

RECEIVED
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002 DEC 11 A 11:03

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines.

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

ADDRESS (number and street) **Check if different than previously reported. (ACC)**

William W. Batoff
Suite 1805 One Penn Center
1617 John F. Kennedy Blvd
Philadelphia, PA 19103

2. FEC IDENTIFICATION NUMBER **C 0 0 1 4 2 6 5 3 1**

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on _____ in the State of _____

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on 11/05/2002 in the State of PA

5. Covering Period 10/17/2002 through 11/25/2002

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 12/03/2002

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 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2 0 0 2"/>		<input type="text" value="1 3 3 3 6 7 0 1"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="1 3 0 8 0 7 1 2"/>	
(c) Total Receipts (from Line 18)	<input type="text" value="1 2 0 7"/>	<input type="text" value="8 4 3 7 9 3"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="1 3 0 8 1 9 1 9"/>	<input type="text" value="1 4 1 8 0 4 9 4"/>
7. Total Disbursements (from Line 30)	<input type="text" value="2 5 0 1 0"/>	<input type="text" value="1 1 2 3 5 7 5"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="1 3 0 5 6 9 1 9"/>	<input type="text" value="1 3 0 5 6 9 1 9"/>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="0 0"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<input type="text" value="0 0"/>	

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

For further information contact:

 Federal Election Commission
 999 E Street, NW
 Washington, DC 20460

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Report Covering the Period

From:

0 17 2002

To:

1 1 23 2002

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
(ii) TOTAL (add Lines 11(a)(i) and (ii)	0 0	3 50 0 0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	3 50 0 0 0
(d) Total Contributions (add Lines 11(a)(i), (b), and (c); Carry Totals to Line 32, page 4)	0 0	3 50 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, Payments, etc.) (Carry Totals to Line 36, page 4)	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 2 0 7	4 9 3 7 9 3
18. Transfers from Nonfederal Account for Joint Activity	0 0	0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1 2 0 7	8 4 3 7 9 3
20. Total Federal Receipts (subtract Line 18 from Line 19)	1 2 0 7	8 4 3 7 9 3

DETAILED SUMMARY PAGE
of Disbursements

REG Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00	500000
24. Independent Expenditure (use Schedule E)	00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §416(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	25000	623575
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	25000	1123575
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	25000	1123575
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	00	500000
33. Total Contribution Refunds (from Line 28(d))	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	00	500000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
36. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	00	00

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

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

Any information copied from such Reports and Statements may not be used 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
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 21 2002

Amount of Each Receipt this Period
62.71

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

Mailing Address
1608 Walnut Street

City **Philadelphia, PA** 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 2002

Amount of Each Receipt this Period
58.00

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) **▶** **120.71**

TOTAL This Period (last page this line number only) **▶** **120.71**

**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"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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)
Doto, Patricia M

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 24 2002

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
10 30 2002

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
11 07 2002

Amount of Each Disbursement this Period
50.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) 150.00

TOTAL This Period (last page this line number only)

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

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Date of Disbursement
1 1 4 2 0 0 2

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name
[Blank]

Category Type
[Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

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

Date of Disbursement
1 1 2 0 2 0 0 2

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name
[Blank]

Category Type
[Blank]

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

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

Date of Disbursement

Mailing Address

City State Zip Code
19102

Purpose of Disbursement

Candidate Name

Category Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) **100.00**

TOTAL This Period (last page this line number only) **250.00**

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 05
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:

_____% (APR) 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)

00

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

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

Supplementary for
Information found on
Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER 00142653	
LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan \$	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		

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

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: What is the value of this collateral?
Does the lender have a perfected security interest in it? No Yes

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

A depository account must be established pursuant to 11 CFR 100.7(b)(1)(i)(5) and 100.8(b)(12)(i)(B).
Date account established: Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name: Signature: DATE:

