

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

200 APR 21 A 9 54

1. NAME OF COMMITTEE (as per) TYPE OR PRINT Example: If typing, type over the lines
Alerted Democratic Majority

ADDRESS (number and street)
Suite 1805 One Penn Center
1617 John F Kennedy Blvd
Philadelphia PA 19103

2. FEC IDENTIFICATION NUMBER
C00142653
3. IS THIS REPORT NEW OR AMENDED (N) OR (A)

Table with columns for Type of Report (a) Monthly Report Due On, (b) Quarterly Reports, (c) 12-Day PRE-Election Report for the, (d) 30-Day POST-Election Report for the. Includes dates like Feb 20 (M2), May 20 (M5), etc.

5. Covering Period 01/01/2004 through 03/31/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete
Type or Print Name of Treasurer: William W. Baroff
Signature of Treasurer: [Handwritten Signature]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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: 01 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	2 0 0 4	1 3 5 9 7 9.78
(b) Cash on Hand at Beginning of Reporting Period	1 3 5 9 7 9.78	
(c) Total Receipts (from Line 19)	5 0 1 4 2.4	5 0 1 4 2.4
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 4 0 9 9 4.0 2	1 4 0 9 9 4.0 2
7. Total Disbursements (from Line 31)	3 6 5 0 0 0	3 6 5 0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 3 7 3 4 4.0 2	1 3 7 3 4 4.0 2
9. Debts and Obligations Owed TO the Committee (Items 6(a) on Schedule C and/or Schedule D)	0 0	
10. Debts and Obligations Owed BY the Committee (Items 6(a) on Schedule C and/or Schedule D)	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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**Alerted Democratic Majority**

Report Covering the Period:

From: 01 01 2004

To: 03 31 2004

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	
(ii) Unitemized .....	0.00	
(ii) 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)(i), (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. Net Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	5,000.00	5,000.00
15. Credits 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.) .....	1,424	1,424
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)) .....	5,014.24	5,014.24
20. Total Federal Receipts (subtract Line 19(c) from Line 19) .....	5,014.24	5,014.24

**DETAILED SUMMARY PAGE**  
of Disbursements

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	3 0 0 0 0 0	3 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §447a(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	6 5 0 0 0	6 5 0 0 0
30. Federal Election Activity (2 U.S.C. §451(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))	3 6 5 0 0 0	3 6 5 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	3 6 5 0 0 0	3 6 5 0 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2002)

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) .....	5,000.00	5,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5,000.00	5,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(7) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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"/> 15	<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 Rehnann Maxwell & Hippel LLP**

Mailing Address

One Penn Center 19th Floor 1617 JFK Blvd.

City State Zip Code  
Philadelphia, PA 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 ▼

5,000.00

Date of Receipt

02/13/2004

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

**B. Republic First Bank**

Mailing Address

1608 Walnut Street

City State Zip Code  
Philadelphia, PA 19103

FEC ID number of contributing federal political committee.

C

Name of Employer

Interest earned

Occupation

Aggregate Year-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt

01/26/2004

Amount of Each Receipt this Period

4.01

Full Name (Last, First, Middle Initial)

