

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FED MAIL
OPERATIONS CENTER

2001 FEB -1 P 12:28

Office Use Only

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

C 0 0 1 4 2 6 5 3 1 2 0 0 I N 2 6 6

ADDRESS (Number and street) William W. Batoff
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 OR AMENDED
 (N) (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 21 (YE)	
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 (TR)					
(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)		
Report for the:	Convention (12C)	Special (12S)			
Election on:					
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)		
Election on:					

5. Covering Period 07/01/2003 through 12/31/2003

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 9X (Rev. 02/2003)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2003</u>		, 1 3 0 2 7 5 2 8
(b) Cash on Hand at Beginning of Reporting Period	1 3 4 0 6 0 3 0	
(c) Total Receipts (from Line 19)	3 0 0 3 6 6	1 0 0 4 5 4 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 3 9 0 6 3 9 6	1 4 0 3 2 0 6 8
7. Total Disbursements (from Line 31)	3 0 8 4 1 8	4 3 4 9 9 0
8. Cash on Hand at Close of Reporting Period (Subtotal Line 7 less Line 8(d))	1 3 5 9 7 9 7 8	1 3 5 2 7 9 2 8
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 07 01 2003 To: 12 31 2003

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	
(ii) Unitemized	00	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	00	5,000.00
(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 35, page 5)	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.)	5,003.66	5,045.40
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 Line 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5,003.66	10,045.40
20 Total Federal Receipts (subtract Line 18(c) from Line 19)	5,003.66	10,045.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02-2003)

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(3)) (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 (and Lines 28(a), (b), and (c))	0 0	0 0	
29. Other Disbursements	3 0 8 4 1 8	4 3 4 0 9 0	
30. Federal Election Activity (2 U.S.C. §431(2))			
(a) Allocated Federal Election Activity (from Schedule HE)			
(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 0 8 4 1 8	4 3 4 0 9 0	
32. Total Federal Disbursements (subtract Line 21(a)(k) and Line 30(a)(ii) from Line 31)	3 0 4 8 1 8	4 3 4 0 9 0	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form SX (Rev. 02/2003)

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	5,000.00
34. Total Contribution Refunds (from Line 28(d))	0 0	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,048.18	6,791.45
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	0 0	0.00
37. Offset to Operating Expenditures (from Line 15, page 3)	0 0	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3,048.18	6,791.45

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

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 committees.

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address
United State Treasury

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: C

Name of Employer: Retn of Overpaid 1120 Tax Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: 07 14 2003

Amount of Each Receipt this Period: 2085

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) _____

2085

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

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

FORM LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11A	<input type="checkbox"/> 11B	<input type="checkbox"/> 11C	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Republic First Bank		Date of Receipt 07 21 2003
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 484
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee C		
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Republic First Bank		Date of Receipt 08 16 2003
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 4,954.80
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee C		
Name of Employer Interest Earned on CD	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Republic First Bank		Date of Receipt 08 20 2003
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 495
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee C		
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	4,964.60
TOTAL This Period (last page this line number only)	

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

Use separate schedules
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

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: **09 22 2003**

Amount of Each Receipt this Period: **525**

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

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: **10 20 2003**

Amount of Each Receipt this Period: **404**

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

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: **11 20 2003**

Amount of Each Receipt this Period: **443**

SUBTOTAL of Receipts This Page (optional) **1372**

TOTAL This Period (last page this line number only)

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

Use separate schedules 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"/> 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

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

Mailing Address
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
12 / 22 / 2003

Amount of Each Receipt this Period
449

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) 449

TOTAL This Period (last page this line number only) 500366

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

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

FOR LINE NUMBER
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Date of Disbursement

0 7 / 0 3 / 2 0 0 3

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

0 7 / 1 0 / 2 0 0 3

B.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

0 7 / 1 6 / 2 0 0 3

C.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5 0 0 0

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (last page this line transfer only)

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

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

FOR LINE NUMBERS:
(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"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Patricia M. Doto

0 7 2 3 2 0 0 3

Mailing Address

1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

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

0 7 3 0 2 0 0 3

Mailing Address

1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

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

0 8 0 6 2 0 0 3

Mailing Address

1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (last page 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"/> 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"/> 30a

