

RECEIVED
FED MAIL
OPERATION'S CENTER
2004 OCT 18 A 10 22
Office Use Only

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

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

000014216513112003N266

William W. Batoff
1517 John F. Kennedy Blvd

ADDRESS (number and street) Suite 1805

Check if different than previously reported. (ACC)

Philadelphia Pa 19103

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Y1)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on: 09/30 in the State of PA
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on: 09/30 in the State of PA

5. Covering Period 07/01/2004 through 09/30/2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William W. Batoff

Signature of Treasurer [Handwritten Signature] Date 10/11/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form BX (Rev. 02/2003)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 07/01/2004 To: 09/30/2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		3,597,978
(b) Cash on Hand at Beginning of Reporting Period	1,356,865.4	
(c) Total Receipts (from Line 19)	1,532,900	6,608,850
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,372,194.4	1,425,406.3
7. Total Disbursements (from Line 31)	7150.00	1,247,119
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,300,694.4	1,300,694.4
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
990 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 08/2003)

Write or Type Committee name

Alerted Democratic Majority

Report covering the period: From: 07 01 2004 To: 09 30 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 57, page 5).....	0 0	0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 0	0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	1 5 3 2 9 0	1 5 6 0 8 5
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)).....	1 5 3 2 9 0	6 5 6 0 8 5
20. Total Federal Receipts (subtract Line 16(c) from Line 19).....	1 5 3 2 9 0	6 5 6 0 8 5

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	0 0	0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0	0 0
22. Transfers to Affiliated/Other Party Committees	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	6 5 0 0 0 0	1 0 5 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0	0 0
26. Loan Repayments Made	0 0	0 0
27. Loans Made	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Parents/Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b) and (c))	0 0	0 0
29. Other Disbursements	6 5 0 0 0	1 9 7 1 1 9
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(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))	7 1 5 0 0 0	1 2 4 7 1 1 9
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(c)(ii) from Line 31)	7 1 5 0 0 0	1 2 4 7 1 1 9

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 300 (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 20(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. Defaults 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: (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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Republic First Bank		Date of Receipt M O D Y Y Y Y 07 20 2004
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 3,925
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 M O D Y Y Y Y 08 22 2004
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 439
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) C. Republic First Bank		Date of Receipt M O D Y Y Y Y 08 16 2004
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 1,520.79
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 ▼	

SUBTOTAL of Receipts This Page (optional)	1,529.10
TOTAL This Period (last page this line number only)	1,529.10

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

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: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼

Date of Receipt
MAY 20 2004

Amount of Each Receipt this Period
3.80

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) _____

3.80
1532.90

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE OF	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28b
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33b

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Patricia M. Doto		Date of Disbursement M O N T H Y Y Y 0 7 0 7 2 0 0 4
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 M O N T H Y Y Y 0 7 2 1 2 0 0 4
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) C. Patricia M. Doto		Date of Disbursement M O N T H Y Y Y 0 7 2 2 2 0 0 4
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:		

SUBTOTAL of Disbursements This Page (optional)	1 5 0 0 0
TOTAL This Period (list 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"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 25			
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 29	<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

Full Name (Last, First, Middle Initial) A. Patricia M. Doto		Date of Disbursement M O N T H D A Y Y E A R 0 7 2 8 2 0 0 4
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 M O N T H D A Y Y E A R 0 8 0 4 2 0 0 4
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) C. Patricia M. Doto		Date of Disbursement M O N T H D A Y Y E A R 0 9 1 1 2 0 0 4
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:		

SUBTOTAL of Disbursements This Page (optional)	1 5 0 0 0
TOTAL This Period (last page this line number only)	3 0 0 0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)						PAGE	OF
<input type="checkbox"/>	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"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	28
									29

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 organizations.

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Patricia M. Doto		Date of Disbursement M O N T H Y Y Y 0 8 1 8 2 0 0 4
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 House Senate 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 M O N T H Y Y Y 0 8 2 5 2 0 0 4
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 House Senate 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 M O N T H Y Y Y 0 9 0 1 2 0 0 4
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 House Senate 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 (see page this line number only)	4 5 0 0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF
<input type="checkbox"/>	21a	<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"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	30

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

0 9 / 0 6 / 2 0 0 4

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

0 9 / 1 7 / 2 0 0 4

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

0 9 / 2 2 / 2 0 0 4

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:

SUBTOTAL of Disbursements This Page (optional) ▶

1 5 0 0 0

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

6 0 0 0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)						PAGE	OF
<input type="checkbox"/> 21a	<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"/> 28	<input type="checkbox"/> 29	
<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	<input type="checkbox"/> 30c	<input type="checkbox"/> 30d	

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 **09/29/2004**

Mailing Address **1040 Tasker Street**

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

Purpose of Disbursement **Clerical** Amount of Each Disbursement this Period **5,000**

