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FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

William W. Batoff

Alerted Democratic Majority

Suite 1805 One Penn Center

ADDRESS (number and street)

1617 John F. Kennedy Blvd.

Check if different than previously reported. (ACC)

Philadelphia

PA

19103

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000142653

3. IS THIS REPORT NEW OR AMENDED

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 04/01/2008 through 06/30/2008

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 Date 07/08/2008

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

Table with 8 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

28039780236

**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:

MM / DD / YYYY  
04 / 01 / 2008

To:

MM / DD / YYYY  
06 / 30 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2008"/>	<input type="text" value="0.44.95"/>	<input type="text" value="1.06.04.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="102,938.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5,322.26"/>	<input type="text" value="5,865.41"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="108,260.36"/>	<input type="text" value="111,910.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="905.11"/>	<input type="text" value="4,555.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="107,355.25"/>	<input type="text" value="107,355.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00."/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

28039780237

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

 To: 

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**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)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,000.00	5,000.00
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.).....	322.26	322.26
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)).....▶	5,322.26	5,322.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,322.26	5,322.26

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**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 .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	00	00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	3,000
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	00	00
(b) Political Party Committees .....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements .....	905.11	1,555.11
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	905.11	4,555.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	905.11	4,555.11

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,000.00	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)(i) 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

28039780240

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

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

A. **Republic First Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **50 S. 16th Street**  
 City: **Philadelphia** State: **PA** Zip Code: **19102**  
 Date of Receipt: **04/21/2008**  
 Amount of Each Receipt this Period: **1.27**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest Earned** Occupation:  
 Receipt For:  Primary  General  Other (specify) **Interest Earned**  
 Aggregate Year-to-Date: **1.27**

B. **Republic First Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **50 S. 16th Street**  
 City: **Philadelphia** State: **PA** Zip Code: **19102**  
 Date of Receipt: **04/30/2008**  
 Amount of Each Receipt this Period: **95.84**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest Earned** Occupation:  
 Receipt For:  Primary  General  Other (specify) **Interest Earned**  
 Aggregate Year-to-Date: **95.84**

C. **Republic First Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **50 S. 16th Street**  
 City: **Philadelphia** State: **PA** Zip Code: **19102**  
 Date of Receipt: **05/20/2008**  
 Amount of Each Receipt this Period: **1.73**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest Earned** Occupation:  
 Receipt For:  Primary  General  Other (specify) **Interest Earned**  
 Aggregate Year-to-Date: **1.73**

**SUBTOTAL** of Receipts This Page (optional).....▶ **98.84**  
**TOTAL** This Period (last page this line number only).....▶ **98.84**

28039780241

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

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<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. Republic First Bank**

Mailing Address

**50 S. 16th Street**

City State Zip Code

**Philadelphia PA 19102**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: **Interest Earned**

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**06 / 01 / 2008**

Amount of Each Receipt this Period

**100.90**

Full Name (Last, First, Middle Initial)

**B. Republic First Bank**

Mailing Address

**50 S. 16th Street**

City State Zip Code

**Philadelphia PA 19102**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: **Interest Earned**

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**06 / 22 / 2008**

Amount of Each Receipt this Period

**1.97**

Full Name (Last, First, Middle Initial)

**C. Republic First Bank**

Mailing Address

**50 S. 16th Street**

City State Zip Code

**Philadelphia PA 19102**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: **Interest Earned**

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**06 / 30 / 2008**

Amount of Each Receipt this Period

**120.55**

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

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

**223.42**

**322.26**

28039780242

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Alerted Democratic Majority**

Full Name (Last, First, Middle Initial)