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NAME OF COMMITTEE (R: Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

0 8 / 1 3 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

0 8 / 2 0 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

0 8 / 2 7 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

SUBTOTAL of Disbursements This Page (opposite) ▶

1 5 0 0 0

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 NUMBERS (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"/> 28		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a		

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NAME OF COMMITTEE (in full)
Alerted Democratic Majority

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

Date of Disbursement: 09 / 03 / 2003

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **500.00**

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

Date of Disbursement: 09 / 10 / 2003

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **500.00**

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

Date of Disbursement: 09 / 15 / 2003

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical**

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **500.00**

SUBTOTAL of Disbursements This Page (optional) **1500.00**

**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)

Date of Disbursement

A.

Patricia M. Doto

0 9 2 4 2 0 0 3

Mailing Address

1040 Tasker Street

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

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

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

1 0 0 2 2 0 0 3

Mailing Address

1040 Tasker Street

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

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

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

1 0 0 0 2 0 0 3

Mailing Address

1040 Tasker Street

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

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

Candidate Name

Category/Type

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 15 2003

A.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5000

Candidate Name

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 22 2003

B.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5000

Candidate Name

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 30 2003

C.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5000

Candidate Name

Category Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

15000

TOTAL This Period (see page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

(Use separate schedules) 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"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	29a	<input type="checkbox"/>	29b	<input type="checkbox"/>	29c

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NAME OF COMMITTEE (in full)
Alerted Democratic Majority

A.

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

Date of Disbursement: **11 07 2003**

Mailing Address: **1040 Tasker Street**

City: **Philadelphia, PA** 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: _____

B.

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

Date of Disbursement: **11 14 2003**

Mailing Address: **1040 Tasker Street**

City: **Philadelphia, PA** 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: _____

C.

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

Date of Disbursement: **11 21 2003**

Mailing Address: **1040 Tasker Street**

City: **Philadelphia, PA** 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

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

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M Y Y Y Y
1 1 2 8 2 0 0 3

A.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M Y Y Y Y
1 2 0 4 2 0 0 3

B.

Patricia M. Doto

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

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M Y Y Y Y
1 2 1 1 2 0 0 3

C.

Patricia M. Doto

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

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

150 00

SUBTOTAL of Disbursements This Page (optional)

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Patricia M. Doto		Date of Disbursement 1 2 18 2 0 0 3
Mailing Address 1040 Tasker Street		Amount of Each Disbursement This Period 5 0 0 0
City Philadelphia, PA	State Zip Code PA 19148	
Purpose of Disbursement Clerical		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. Patricia M. Doto		Date of Disbursement 1 2 2 6 2 0 0 3
Mailing Address 1040 Tasker Street		Amount of Each Disbursement This Period 5 0 0 0
City Philadelphia,	State Zip Code PA 19148	
Purpose of Disbursement Clerical		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) C. Patricia M. Doto		Date of Disbursement 1 2 3 1 2 0 0 3
Mailing Address 1040 Tasker Street		Amount of Each Disbursement This Period 5 0 0 0
City Philadelphia	State Zip Code PA 19148	
Purpose of Disbursement Clerical		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) **1 5 0 0 0**

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"/>	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

A.

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

Mailing Address
1606 Walnut Street

City **Philadelphia** State **PA** Zip Code **19103**

Purpose of Disbursement
Federal Deposit on Interest & CD

Candidate Name _____ Category/Type _____

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

State _____ District _____

Date of Disbursement
09 12 2003

Amount of Each Disbursement this Period
1,734.18

B.

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 _____

Amount of Each Disbursement this Period _____

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 _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional) **1,734.18**

TOTAL This Period (last page this line number only) **3,084.18**

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedules for each category of the Detailed Schedule 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.

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (ape)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional) 0 0

TOTALS This Period (last page 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 E

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C 0 0 1 4 2 6 5 3
--	--

LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit Mailing Address City State Zip Code	Amount of Loan \$ _____	Interest Rate (APR) _____ %
	Date Incurred or Established _____	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(a)(2) and 100.142(e)(2).
 Date account established: _____ Location or 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 principal, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE _____
---	---------------

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 _____
--	-------	---------------

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

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

PAGE 1 OF 1
FOR LINE NUMBER (check only one) 1 2

Excluding Loans

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 D (last page only)

4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)**

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

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Alexed Democratic Majority</u>	FEC IDENTIFICATION NUMBER # <u>C</u>
Check <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee
There are no itemized independent expenditures.

