

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2005 JAN 19 A 9 43 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines C 0 0 1 4 2 5 3 1 2 0 0 I N 2 6 6

ADDRESS (number and street) Suite 1805 1617 John F. Kennedy Blvd Philadelphia Pa 19103 Check if different than previously reported. (ACG)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED (A) C 0 0 1 4 2 5 3 1 2 X (N) OR (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 21 (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 1 1 2 3 2 0 0 4 through 1 2 3 1 2 0 0 4

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 01/18/2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 11/23/2004 To: 12/31/2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004	2004	135,979.78
(b) Cash on Hand at Beginning of Reporting Period	129,175.50	
(c) Total Receipts (from Line 19)	357	6,366.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	129,532.50	142,346.56
7. Total Disbursements (from Line 31)	300.00	13,667.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	128,879.07	128,879.07
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00	

 This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2009)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period:

From:

11 23 2004

To:

12 31 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A).....	0 0	0 0
(ii) Unitemized.....	0 0	0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	0 0	5 0 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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....	0 0	5 0 0 0 0 0
12. Transfers From Affiliated/Other Party Committees.....	0 0	0 0
13. All Loans Received.....	0 0	0 0
14. Loan Repayments Received.....	0 0	0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 0	0 0
16. Returns of Contributions Made to Federal Candidates and Other Political Committees.....	0 0	0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	3 5 7	6 5 6 6 7 8
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3).....	0 0	0 0
(b) Levin Funds (from Schedule H5).....	0 0	0 0
(c) Total Transfers (add 18(a) and 18(b)).....	0 0	0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....	3 5 7	6 5 6 6 7 8
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	3 5 7	6 5 6 6 7 8

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	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1,050,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §414(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	3,000.00	3,167.49
30. Federal Election Activity (2 U.S.C. §491(2))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share	0.00	0.00
(ii) "Levy" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3,000.00	1,366,749.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	3,000.00	1,366,749.00

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	5 0 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	5 0 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

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

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

FOR LINE NUMBER		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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer: Interest earned Occupation:

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼

Date of Receipt: M M : D D Y Y Y Y
1 1 2 3 2 0 0 4

Amount of Each Receipt this Period: 1.97

B. Republic First Bank

Full Name (Last, First, Middle Initial)
Mailing Address
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer: Interest Earned Occupation:

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼

Date of Receipt: M M : D D Y Y Y Y
1 2 1 5 2 0 0 4

Amount of Each Receipt this Period: 1.60

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: M M : D D Y Y Y Y

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional).....	3.57
TOTAL This Period (last page this line number only).....	3.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

PDR LINE NUMBER:
(check only one)

PAGE OF

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

11 24 2004

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period

500.00

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

12 02 2004

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period

500.00

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

12 05 2004

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21)	<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"/> 30a	<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:
12/15/2000

Mailing Address:
1040 Tasker Street

City: **Philadelphia** State: **PA** Zip Code: **19148**

Purpose of Disbursement:
Clerical

Candidate Name:
Patricia M. Doto

Category/Type:
Clerical

Amount of Each Disbursement this Period:
5,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

B.

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

Date of Disbursement:
12/22/2000

Mailing Address:
1040 Tasker Street

City: **Philadelphia** State: **PA** Zip Code: **19148**

Purpose of Disbursement:
Clerical

Candidate Name:
Patricia M. Doto

Category/Type:
Clerical

Amount of Each Disbursement this Period:
5,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

C.

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

Date of Disbursement:
12/28/2000

Mailing Address:
1040 Tasker Street

City: **Philadelphia** State: **PA** Zip Code: **19148**

Purpose of Disbursement:
Clerical

Candidate Name:
Patricia M. Doto

Category/Type:
Clerical

Amount of Each Disbursement this Period:
5,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional): **15,000.00**

TOTAL This Period (last page this line number only): **3,000.00**

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.

Address

City State ZIP Code

ESCBENT:
 Priority
 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 (next 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.

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

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (or Fund) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C 00 1425312
---	--

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
City State Zip Code	Date Due	MM / DD / YYYY

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 (Endorsement 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, credit 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 100.62(e)(2) and 100.142(a)(2).

Date account established:

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:**

- 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.
- 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.
- 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 100.62 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MM / DD / YYYY
---	-------------------------------

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

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

PAGE 02
 FOR LINE NUMBER:
 (check only one) 8 10

NAME OF COMMITTEE (in full)

Aligned Democratic Majority

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

There are no debts or obligations.

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

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

PAGE 01 OF 01
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C 0 0 1 4 2 5 3 1 2
---	---

Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	Date ____/____/____
Full Name (Last, First, Middle Initial) of Payee _____ _____ _____	Amount _____ _____
Mailing Address There are no independent expenditures.	
City _____ State _____ Zip Code _____	

Purpose of Expenditure	Category Type <input type="checkbox"/> <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

Full Name (Last, First, Middle Initial) of Payee _____ _____ _____	Date ____/____/____
Mailing Address _____ _____ _____	Amount _____ _____
City _____ State _____ Zip Code _____	

Purpose of Expenditure	Category Type <input type="checkbox"/> <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

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

Date: ____/____/____

Signature: _____

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	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 There are no itemized coordinated party expenditures
Mailing Address	
City State ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	
Aggregate General Election Expenditure for this Candidate ▶		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)	
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures (This Page optional) ▶	
TOTAL This Period (Last page the five number only) ▶	00

