

**FEC  
FORM 3X**

**AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 FEB 6 A 8:01  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street) 00142653 121605 N 266  
WILLIAM W BATOFF  
ALERTED DEMOCRATIC MAJORITY  
SUITE 1805 ONE PENN CENTER  
1617 JOHN F KENNEDY BLVD  
PHILADELPHIA PA 19103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 1 4 2 6 5 3

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2005 through 12 / 31 / 2005

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. Batoff

Signature of Treasurer *William W. Batoff*

Date 01 / 25 / 2006

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X  
Rev. 12/2004

26038962156

**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 / 2005 To: 12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		128887907
(b) Cash on Hand at Beginning of Reporting Period.....	12761955	
(c) Total Receipts (from Line 19).....	1154259	158307
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	129916214	13046214
7. Total Disbursements (from Line 31).....	334583	464583
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d)).....	12581631	12581631
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

2503882157

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

077 / 01 / 2005

To:

12 / 31 / 2005

**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

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.).....

1 5 4 2 5 9

1 5 8 3 0 7

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(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)).....▶

1 5 4 2 5 9

1 5 8 3 0 7

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1 5 4 2 5 9

1 5 8 3 0 7

26038962158

**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 .....	0 0	0 0
24. Independent Expenditures (use Schedule E) .....	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0 0	0 0
26. Loan Repayments Made .....	0 0	0 0
27. Loans Made .....	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0	0 0
(b) Political Party Committees .....	0 0	0 0
(c) Other Political Committees (such as PACs) .....	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0 0	0 0
29. Other Disbursements .....	3 3 4 5 8 3	4 6 4 5 8 3
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0	0 0
(ii) "Levin" Share .....	0 0	0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0	0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0 0	0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3 3 4 5 8 3	4 6 4 5 8 3
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	3 3 4 5 8 3	4 6 4 5 8 3

26038982159

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

26038982160

**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  
**1608 Walnut Street**

City State Zip Code  
**Philadelphia PA 19103**

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  
**10 / 20 / 2005**

Amount of Each Receipt this Period  
**97**

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 Occupation  
**Interest Earned**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**11 / 21 / 2005**

Amount of Each Receipt this Period  
**89**

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  
**Interest Earned**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**12 / 20 / 2005**

Amount of Each Receipt this Period  
**39**

**SUBTOTAL** of Receipts This Page (optional).....▶ **225**

**TOTAL** This Period (last page this line number only).....▶ **594**

26038982161

**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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee.

C [ ]

Date of Receipt

07 / 20 / 2005

Amount of Each Receipt this Period

[ ] 130

Name of Employer

Occupation

Interest Earned

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

Full Name (Last, First, Middle Initial)

**B. Republic First Bank**

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee.

C [ ]

Date of Receipt

08 / 22 / 2005

Amount of Each Receipt this Period

[ ] 137

Name of Employer

Occupation

Interest Earned

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

Full Name (Last, First, Middle Initial)

**C. Republic First Bank**

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee.

C [ ]

Date of Receipt

09 / 20 / 2005

Amount of Each Receipt this Period

[ ] 102

Name of Employer

Occupation

Interest Earned

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

[ ]

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

[ ] 369

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

[ ] 369

26038982162

**ITEMIZED RECEIPTS**

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

(check only one)

<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

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) <b>A. Republic First Bank</b>		Date of Receipt 08 / 16 / 2005
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 153665
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer Interest Earned on CD	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

SUBTOTAL of Receipts This Page (optional).....▶	153665
TOTAL This Period (last page this line number only).....▶	154259

25038982163



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

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

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

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

Date of Disbursement  
07 / 06 / 2005

Mailing Address  
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type

Amount of Each Disbursement this Period  
5000

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

Date of Disbursement  
07 / 13 / 2005

Mailing Address  
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type

Amount of Each Disbursement this Period  
5000

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

Date of Disbursement  
077 / 20 / 2005

Mailing Address  
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type

Amount of Each Disbursement this Period  
5000

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 15000

**TOTAL** This Period (last page this line number only) ..... ▶ 15000

25038982164

**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.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

077 / 28 / 2005

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**C.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

08 / 100 / 200.0.5

Amount of Each Disbursement this Period

5000

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

150000

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

300000

25038982163

**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.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

Date of Disbursement

08 / 17 / 2005

Amount of Each Disbursement this Period

5500000

Full Name (Last, First, Middle Initial)