**C. Republic First Bank**

Mailing Address

1608 Walnut Street

City State Zip Code  
Philadelphia PA 19103

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

02/22/2004

Amount of Each Receipt this Period

4.96

SUBTOTAL of Receipts This Page (optional) ▶

5,008.97

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

5,008.97

## OBERMAYER REBMAN MAXWELL &amp; HIPPEL LLP

Partnership Allocation Form

Amount

## ALERTED DEMOCRATIC MAJORITY

ALLEN, PAUL	\$76.39
AYRES, WARREN	\$76.39
BATOFF, JEFFREY	\$103.12
BESNOFF, LARRY	\$76.39
BREITLING, PETER	\$76.39
CHING, STEPHEN	\$76.39
COHEN, WALTER	\$76.39
DIAMOND, PAUL	\$84.03
DOUGHER, JOSEPH	\$76.39
EFSTRATIATES, A	\$27.85
EHLINGER, JOHN	\$76.39
FINEGAN, DANIEL	\$76.39
GEORGE, EDMOND	\$87.05
GOLDEN, CHARLES	\$76.39
GORGIONE, ANDREW	\$76.39
HABER, STEVEN	\$87.85
HEINTZ, PAUL	\$76.39
KLINE, JERRY	\$76.39
KUPFERMAN, LOUIS	\$231.72
LEONARD, THOMAS	\$87.85
LEONARD, WILLIAM	\$84.03
LIESER, MARVIN	\$76.39
LIMBURG, RICHARD	\$76.39
LONGWELL, CAROL	\$76.39
LUBLIN, MARK	\$76.39
MAGUZZI, LOUIS	\$87.05
MCGOVERN, JOSEPH	\$76.39
MILLS, THORLEY	\$76.39
NASATIR, DAVID	\$76.39
OHARA, JACK	\$76.39
OBERKIRCHER, PETER	\$76.39
PELOSI, WILLIAM	\$76.39
PENNY, JAMES	\$76.39
PEPPERMAN, MICHAEL	\$76.39
PODUSLENKO, NICK	\$76.39
RATHBURN, ERIC	\$76.39
REISMAN, JOAN	\$76.39
ROEDIGER, JOAN	\$258.82
ROTWITT, JEFFREY	\$76.39
RYAN, JOHN	\$76.39
SAMMS, GARY	\$76.39
SAPUTELLI, GREGORY	\$80.21
SCHRIER, STEPHEN	\$76.39
SHULMAN, JACKIE	\$70.03
STEERMAN, DAVID	\$152.75
STEINER, JULIUS	\$76.39
STRAUB, KURT	\$76.39
STRYKER, NINA	\$76.39
SUTHERLAND, HUGH	\$76.39
TABAS, LAWRENCE	\$76.39
THOMPSON, JAMES	\$45.84
VERBER, ANN	\$76.39
WARNER, PARRY	\$175.71
WEINBERG, MARTIN	\$76.39
WEINSTEIN, MICHAEL	\$76.39
WESSEL, RUTH	\$87.85
WHITELAW, ROBERT	\$76.39
YOUNG, VICTOR	\$5,000.00

**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"/> 11 <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) <b>A. Republic First Bank</b>		Date of Receipt M M D D Y Y Y Y <b>0 3 2 2 2 0 0 4</b>
Mailing Address <b>1608 Walnut Street</b>		Amount of Each Receipt this Period <b>5.27</b>
City <b>Philadelphia</b>	State Zip Code <b>PA 19103</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Interest Earned</b>	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M D D Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M D D Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>5.27</b>
TOTAL This Period (last page this line number only).....▶	<b>5,014.24</b>



**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"/> 21a	<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"/> 30		

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NAME OF COMMITTEE (in Full)  
**Alerted Democratic Majority**

Full Name (Last, First, Middle Initial) <b>A. Patricia M. Doto</b>		Date of Disbursement 0 1 1 2 2 0 0 4
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement This Period <b>5 0 0 0</b>
City <b>Philadelphia, PA</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name <b>Patricia M. Doto</b>	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patricia M. Doto</b>		Date of Disbursement 0 1 1 4 2 0 0 4
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement This Period <b>5 0 0 0</b>
City <b>Philadelphia, PA</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name <b>Patricia M. Doto</b>	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Patricia M. Doto</b>		Date of Disbursement 0 1 2 1 2 0 0 4
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement This Period <b>5 0 0 0</b>
City <b>Philadelphia, PA</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name <b>Patricia M. Doto</b>	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1 5 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Date of Disbursement

0 1 2 9 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Patricia M. Doto

Date of Disbursement

0 2 0 6 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Patricia M. Doto

Date of Disbursement

0 2 1 2 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (fill page this line number only)

3 0 0 0 0

**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"/> 21a 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 29a	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Date of Disbursement

0 2 / 1 8 / 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Patricia M. Doto

Date of Disbursement

0 2 / 2 6 / 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

PA

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Patricia M. Doto

Date of Disbursement

0 3 / 0 3 / 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia

State

Zip Code

PA

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (last page line number only)

4 5 0 0 0

**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"/> 30

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NAME OF COMMITTEE (in Full)  
**Alerted Democratic Majority**

Full Name (Last, First, Middle Initial) <b>A. Patricia M. Doto</b>		Date of Disbursement M O N T H D A Y Y E A R <b>0 3 1 1 2 0 0 4</b>
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement this Period <b>5 0 0 0</b>
City <b>Philadelphia, PA</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. Patricia M. Doto</b>		Date of Disbursement M O N T H D A Y Y E A R <b>0 3 1 7 2 0 0 4</b>
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement this Period <b>5 0 0 0</b>
City <b>Philadelphia,</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. Patricia M. Doto</b>		Date of Disbursement M O N T H D A Y Y E A R <b>0 3 2 5 2 0 0 4</b>
Mailing Address <b>1040 Tasker Street</b>		Amount of Each Disbursement this Period <b>5 0 0 0</b>
City <b>Philadelphia</b>	State Zip Code <b>PA 19148</b>	
Purpose of Disbursement <b>Clerical</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional) .....	<b>1 5 0 0 0</b>
TOTAL This Period (last page this line number only) .....	<b>5 0 0 0 0</b>

**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

21b  22  23  24  25  28  
 27  28a  28b  28c  29  30b

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

Full Name (Last, First, Middle Initial)

A.