Date: _____

Mailing Address _____

Amount _____

City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____

Office Sought: House Senate President
State: _____ District: _____
Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure: _____

Calendar Year-To-Date Per Election for Office Sought _____

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____

Date: _____

Mailing Address _____

Amount _____

City _____ State _____ Zip Code _____

Purpose of Expenditure _____ Category/Type _____

Office Sought: House Senate President
State: _____ District: _____
Check One: Support Oppose

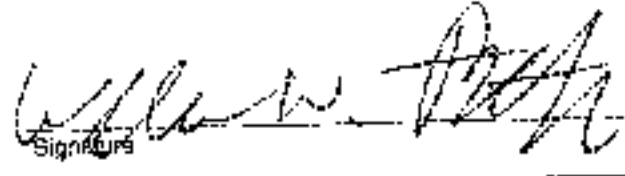
Name of Federal Candidate Supported or Opposed by Expenditure: _____

Calendar Year-To-Date Per Election for Office Sought _____

Disbursement For: Primary General
 Other (specify) _____

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

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	
Check if 24-hour office	

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State Zip Code

Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated Party expenditures.	Purpose of Expenditure <input type="checkbox"/> Subordinate Category/Type
Mailing Address City State Zip Code	Date M M / D D / Y Y Y Y
Name of Federal Candidate Supported Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	Amount \$
Aggregate General Election Expenditure for this Candidate	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(d)(4)(A)-1)

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

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

SUBTOTAL of Expenditures This Page (columns)	\$
TOTAL This Period (last page has this number only)	\$

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

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

n/a %

Estimated Direct Candidate Support -- Non-Federal %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal

n/a %

Actual Direct Candidate Support -- Non-Federal

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE **1** OF **1**

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.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

NON-FEDERAL %

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

PAGE OF
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
No transfers have been made.		

BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising		
v) Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

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

PAGE 01 OF 01
FOR LINE 21E OF FORM 3X

NAME OF COMMITTEE (to full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) No disbursement for shared funds were made.		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			Date
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

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

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			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
TOTAL This Period (see page for each line only) (Federal share to 21(a)(1) and Non-Federal share to 21(a)(2))		FEDERAL SHARE			NON-FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share							0 0

**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 06
 OF
 FOR LINE 12b OF FORM 330

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT M : D : Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

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

NAME OF ACCOUNT	DATE OF RECEIPT M : D : Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------	--------------------------

BREAKDOWN OF THIS TRANSFER

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

SCHEDULE 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 N/A		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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

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

SUBTOTAL of Shared Federal and Levin Activity This Page		TOTAL AMOUNT	
FEDERAL SHARE	+	LEVIN SHARE	=
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i); and Levin share to 30(a)(ii))		TOTAL AMOUNT	
FEDERAL SHARE		LEVIN SHARE	
TOTAL This Period for the Levin Share		0 0	

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

NAME OF COMMITTEE (in Full) Alerted Democratic Majority			
NAME OF ACCOUNT N/A			
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	TOTAL RECEIPTS		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
7.	BEGINNING CASH ON HAND		
8.	RECEIPTS		
9.	SUBTOTAL		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND		00

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	PAGE <input type="text"/> OF <input type="text"/>
FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 1b	

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)
Aligned Democratic Majority

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer or Principal Place of Business: _____

Occupation: _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

Aggregate Year-to-Date: _____

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer or Principal Place of Business: _____

Occupation: _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

Aggregate Year-to-Date: _____

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer or Principal Place of Business: _____

Occupation: _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

Aggregate Year-to-Date: _____

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer or Principal Place of Business: _____

Occupation: _____

Date of Receipt: _____

Amount of Each Receipt this Period: _____

Aggregate Year-to-Date: _____

SUBTOTAL of Receipts This Page (optional) _____

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

A.

Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

B.

Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

C.

Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

D.

Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

E.

Mailing Address	Date of Disbursement
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED <i>1-27-04</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (RC)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SM</i>	<i>2-1-04</i>
PREPARER	DATE PREPARED