**B.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

50000

Full Name (Last, First, Middle Initial)

**C.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Candidate Name

Category/  
Type

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

State: District:

Date of Disbursement

08 / 31 / 2005

Amount of Each Disbursement this Period

5000

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

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

15000  
45000

26033982166

**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)

Date of Disbursement

**A. Patricia M. Doto**

09 / 07 / 2005

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. Patricia M. Doto**

09 / 22 / 2005

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10000

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. Patricia M. Doto**

09 / 29 / 2005

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

20000

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

65000

26038982167

**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.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**C.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

10 / 19 / 2005

Amount of Each Disbursement this Period

5000

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

15000

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

80000

26038982168

**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.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

1 0 / 2 7 / 2 0 0 5

Amount of Each Disbursement this Period

5 0 0 0

Full Name (Last, First, Middle Initial)

**B.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

1 1 / 0 4 / 2 0 0 5

Amount of Each Disbursement this Period

5 0 0 0

Full Name (Last, First, Middle Initial)

**C.** Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

1 1 / 1 0 / 2 0 0 5

Amount of Each Disbursement this Period

5 0 0 0

SUBTOTAL of Disbursements This Page (optional) ▶

1 5 0 0 0

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

9 5 0 0 0

26038982169

**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. Patricia M. Doto

Date of Disbursement

11 / 17 / 2005

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000

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

11 / 30 / 2005

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10000

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

12 / 08 / 2005

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

20000

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

115000

2603882170

**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)

Date of Disbursement

**A. Patricia M. Doto**

12 / 15 / 2005

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 22 / 2005

**B. Patricia M. Doto**

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

55000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 28 / 2005

**C. Patricia M. Doto**

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15000

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

15000

TOTAL This Period (last page this line number only)

130000

25038882171



**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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) <b>A. Republic First Bank</b>		Date of Disbursement 08 / 26 / 2005
Mailing Address 1608 Walnut Street		Amount of Each Disbursement this Period 537.83
City Philadelphia	State PA	
Purpose of Disbursement Fed Deposit on Interest		Category/ Type
Candidate Name		
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. Republican Jewish Coalition</b>		Date of Disbursement 11 / 07 / 2005
Mailing Address 111 Presidential Blvd. Suite 245		Amount of Each Disbursement this Period 150000
City Bala Cynwyd,	State PA	
Purpose of Disbursement		Category/ Type
Candidate Name		
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. Republic First Bank</b>		Date of Disbursement 122 / 20 / 2005
Mailing Address 1608 Walnut Street		Amount of Each Disbursement this Period 800
City Philadelphia, PA	State PA	
Purpose of Disbursement Bank Service		Category/ Type
Candidate Name		
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) .....	204583
TOTAL This Period (last page this line number only) .....	334583

26036982172

**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.

Mailing Address

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred:  /  /  Date Due:  /  /  Interest Rate:  % (apr) Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional) ..... ▶

**TOTALS** This Period (last page in this line only) ..... ▶

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

5 41205 5027 5

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan _____	Interest Rate (APR) _____ %	
Mailing Address	Date Incurred or Established MM / DD / YYYY	Date Due MM / DD / YYYY	
City State Zip Code			
A. Has loan been restructured? <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? _____	
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			

**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 <b>There are no debts or obligations.</b>	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	

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

26038982175

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

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> <input style="width:100%;" type="text"/>
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.**

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date  /  /

Amount

Purpose of Expenditure \_\_\_\_\_ Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date  /  /

Amount

Purpose of Expenditure \_\_\_\_\_ Category/Type

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input style="width:100%;" type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:100%;" type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input style="width:100%; text-align: right;" type="text" value="0.0"/>

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  /  /

**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 25 OF FORM 3X

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

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

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

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

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

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/> 0 0

**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

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

n/a

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

01770885007

**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	[ ] %	[ ] %
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	[ ] %	[ 00 ] %

26038982179



**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
N/A	MM / DD / YYYY	

**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 ]

26038982180

**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)**

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**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

