

RECEIVED
FEC MAIL
OPERATIONS CENTER

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

2003 JUL 29 P 1:39

Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines.
C O Q 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. (ADC)
W i l l i a m W . B a t o f f
S y l v e J B O S O n e p a n n C e n t e r
1 6 1 7 J o h n F K e n n e d y B l v d
P h i l a d e l p h i a P a 1 9 1 0 3

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 0 0 1 4 2 6 5 3 3 IS THIS REPORT NEW OR AMENDED
X (N) (A)

4. TYPE OF REPORT (Choose One)
(a) 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)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
X July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)
(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 0 1 2 0 0 3 through 0 6 3 0 2 0 0 3

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 07 28 2003

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 01/01/2003 To: 06/30/2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2003 | 2003 | 13027528 |
| (b) Cash on Hand at Beginning of Reporting Period | 13027528 | |
| (c) Total Receipts (from Line 19) | 504174 | 504174 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 13531702 | 13531702 |
| 7. Total Disbursements (from Line 21) | 125672 | 125672 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 13406030 | 13406030 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | 00 | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | 00 | |

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-894-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Report Covering the Period From: 01/01/03 To: 06/30/03

| 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) | 5,000.00 | |
| (ii) Unitemized | 0.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 5,000.00 | |
| (b) Political Party Committees | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 38, page 5) | 5,000.00 | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | |
| 13. All Loans Received | 0.00 | |
| 14. Loan Repayments Received | 0.00 | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 417.41 | |
| 18. Transfers from Non-Federal and Levin Funds: | | |
| (a) Non-Federal Account (from Schedule H5) | 0.00 | |
| (b) Levin Funds (from Schedule H5) | 0.00 | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 5,417.41 | |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 5,417.41 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2006)

Page 5

| iii. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)..... | 5,000.00 | 5,000.00 |
| 34. Total Contribution Refunds (from Line 28(5))..... | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 3,743.28 | 3,743.28 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 3,743.28 | 3,743.28 |

**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 | |

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 01 21 2003 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 5.62 |
| 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 02 20 2003 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 6.57 |
| 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 03 20 2003 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 7.00 |
| 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) | 19.19 |
| TOTAL This Period (and page this line number only) | |

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

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

| | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER: | | PAGE | OF |
| (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

| | | |
|---|----------------------------|---|
| Full Name (Last, First, Middle Initial) A. Republic First Bank | | Date of Receipt M O Y Y 0 4 2 1 2 0 0 3 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 7 9 2 |
| 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 Y Y 0 5 2 0 2 0 0 3 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 7 0 9 |
| 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 Y Y 0 6 2 2 2 0 0 3 |
| Mailing Address 1608 Walnut Street | | Amount of Each Receipt this Period 7 5 4 |
| 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) ▶ | 2 2 5 5 |
| TOTAL This Period (last page this line number only) ▶ | 4 1 7 4 |

**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. Obermayer Rehmman Maxwell & Hippel LLP

Mailing Address

One Penn Cir 19th Fl 1617 JFK Blvd.

City

Philadelphia

State

PA

Zip Code

19103

Date of Receipt

02 04 2003

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

5 0 0 0 0 0

Name of Employer

Partnership

Occupation

Attorneys at Law

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶

5 0 0 0 0 0

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

5 0 4 1 7 4

OBERMAYER REGMANN MAXWELL & HIPPEL LLP

| Partnership Allocation Form | Amount |
|-----------------------------|------------|
| ALLEN, PAUL | \$74.09 |
| AYRES, WARREN | \$74.09 |
| BATOFF, JEFFREY | \$100.02 |
| BATOFF, JERALD | \$92.82 |
| BESNOFF, LARRY | \$74.09 |
| BREITLING, PETER | \$74.09 |
| CHING, STEPHEN | \$74.09 |
| COHEN, WALTER | \$81.50 |
| DIAMOND, PAUL | \$74.09 |
| DOUGHER, JOSEPH | \$77.90 |
| EFSTRATATES, A. | \$74.09 |
| EHLINGER, JOHN | \$74.09 |
| FIELDS, SCOTT | \$74.09 |
| FINEGAN, DANIEL | \$74.09 |
| GEORGE, EDWING | \$85.21 |
| GOLDEN, CHARLES | \$74.09 |
| GIORGIONE, ANDREW | \$74.09 |
| HABER, STEVEN | \$85.21 |
| HEINTZ, PAUL | \$74.09 |
| KLINE, JERRY | \$74.09 |
| KUPPERMAN, LOUIS | \$224.74 |
| LEONARD, THOMAS | \$74.09 |
| LEONARD, WILLIAM | \$81.50 |
| LIEBER, MARVIN | \$74.09 |
| LIMBURG, RICHARD | \$74.09 |
| LONGWELL, CAROL | \$74.09 |
| LUBLIN, MARK | \$74.09 |
| MAGUZZI, LOUIS | \$74.09 |
| MCELDOWNEY, CATHERINE | \$85.21 |
| MCGOVERN, JOSEPH | \$74.09 |
| MILLS, THORLEY | \$74.09 |
| MYERS, CATHY | \$74.09 |
| OHARA, JACK | \$74.09 |
| OBERKIRCHER, PETER | \$74.09 |
| PELOSI, WILLIAM | \$74.09 |
| PENNY, JAMES | \$74.09 |
| PEPPERMAN, MICHAEL | \$74.09 |
| PODUSLENKO, NICK | \$74.09 |
| RATHBURN, ERIC | \$74.09 |
| REISMAN, JOAN | \$74.09 |
| ROEDIGER, JOAN | \$229.85 |
| ROTWITT, JEFFREY | \$74.09 |
| RYAN, JOHN | \$74.09 |
| SAMMS, GARY | \$74.09 |
| SAPUTELLI, GREGORY | \$74.09 |
| SCHRIER, STEPHEN | \$74.09 |
| SHULMAN, JACKIE | \$148.10 |
| STEINER, JULIUS | \$74.09 |
| STRAUB, KURT | \$74.09 |
| STRYKER, NINA | \$74.09 |
| SUTHERLAND, HUGH | \$74.09 |
| TABAS, LAWRENCE | \$74.09 |
| THOMPSON, JAMES | \$41.46 |
| VERBER, ANN | \$74.09 |
| WARNER, PARRY | \$170.41 |
| WEINBERG, MARTIN | \$74.09 |
| WEINSTEIN, MICHAEL | \$74.09 |
| WESSEL, RUTH | \$85.21 |
| WHITELAW, ROBERT | \$74.09 |
| YOUNG, VICTOR | \$5,000.00 |

