committee? | | | |
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| Aggregate General Election Expenditure for this Candidate Supported Office Sought: State: District: Distri | or designated agens on | behalf of candidate Zip Code | s for |) D |
| Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee City State Zip Code | | ti Harra I Chata | | The second secon |
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| Category/Type | Aggregate General Election | e . | Limit Rais ing (2 U.S | sed Due to Opponent's Spend- S.C. §441a(i)/441a-1) |
| Mailing Address City State Zip Code Date City State Zip Code Name of Federal Candidate Supported Office Sought: Senate District: Presidential Aggregate General Election Expenditure for this Candidate ▶ Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Amount Senate District: Sen | Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expe | nditure |
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| Senate District: Presidential | Name of Federal Candidate Supported Office Sough | t: House State: | Amount | and Agrammada harring a second and a second and a second and a second and a second and a second and a second a |
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| SUBTOTAL of Expenditures This Page (optional) | SUBTOTAL of Expenditures This Page (optional) | | : " | |
| TOTAL This Period (last page this line number only) | | | lannin di di del 172. La la compania | Like to the will be the allower to the ment of the will be the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second |

SCHEDULE H1 (FEC Form 3X)

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 |
| Fixed Percentage (select one) |
| N/A |
| 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 |

| SCHEDULE H2 (FEC Form 3X) | | PAGE OF |
|--|--|--|
| ALLOCATION RATIOS | • | PAGE OF |
| NAME OF COMMITTEE (In Full) | | |
| Alerted Democratic Majority | | |
| RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT. | TE SUPPORT | |
| Methods of allocation: | | |
| FUNDRAISING activities are allocated using the "funds received metl expenses must equal the federal proportion of monies raised. | hod" where the federal pr | oportion of |
| II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommon where the federal proportion of disbursements is based on the benefitivity. For PACs Only: Direct candidate support includes public common federal and nonfederal candidates, regardless of whether there is a rare allocated using a time/space method. | it derived by federal cand nunications or voter drives | lidates from the ac- s that refer to both |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL OF | NONEEDEDAL |
| ACTIVITY IS: | FEDERAL % | NONFEDERAL % |
| Fundraising Direct Candidate Support | <u> </u> | N/A |
| CHECK IF THE RATIO IS: New Revised Same as Previously Reported | | |
| ACTIVITY OR EVENT IDENTIFIER | | |
| ACTIVITY | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: Fundraising Direct Candidate Support | · · · · · · · · · · · · · · · · · · · | |
| CHECK IF THE RATIO IS: | | : |
| New Revised Same as Previously Reported | | |
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| ACTIVITY IS: | FEDERAL % | NONFEDERAL % |
| Fundraising Direct Candidate Support | % | % |
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| New Revised Same as Previously Reported | | 1 |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONEEDEDAL 9/ |
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| ACTIVITY IS: | FEDERAL % | NONFEDERAL % |
| Fundraising Direct Candidate Support | . | |
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| ACTIVITY OR EVENT IDENTIFIER | EEDEDAL O | NONETRE AL CO |
| ACTIVITY IS: | FEDERAL % | NONFEDERAL % |
| Fundraising Direct Candidate Support | % | -N/A 3% |
| CHECK IF THE RATIO IS: | | |

Same as Previously Reported

New

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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| AME (| OF COMMITTEE (In Full) | <u> </u> | | | |
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| | Alerted Democratic Majo | ritu | | | |
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| BRE | AKDOWN OF TRANSFER RECEIVED | | . gunt | | |
| n | Total Administrative | | • | | |
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| 10 | Generic Voter Drive | | | | |
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| 1 111 | Exempt Activities | | | | |
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| iv) | Direct Fundraising (List Activity or Event Iden | ntifier) | | | |
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| J | b) | August 1 | | | |
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| | c) Total Amount Transferred For Direct Fundra | ising | and and with an inches | | |
| v) | Direct Candidate Support (List Activity or Ev | ent Identifier) | | | |
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| | c) Total Amount Transferred For Direct Candid | ate Support | <u>.</u> | | |
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| l vii | Public Communications Referring Only to I | Party (Made by PAC) | i | | |
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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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| FOR LINE | E 21a O | F FORM 3X |

| N/ | ME OF COMMITTEE (In Full) | | |
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| _ | Alerted Democratic Majority Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: |
| A. | ruii Name (Last, First, Middle miliar) | | Administrative Fundraising Exempt |
| | Mailing Address | | Voter Drive Direct Candidate Support |
| | City State Zip Code | | Public Comm (ref to party only) by PAC |
| | Purpose of Disbursement: | | Allocated Activity or Event Year-To-Date |
| | Activity or Event Identifier: | <u> </u> | I really the second of t |
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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| FOR LINE | 18b OF FORM | 3) |

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

| PAGE | | OF | | |
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| FOR LINE | 30a | OF | FORM | 3) |

| AME OF COMMITTEE (In Full) | | |
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| Alerted Democratic Majority | | |
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign |
| Mailing Address | | Allocated Activity or Event Year-To-Date |
| City State Zip Code | * ** | 1. 1.2.31 45.2 1. 1.3 2 2. 2.2. |
| Purpose of Disbursement | Category/ | Date |
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| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign |
| Mailing Address | | Allocated Activity or Event Year-To-Date |
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| Purpose of Disbursement | Category/ | Date |
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| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaigr |
| Mailing Address | <u> </u> | Allocated Activity or Event Year-To-Date |
| City State Zip Code | | 1 |
| Purpose of Disbursement | Category/ Type | Date |
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SCHEDULE L (FEC Form 3X)

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SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

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| An or | ny information copied from such Reports and Statements may not b for commercial purposes, other than using the name and address | ne sold or used by any person of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) Alerted Democratic Majority | | |
| <u>_</u> | Alerted Democratic Majority Full Name (Last, First, Middle Initial) / Full Organization Name | | Date of Receipt |
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** OF LEVIN FUNDS

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| or for commercial purposes, other | than using the name and address of ar | y political committee to solicit contributions | from such committee. |
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| NAME OF COMMITTEE (In Full) | |
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| | |
| Alerted Democratic Majority | |
| Full Name (Last, First, Middle Initial) / Full Organization Name | 1_ |
| | Date of Disbursement |
| Mailing Address | M*L M / D D / Y Y Y Y Y Y Y |
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| 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. | | | | |
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