**Patricia M. Doto**

Date of Disbursement

03 3 2004

Mailing Address

**1040 Tasker Street**

City  
**Philadelphia**

State  
**PA**

Zip Code  
**19148**

Purpose of Disbursement

**Clerical**

Amount of Each Disbursement this Period

5000

Candidate Name

Category Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

**Friends of Chris Dodd 2004**

Date of Disbursement

02 20 2004

Mailing Address

**236 Massachusetts Avenue, NE Suite 209**

City  
**Washington,**

State  
**DC**

Zip Code  
**20002**

Purpose of Disbursement

**Campaign Contribution**

Amount of Each Disbursement this Period

300000

Candidate Name

Category Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3005000

TOTAL This Period (last page this line number only)

565000

**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

Election:  
 Primary  
 General  
 Other (specify) \_\_\_\_\_

City State ZIP Code

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured
			% (opt)	<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) 0 0

TOTALS This Period (last page at this line only) 0 0

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

**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. 20543

NAME OF COMMITTEE (in Full) <b>Alerted Democratic Majority</b>	FEC IDENTIFICATION NUMBER <b>C00142653</b>
---	---

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

Mailing Address	Date Incurred or Established M M . D D . Y Y Y Y
City State Zip Code	Date Due M M . D D . Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred \_\_\_\_\_

B. If line of credit, Amount of this Draw: \$ \_\_\_\_\_ Total Outstanding Balance: \$ \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  No  Yes (Endorser 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).  
 Date account established: M M . D D . Y Y Y Y  
 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 the loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE M M . D D . Y Y Y Y
---	-----------------------------

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 M M . D D . Y Y Y Y
--	-----------------------------

**SCHEDULE D (FEC Form 3X)  
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered item)	PAGE	OF
	FOR LINE NUMBER:	
	(check only one)	9 10

**Excluding Loans**

NAME OF COMMITTEE (in full)  
**Alerted Democratic Majority**

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

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



**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)

PAGE	OF
FOR LINE 20 OF FORM 3X	
Check if 24-hour notice	

NAME OF COMMITTEE (In Full): **Alerted Democratic Majority**

Has your committee been designated to make coordinated expenditures to a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee	Full Name of Subordinate Committee <b>There are no coordinated Party Expenditures</b>
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	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-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	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-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	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	
Aggregate General Election Expenditure for this Candidate		

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

**SCHEDULE H1 (FEC Form 3X)****METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES**

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

N/A

**USE ONLY ONE SECTION****State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (30% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**Separate Segregated Funds and Non-Connected Committees**

Funds Expended

Estimated Direct Candidate Support -- Federal ..... %

Estimated Direct Candidate Support -- Non-Federal ..... %

**ADJUSTMENTS TO FUNDS EXPENDED:**

Actual Direct Candidate Support -- Federal ..... %

Actual Direct Candidate Support -- Non-Federal .....

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority N/A

**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.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
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		
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		

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR  
SHARED FEDERAL / NON-FEDERAL ACTIVITY**

PAGE OF  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (in full)  
Alerted Democratic Majority N/A

NAME OF ACCOUNT	DATE OF RECEIPT M N D . S E . T Y T Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**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) Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Total Amount Transferred)	0 0

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR SHARED FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority N/A

A. Full Name (Last, First, Middle Initial)  
No shared activity

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))			
FEDERAL SHARE		NON-FEDERAL SHARE	TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share			
			0 0

**SCHEDULE H6 (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 01  
 OF 01  
 FOR LINE 18B OF FORM 3X

NAME OF COMMITTEE (In Full)  
 Altered Democratic Majority n/a

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**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

**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) .....

**SCHEDULE H8 (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 There is no activity.		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	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

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	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

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	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page		TOTAL AMOUNT	
FEDERAL SHARE	+	LEVIN SHARE	
		=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(1) and Levin share to 30(a)(1))		TOTAL AMOUNT	
FEDERAL SHARE		LEVIN SHARE	
		=	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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

NAME OF COMMITTEE (In Full)	N/A
Alerted Democratic Majority	N/A
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (As shown on Column B, use cash as of (month) 1st)		
<b>8. RECEIPTS .....</b> (from Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (from Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 from Line 9)		0 0



**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 (If FIRM)

Alerted Democratic Majority N/A

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

There are no itemized receipts.

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

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

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

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

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)

**SCHEDULE L-8 (FEC Form 3X)**

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

FORM LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	


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NAME OF COMMITTEE (in full)  
Alerted Democratic Majority

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . . . . .
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . . . . .
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . . . . .
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . . . . .
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization NAME	Date of Disbursement
	Mailing Address	MM / DD / YYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$ . . . . .
<b>SUBTOTAL</b> of Disbursements This Page (optional)		0 0
<b>TOTAL</b> This Period (last page this line number only)		0 0

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 4-8-04
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (RUC)
<input type="checkbox"/> Postmark illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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
 PREPARER	4-21-04 DATE PREPARED