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 for the at 11 CFR 100.7(b)(1) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name: Signature: Title: DATE:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor These are no debts or obligations.	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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)	

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

NAME OF COMMITTEE (In Full) <p style="text-align: center;">Alerted Democratic Majority</p>	FEC IDENTIFICATION NUMBER <p style="text-align: center; border: 1px solid black; padding: 2px;">C C 0 0 1 / 2 6 5 3</p>
---	--

Full Name (Last, First, Middle Initial) of Payee <p style="text-align: center;">There are no itemized independent expenditures.</p>	Purpose of Expenditure <div style="border: 1px solid black; padding: 2px; text-align: center;"> Category/Type </div>	Name of Federal Candidate supported or opposed by expenditure:
Mailing Address City <u> </u> State <u> </u> Zip Code <u> </u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u> </u> District: <u> </u> Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date <u> </u> / <u> </u> / <u> </u> Amount <u> </u>	Full Name (Last, First, Middle Initial) of Payee Purpose of Expenditure <div style="border: 1px solid black; padding: 2px; text-align: center;"> Category/Type </div>	
Mailing Address City <u> </u> State <u> </u> Zip Code <u> </u>	Name of Federal Candidate supported or opposed by expenditure:	
Date <u> </u> / <u> </u> / <u> </u> Amount <u> </u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u> </u> District: <u> </u> Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee Purpose of Expenditure <div style="border: 1px solid black; padding: 2px; text-align: center;"> Category/Type </div>	Name of Federal Candidate supported or opposed by expenditure:	
Mailing Address City <u> </u> State <u> </u> Zip Code <u> </u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u> </u> District: <u> </u> Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Date <u> </u> / <u> </u> / <u> </u> Amount <u> </u>	Full Name (Last, First, Middle Initial) of Payee Purpose of Expenditure <div style="border: 1px solid black; padding: 2px; text-align: center;"> Category/Type </div>	
Mailing Address City <u> </u> State <u> </u> Zip Code <u> </u>	Name of Federal Candidate supported or opposed by expenditure:	
Date <u> </u> / <u> </u> / <u> </u> Amount <u> </u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: <u> </u> District: <u> </u> Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

(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, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of campaign, election, or recruitment activity or any part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 04 day of Oct 2002

My Commission expires: 12 24 2003

Signature: Wm W. Hayes Date: 10 04 2002

My Commission Expires December 24, 2003
 JIMBERLY W. HATCH, Secretary Public
 City of Philadelphia, Philadelphia, PA

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED 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)

NAME OF COMMITTEE (In Full) Altered Democratic Majority

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO Full Name of Subordinate Committee: There are no itemized coordinated expenditures.

IF YES, name the designating committee: Mailing Address:

City State ZIP Code

Form entry for the first expenditure item, including fields for Full Name of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, House/Senate/Presidential, State/District, Purpose of Expenditure, Date, Amount, and Aggregate General Election Expenditure for this Candidate.

Form entry for the second expenditure item, including fields for Full Name of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, House/Senate/Presidential, State/District, Purpose of Expenditure, Date, Amount, and Aggregate General Election Expenditure for this Candidate.

Form entry for the third expenditure item, including fields for Full Name of Each Payee, Mailing Address, City, State, Zip Code, Name of Federal Candidate Supported, Office Sought, House/Senate/Presidential, State/District, Purpose of Expenditure, Date, Amount, and Aggregate General Election Expenditure for this Candidate.

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT 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. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. 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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	_____ %	_____ %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	_____ %	_____ %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	_____ %	_____ %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	_____ %	_____ %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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	_____ %	_____ %
NAME OF ACTIVITY OR EVENT _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Table with 3 columns: NAME OF ACCOUNT, DATE OF RECEIPT, TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

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

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

SUBTOTAL of Joint 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		TOTAL AMOUNT
		n/a
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)		

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
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" 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>Jan</i> PREPARER	12-11-03 DATE PREPARED