**A. Obermayer Rebmann Maxwell & Hippel**  
Mailing Address

**Suburban Station 19th Fl 1617 JFK Blvd.**  
City State Zip Code

**Philadelphia, PA 19103**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Law Firm**

**Partnership**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**04 / 03 / 2008**

Amount of Each Receipt this Period

**5,000.00**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

**5,000.00**  
**5,322.26**

28039780243



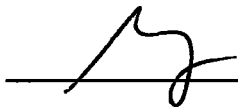
POLITICAL  
OBERMAYER REBMAN MAXWELL & HIPPEL LLP  
PARTNERSHIP ALLOCATION FORM

ALERTED DEMOCRATIC MAJORITY

ALLOCATION

ALLEN, PAUL	\$	75.68
AYRES, WARREN	\$	74.04
JEFFREY BATOFF	\$	109.69
BARNES, ALEX	\$	74.04
BESNOFF, LARRY	\$	74.04
CENTENO, JOSEPH	\$	82.26
CHING, STEPHEN	\$	74.04
COHEN, WALTER	\$	74.04
DOUGHER, JOSEPH	\$	82.26
EFSTRATIADES, ANASTASIUS	\$	82.26
EHLINGER, JOHN	\$	74.04
FINEGAN, DANIEL	\$	74.04
FOX, BRUCE	\$	74.04
GALLAGHER, JACKIE	\$	74.04
GEORGE, EDMOND	\$	74.04
GLASSMAN, TODD	\$	74.04
GOLDEN, CHARLES	\$	82.26
HABER, STEVEN	\$	82.26
HALBER, LORI	\$	74.04
HEINTZ, PAUL	\$	82.26
HUGG, JONATHON	\$	74.04
JANSEEN, HANK	\$	82.26
JOHNSTON, ALICE	\$	131.62
KLINE, JERRY	\$	74.04
KUPPERMAN, LOUIS	\$	75.68
LEONARD, WILLIAM	\$	75.68
LEONARD, THOMAS	\$	211.14
LIEBER, MARVIN	\$	74.04
LIMBURG, RICHARD	\$	74.04
LUBLIN, MARK	\$	39.49
MGGOVERN, JOSEPH	\$	82.26
MILLS, THORLEY	\$	74.04
NASATIR, DAVID	\$	102.01
OBERKIRCHER, PETER	\$	75.68
OHARA, JACK	\$	74.04
PELOSI, WILLIAM	\$	74.04
PENNY, JAMES	\$	74.04
PEPPERMAN, MICHAEL	\$	75.68
PODUSLENKO, NICK	\$	74.04
RATHBURN, ERIC	\$	74.04
REISMAN, JASON	\$	82.26
ROEDIGER, JOAN	\$	74.04
ROTWITT, JEFFREY	\$	211.14
RYAN, JOHN	\$	74.04
SAMMS, GARY	\$	74.04
SAPUTELLI, GREGORY	\$	74.04
SCHRIER, STEPHEN	\$	82.26
SHAPIRO, MATT	\$	75.68
SHULMAN, JACKIE	\$	75.68
STEERMAN, DAVID	\$	75.68
STRAUB, KURT	\$	74.04
STRYKER, NINA	\$	74.04
SUTHERLAND, HUGH	\$	75.68
TABAS, LAWRENCE	\$	102.01
WARNER, PARRY	\$	74.04
WEINBERG, MARTIN	\$	151.37
WEINSTEIN, MICHAEL	\$	60.33
WESSEL, RUTH	\$	74.04
WHITELAW, ROBERT	\$	82.26
YOUNG, VICTOR	\$	74.04
<u>Total Contribution</u>	\$	<u>5,000.00</u>

SIGNED: \_\_\_\_\_

 4/3/08

PRINT NAME: ANDREW FREY, ACCOUNTING MANAGER  
Obermayer Rebmann Maxwell & Hippel LLP

28039780244

**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

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NAME OF COMMITTEE (In Full)

**Alerted Democratic Majority**

Full Name (Last, First, Middle Initial)

**A. Republic First Bank**

Mailing Address

**50 S. 16th Street**

City

State

Zip Code

**Philadelphia**

**PA**

**19102**

Purpose of Disbursement

**Federal Deposit**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
**04 / 17 / 2008**

Amount of Each Disbursement this Period

**255.11**

**B.**

Full Name (Last, First, Middle Initial)

**Patricia M. Doto**

Mailing Address

**1040 Tasker Street**

City

State

Zip Code

**Philadelphia**

**PA**

**19148**

Purpose of Disbursement

**Clerical Expense**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
**06 / 30 / 2008**

Amount of Each Disbursement this Period

**650.00**

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**905.11**

**905.11**

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

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

28039780245

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

**LOANS**

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

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

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

Mailing Address

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

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

TERMS

Date Incurred Date Due Interest Rate Secured:  
 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

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

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

28039780246

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) <b>Alerted Democratic Majority</b>	FEC IDENTIFICATION NUMBER <b>C 0 0 1 4 2 6 5 2</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	
City State Zip Code	Date Due	

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 (Endorsers and guarantors must be reported on Schedule C.)

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

What is the value of this collateral?  
\_\_\_\_\_

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

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

What is the estimated value?  
\_\_\_\_\_

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

Date account established: \_\_\_\_\_ 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 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	Title	DATE M M / D D / Y Y Y Y <b>0 0</b>
--	-------	---

28039780247

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

There are no debts or obligations

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

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

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**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) <b>Alerted Democratic Majority</b>	<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: <b>There are no itemized coordinated party expenditures.</b>	Full Name of Subordinate Committee  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	MM / DD / YYYY	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

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

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

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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

Fixed Percentage (select one)

N/A

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

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

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

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

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
  - Generic Voter Drive
  - Public Communications Referencing Party Only
- N/A

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**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.**

N/A

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.

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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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % [ ] %
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	FEDERAL % [ ] %	NONFEDERAL % N/A

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

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

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

**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

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**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority N/A

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

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

N/A

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

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

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

N/A

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**SCHEDULE HB (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 N/A**

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

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

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

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<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	TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>			N/A

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

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>	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> .....		
(for Column B, use cash as of January 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)		

N/A

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

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

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 N/A

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

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<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 checked="" 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

*JD*

PREPARER  
(3/2005)

7/15/08

DATE PREPARED

28039780260