26038982181

**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)

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

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

**BREAKDOWN OF THIS TRANSFER**

<b>I) Voter Registration</b>	<b>VOTER REGISTRATION</b>
Total Amount Transferred for Voter Registration .....	<input type="text"/>
<b>II) Voter ID</b>	<b>VOTER ID</b>
Total Amount Transferred for Voter ID .....	<input type="text"/>
<b>III) GOTV</b>	<b>GOTV</b>
Total Amount Transferred for GOTV .....	<input type="text"/>
<b>IV) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>
Total Amount Transferred for Generic Campaign Activity .....	<input type="text"/>

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

**BREAKDOWN OF THIS TRANSFER**

<b>I) Voter Registration</b>	<b>VOTER REGISTRATION</b>
Total Amount Transferred for Voter Registration .....	<input type="text"/>
<b>II) Voter ID</b>	<b>VOTER ID</b>
Total Amount Transferred for Voter ID .....	<input type="text"/>
<b>III) GOTV</b>	<b>GOTV</b>
Total Amount Transferred for GOTV .....	<input type="text"/>
<b>IV) Generic Campaign Activity</b>	<b>GENERIC CAMPAIGN ACTIVITY</b>
Total Amount Transferred for Generic Campaign Activity .....	<input type="text"/>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

<b>TOTAL This Period (Voter Registration)</b> .....	<input type="text"/>
<b>TOTAL This Period (Voter ID)</b> .....	<input type="text"/>
<b>TOTAL This Period (GOTV)</b> .....	<input type="text"/>
<b>TOTAL This Period (Generic Campaign Activity)</b> .....	<input type="text"/> N/A
<b>TOTAL This Period (Total Amount of Transfers Received)</b> .....	<input type="text"/> N/A

26038982182

**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	<input type="text"/>		
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>

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	<input type="text"/>		
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>

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	<input type="text"/>		
Purpose of Disbursement		<input type="text"/> Category/ Type	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>					
FEDERAL SHARE		+	LEVIN SHARE		=
<input type="text"/>			<input type="text"/>		<input type="text"/>
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>					
FEDERAL SHARE		LEVIN SHARE		=	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
<b>TOTAL This Period for the Levin Share</b>					
<input type="text"/>		N/A		<input type="text"/>	

26038982183

**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 .....		N/A
(Subtract Line 10 From Line 9)		

26038982184

**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 <input type="checkbox"/> 2	

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**

<b>A.</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 [MM] / [DD] / [YYYY]
Amount of Each Receipt this Period [XXXXXXXXXX]			Aggregate Year-to-Date [XXXXXXXXXX]
<b>B.</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 [MM] / [DD] / [YYYY]
Amount of Each Receipt this Period [XXXXXXXXXX]			Aggregate Year-to-Date [XXXXXXXXXX]
<b>C.</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 [MM] / [DD] / [YYYY]
Amount of Each Receipt this Period [XXXXXXXXXX]			Aggregate Year-to-Date [XXXXXXXXXX]
<b>D.</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 [MM] / [DD] / [YYYY]
Amount of Each Receipt this Period [XXXXXXXXXX]			Aggregate Year-to-Date [XXXXXXXXXX]
SUBTOTAL of Receipts This Page (optional).....▶			[XXXXXXXXXX]
TOTAL This Period (last page this line number only).....▶			[XXXXXXXXXX] N/C

26038982185

**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: PAGE OF  
 (check only one)  4a  4c  5  
 4b  4d

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  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Date of Disbursement  
 [MM] / [DD] / [YYYYYY]  
 Amount of Each Disbursement this Period  
 [XXXXXXXXXXXXXXXXXXXX]

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Date of Disbursement  
 [MM] / [DD] / [YYYYYY]  
 Amount of Each Disbursement this Period  
 [XXXXXXXXXXXXXXXXXXXX]

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Date of Disbursement  
 [MM] / [DD] / [YYYYYY]  
 Amount of Each Disbursement this Period  
 [XXXXXXXXXXXXXXXXXXXX]

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Date of Disbursement  
 [MM] / [DD] / [YYYYYY]  
 Amount of Each Disbursement this Period  
 [XXXXXXXXXXXXXXXXXXXX]

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_  
 Date of Disbursement  
 [MM] / [DD] / [YYYYYY]  
 Amount of Each Disbursement this Period  
 [XXXXXXXXXXXXXXXXXXXX]

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

25038992186

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 1/26/06
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Lu*  
 PREPARER

2/6/06  
 DATE PREPARED

26039982187