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

B. Full Name (Last, First, Middle Initial) **Friends of Patrick Kennedy** Date of Disbursement **08/31/2004**

Mailing Address **400 "C" Street N.E.**

City **Washington, DC** State **DC** Zip Code **20002**

Purpose of Disbursement **Campaign Contribution** Amount of Each Disbursement this Period **3,500.00**

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

C. Full Name (Last, First, Middle Initial) **Citizens for Arlen Specter** Date of Disbursement **09/10/2004**

Mailing Address **426 C Street The Carriage House**

City **Washington, DC** State **DC** Zip Code **20002**

Purpose of Disbursement **Campaign Contribution** Amount of Each Disbursement this Period **3,000.00**

Candidate Name _____ Category/Type _____

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **6,550.00**

TOTAL This Period (last page this line number only) **7,150.00**

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 were 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 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 8, 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. 20483

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.	Amount of Loan \$	Interest Rate (APR) %
Mailing Address	Date Institution or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes if yes, date originally incurred

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

C. Are other parties severally liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule G.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property goods, negotiable instruments, certificates of deposit, checkers 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 known 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(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 secures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE MAY 1 2008
--	---------------------------

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 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MAY 1 2008
Title	

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

(Use separate
schedules(s)
for each
numbered item)

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.
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) ▶

Outstanding Balance at Close of This Period

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

PAGE OF
FOR LINE 24 OF FORM 3X

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

Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date	
Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures		Amount	
Mailing Address		City	
State		Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City		City	
State		Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One:	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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	
<input type="checkbox"/>	Check if 24-hour notice

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES 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
 Mailing Address
 City State Zip Code

Purpose of Expenditure
 Date
 Category/Type

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount
 Limit Subject 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
 Mailing Address
 City State Zip Code

Purpose of Expenditure
 Date
 Category/Type

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount
 Limit Subject 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
 Mailing Address
 City State Zip Code

Purpose of Expenditure
 Date
 Category/Type

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Amount
 Limit Subject 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 line number only)

00

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (in Full)	
Alerted Democratic Majority	n/a

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

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

Separate Segregated Funds and Non-Connected Committees

Funds Expended

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

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

ADJUSTMENTS TO FUNDS EXPENDED:

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

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

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

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority n/a

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- a. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- b. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

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

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

PAGE _____ OF _____
POST LINE 15& OF FORM 3X

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF TRANSFER RECEIVED

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

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)	

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

PAGE OF
FOR LINE 21a OF FORM 3X

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

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:

Administrative Fundraising Exempt

Voter Drive Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

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

SCHEDULE HS (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 OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (in Full)		
Alerted Democratic Majority n/a		

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
	VOTER ID
ii) Voter ID	
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV	
Total Amount Transferred for GOTV	
	GENERIC CAMPAIGN ACTIVITY
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 n/a

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Alerted Democratic Majority n/a

Mailing Address
Alerted Democratic Majority n/a

City **Alerted Democratic Majority n/a** State **Alerted Democratic Majority n/a** Zip Code **Alerted Democratic Majority n/a**

Purpose of Disbursement **Alerted Democratic Majority n/a**

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

Allocated Activity or Event Year-To-Date
Alerted Democratic Majority n/a

Category/Type **Alerted Democratic Majority n/a**

Date **Alerted Democratic Majority n/a**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
Alerted Democratic Majority n/a

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Alerted Democratic Majority n/a

Mailing Address
Alerted Democratic Majority n/a

City **Alerted Democratic Majority n/a** State **Alerted Democratic Majority n/a** Zip Code **Alerted Democratic Majority n/a**

Purpose of Disbursement **Alerted Democratic Majority n/a**

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

Allocated Activity or Event Year-To-Date
Alerted Democratic Majority n/a

Category/Type **Alerted Democratic Majority n/a**

Date **Alerted Democratic Majority n/a**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
Alerted Democratic Majority n/a

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Alerted Democratic Majority n/a

Mailing Address
Alerted Democratic Majority n/a

City **Alerted Democratic Majority n/a** State **Alerted Democratic Majority n/a** Zip Code **Alerted Democratic Majority n/a**

Purpose of Disbursement **Alerted Democratic Majority n/a**

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

Allocated Activity or Event Year-To-Date
Alerted Democratic Majority n/a

Category/Type **Alerted Democratic Majority n/a**

Date **Alerted Democratic Majority n/a**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
Alerted Democratic Majority n/a

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
Alerted Democratic Majority n/a

TOTAL This Period (last page for each line only) (Federal share to 30(a)(1) and Levin share to 30(a)(2))

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
Alerted Democratic Majority n/a

TOTAL This Period by the Levin Share

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

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

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) 1E 2

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority n/a

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Aggregate Year-to-Date
Name of Employer or Principal Place of Business	
Occupation	

SUBTOTAL 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 subpart(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

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority n/a

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (see page for line number only)	

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 10-12-04
<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>Am D</i> PREPARER	10-18-04 DATE PREPARED
(5/2004)	