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

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)

The Alerted Democratic Majority

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

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (38% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal..... 00 %

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

ADJUSTMENTS TO FUNDS EXPENDED:

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

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE **01** OF **01**

NAME OF COMMITTEE (in Full)
The Elected 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.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NON-FEDERAL % _____ %
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	FEDERAL % _____ %	NON-FEDERAL % _____ %
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	FEDERAL % _____ %	NON-FEDERAL % _____ %
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	FEDERAL % _____ %	NON-FEDERAL % _____ %
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	FEDERAL % _____ %	NON-FEDERAL % _____ n/a %

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

PAGE OF
FOR LINE 16a OF FORM 3X

NAME OF COMMITTEE (in Full)
The Aligned Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

1) Total Administrative	
2) Generic Voter Drive	
3) Exempt Activities	
4) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
5) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

n/a

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS OF ALLOCATED
FEDERAL/NON-FEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
The Altered Democratic Majority

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City	State	Zip Code	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		Allocated Activity or Event Year-To-Date	
Activity or Event Identifier:		Category/Type	Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
				n/a
TOTAL This Period (last page for each file only) (Federal share to 21(a)(1) and Non-Federal share to 21(a)(7))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
				n/a
TOTAL This Period for the Non-Federal Share				

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE **1** OF **1**
 FOR DATE **1/15** OF **2012** 3X

NAME OF COMMITTEE (In Full) The Alerted Democratic Majority		
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NAME OF ACCOUNT	DATE OF RECEIPT <small>M M J D O Y Y Y Y</small>	TOTAL AMOUNT TRANSFERRED
-----------------	---	--------------------------

BREAKDOWN OF THIS TRANSFER

(j) Voter Registration Total Amount Transferred for Voter Registration	VOTER REGISTRATION
(k) Voter ID Total Amount Transferred for Voter ID	VOTER ID
(l) GOTV Total Amount Transferred for GOTV	GOTV
(m) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT <small>M M J D O Y Y Y Y</small>	TOTAL AMOUNT TRANSFERRED
-----------------	---	--------------------------

BREAKDOWN OF THIS TRANSFER

(j) Voter Registration Total Amount Transferred for Voter Registration	VOTER REGISTRATION
(k) Voter ID Total Amount Transferred for Voter ID	VOTER ID
(l) GOTV Total Amount Transferred for GOTV	GOTV
(m) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	n/a
TOTAL This Period (Voter ID).....	n/a
TOTAL This Period (GOTV).....	n/a
TOTAL This Period (Generic Campaign Activity).....	n/a
TOTAL This Period (Total Amount of Transfers Received).....	n/a

**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
[Blank]

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
[Blank]

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date:

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name
[Blank]

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
[Blank]

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date:

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name
[Blank]

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
[Blank]

City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date:

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SUBTOTAL of Allocated Federal and Levin Activity This Page				TOTAL AMOUNT
FEDERAL SHARE	+	LEVIN SHARE	=	<input type="text"/>
<input type="text"/>		<input type="text"/>		

TOTAL This Period (last page for each line only) (Federal share to 20(a)(1) and Levin share to 20(a)(2))				TOTAL AMOUNT
FEDERAL SHARE		LEVIN SHARE		<input type="text"/>
<input type="text"/>		<input type="text"/>		

TOTAL This Period for the Levin Share				<input type="text"/>
<input type="text"/>				

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

NAME OF COMMITTEE (in Full)		COLUMN A	COLUMN B
The Altered Democratic Majority		TOTAL THIS PERIOD	YEAR-TO-DATE
NAME OF ACCOUNT			
1. RECEIPTS FROM PERSONS			
(a) Itemized <small>(Use Schedule L-1)</small>			
(b) Unitemized			
(c) Total			
2. OTHER RECEIPTS			
3. TOTAL RECEIPTS <small>(Add lines 1c and 2)</small>			
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-2)</small>			
(a) Voter Registration			
(b) Voter ID			
(c) GOTV			
(d) Generic Campaign			
(e) Total			
5. OTHER DISBURSEMENTS			
6. TOTAL DISBURSEMENTS <small>(Add lines 4e and 5)</small>			
7. BEGINNING CASH ON HAND <small>(As of October 31, or cash on or January 1st)</small>			
8. RECEIPTS <small>(From Line 3)</small>			
9. SUBTOTAL <small>(Add Lines 7 and 8)</small>			
10. DISBURSEMENTS <small>(From Line 6)</small>			
11. ENDING CASH ON HAND <small>(Subtract Line 10 From Line 9)</small>			n/a

**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) 1a 2

Any information copied from this Report 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)
Elected Democratic Majority

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

Date of Receipt

MM/DD/YYYY

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

Date of Receipt

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

MM/DD/YYYY

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

Date of Receipt

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

MM/DD/YYYY

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

Date of Receipt

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

MM/DD/YYYY

Amount of Each Receipt this Period

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Aggregate Year-to-Date

Date of Receipt

ESSENTIAL of Receipts This Page (optional) _____ ▶

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

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

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)
 TOTAL This Period (last page this line number only) **n/a**

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 1-11-05
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery 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
<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
<i>SH</i> PREPARER	1-19-05 DATE PREPARED