

**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: 07/01/2008 To: 09/30/2008

28039872077

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		106,044.95
(b) Cash on Hand at Beginning of Reporting Period.....	1,073,552.25	
(c) Total Receipts (from Line 19).....	367.62	6,233.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,077,222.87	112,277.98
7. Total Disbursements (from Line 31).....	00	4,555.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,077,222.87	107,722.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00	

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

**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: 07 / 01 / 2008 To: 09 / 20 / 2008

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).....	00	00
(ii) Unitemized.....	00	00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	00	00
12. Transfers From Affiliated/Other Party Committees.....	00	5,000 00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	-00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	367 62	1,233 03
(b) Levin Funds (from Schedule H5).....	00	-00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	367 62	6,233 03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	367 62	6,233 03

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DETAILED SUMMARY PAGE
of Disbursements

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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	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00	00
24. Independent Expenditures (use Schedule E)	00	3,000 00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	00	4,555 71
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	00	4,555 11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	00	4,555 11

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	00	5,000.00
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00	5,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	00

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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: (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

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

Mailing Address

50 S. 16th Street

City State Zip Code

Philadelphia PA 19102

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 ▼

Date of Receipt

07 / 21 / 2008

Amount of Each Receipt this Period

1.66

Full Name (Last, First, Middle Initial)

B. Republic First Bank

Mailing Address

50 S. 16th Street

City State Zip Code

Philadelphia PA 19102

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 ▼

Date of Receipt

07 / 31 / 2008

Amount of Each Receipt this Period

1.31

Full Name (Last, First, Middle Initial)

C. Republic First Bank

Mailing Address

50 S. 16th Street

City State Zip Code

Philadelphia PA 19102

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

08 / 20 / 2008

Amount of Each Receipt this Period

1.61

SUBTOTAL of Receipts This Page (optional) ▶

134.36

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

134.36

28039872081

**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"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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

Name of Employer **Interest Earned** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 / 01 / 2008

Amount of Each Receipt this Period
120.87

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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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

Name of Employer **Interest Earned** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 / 22 / 2008

Amount of Each Receipt this Period
1.76

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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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
09 / 30 / 2008

Amount of Each Receipt this Period
110.63

SUBTOTAL of Receipts This Page (optional).....▶	233.26
TOTAL This Period (last page this line number only).....▶	367.62

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**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

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
There are no disbursements.		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		
Purpose of Disbursement		Category/Type	
Candidate Name		
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

B.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		
Purpose of Disbursement		Category/Type	
Candidate Name		
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

C.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		
Purpose of Disbursement		Category/Type	
Candidate Name		
Office Sought:	House Senate President	Disbursement For:	Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

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

.....00

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

.....00

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial) There are no loans.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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.	

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

Supplementary for
 Information found on
 Page of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER C 0 0 1 4 2 6 5 3
LENDING INSTITUTION (LENDER) Full Name There are no loans and lines of credit from lending institutions.	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established MM / DD / YYYY	
City State Zip Code	Date Due MM / DD / YYYY	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____ .00
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY		Location of account: 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		DATE MM / DD / YYYY
Title		

28039872085

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of 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) ▶	00

28039872086

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C00142653
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 M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶ 00

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 M M / D D / Y Y Y Y

28039872087

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 U.S.C. §441a(d))**

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

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	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 Mailing Address City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated party expenditures made by political party committees or designated agents on behalf of candidates for Federal office.	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

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

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

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

28039872088

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

28039872089

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. 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 %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	N/A %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	N/A %

28039872090

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative	
II) Generic Voter Drive	
III) Exempt Activities	
IV) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
V) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
VI) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	N/A

28039872091

SCHEDULE H4 (FEC Form 3X)
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:		Allocated Activity or Event Year-To-Date	
		Date	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

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:		Allocated Activity or Event Year-To-Date	
		Date	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

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:		Allocated Activity or Event Year-To-Date	
		Date	
Category/Type			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				N/A

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
				N/A

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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)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

M M / D D / Y Y Y Y

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID.....	
iii) GOTV	GOTV
Total Amount Transferred for GOTV.....	
iv) Generic Campaign Activity	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).....	N/A

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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)

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

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

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
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
			N/A
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority
NAME OF ACCOUNT

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

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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	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____	Date of Receipt M M / D D / Y Y Y Y _____
	Amount of Each Receipt this Period _____
	Aggregate Year-to-Date _____

B. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____	Date of Receipt M M / D D / Y Y Y Y _____
	Amount of Each Receipt this Period _____
	Aggregate Year-to-Date _____

C. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____	Date of Receipt M M / D D / Y Y Y Y _____
	Amount of Each Receipt this Period _____
	Aggregate Year-to-Date _____

D. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____	Date of Receipt M M / D D / Y Y Y Y _____
	Amount of Each Receipt this Period _____
	Aggregate Year-to-Date _____

SUBTOTAL of Receipts This Page (optional).....▶	_____
TOTAL This Period (last page this line number only).....▶	_____ N/A

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

SUBTOTAL of Disbursements This Page (optional).....			
TOTAL This Period (last page this line number only).....			N/A

28039872097

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 type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/10/08</i>
<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

JmD
 PREPARER

10/17/08
 DATE PREPARED

28039872098