SIGNED

DATE

7.22.03

PRINTED NAME

ROBERT P. PERRY

Obermayer Regmann Maxwell & Hippel LLP

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

| | | | | | | | |
|---|-----|----------------------------------|-----|--------------------------|-----|--------------------------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FDR LINE NUMBER (check only one) | | | | PAGE | OF |
| <input type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 25 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c |
| | | | | | | <input type="checkbox"/> | 29 |
| | | | | | | | 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 01 08 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5000 |
| 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 01 15 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5000 |
| 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 01 22 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5000 |
| 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) | 15000 |
| TOTAL This Period (last page this one number only) | |

20030315 10:16:03 3X 0001

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

Use separate schedules for each category of this Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A.

Patricia M. Doto

Date of Disbursement

0 1 2 9 2 0 0 3

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)

B.

Patricia M. Doto

Date of Disbursement

0 2 0 6 2 0 0 3

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)

C.

Patricia M. Doto

Date of Disbursement

0 2 1 2 2 0 0 3

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) ▶

3 0 0 0 0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE OF

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 24b | <input type="checkbox"/> 28 | <input type="checkbox"/> 28a | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 29c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A.

Patricia M. Doto

Date of Disbursement

0 2 / 1 9 / 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)

B.

Patricia M. Doto

Date of Disbursement

0 2 / 2 6 / 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

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)

C.

Patricia M. Doto

Date of Disbursement

0 3 / 0 5 / 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

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 (01/04/04) ▶

1 5 0 0 0

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

4 5 0 0 0

2003-08-15 10:00 AM

**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"/> 28 |
| <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

| | | |
|---|--|--|
| First Name (Last, First, Middle Initial) A Patricia M. Doto | | Date of Disbursement 03 / 12 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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: | | |

| | | |
|---|--|--|
| First Name (Last, First, Middle Initial) B. Patricia M. Doto | | Date of Disbursement 03 / 19 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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: | | |

| | | |
|---|--|--|
| First Name (Last, First, Middle Initial) C. Patricia M. Doto | | Date of Disbursement 03 / 26 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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) | 1500.00 |
| TOTAL This Period (last page this line number only) | 6000.00 |

20030319 1040 TASKER ST PHILADELPHIA PA 19148

**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 | <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

Full Name (Last, First, Middle Initial)

| | | | |
|--|--|--|---|
| <p>A. Patricia M. Doto</p> | | <p>Date of Disbursement</p> <p>0 4 0 2 2 0 0 3</p> | |
| <p>Mailing Address</p> <p>1040 Tasker Street</p> | | | |
| <p>City</p> <p>Philadelphia, PA</p> | <p>State</p> <p>PA</p> | <p>Zip Code</p> <p>19148</p> | |
| <p>Purpose of Disbursement</p> <p>Clerical</p> | | <p>Category/Type</p> | <p>Amount of Each Disbursement this Period</p> <p>5 0 0 0</p> |
| <p>Candidate Name</p> | | | |
| <p>Office Sought</p> <p>House Senate President</p> | <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |
| <p>State:</p> | <p>District:</p> | | |

| | | | |
|---|--|--|---|
| <p>B. Patricia M. Doto</p> | | <p>Date of Disbursement</p> <p>0 4 0 9 2 0 0 3</p> | |
| <p>Mailing Address</p> <p>1040 Tasker Street</p> | | | |
| <p>City</p> <p>Philadelphia,</p> | <p>State</p> <p>PA</p> | <p>Zip Code</p> <p>19148</p> | |
| <p>Purpose of Disbursement</p> <p>Clerical</p> | | <p>Category/Type</p> | <p>Amount of Each Disbursement this Period</p> <p>5 0 0 0</p> |
| <p>Candidate Name</p> | | | |
| <p>Office Sought:</p> <p>House Senate President</p> | <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |
| <p>State:</p> | <p>District:</p> | | |

| | | | |
|---|--|--|---|
| <p>C. Patricia M. Doto</p> | | <p>Date of Disbursement</p> <p>0 4 1 7 2 0 0 3</p> | |
| <p>Mailing Address</p> <p>1040 Tasker Street</p> | | | |
| <p>City</p> <p>Philadelphia</p> | <p>State</p> <p>PA</p> | <p>Zip Code</p> <p>19148</p> | |
| <p>Purpose of Disbursement</p> <p>Clerical</p> | | <p>Category/Type</p> | <p>Amount of Each Disbursement this Period</p> <p>5 0 0 0</p> |
| <p>Candidate Name</p> | | | |
| <p>Office Sought:</p> <p>House Senate President</p> | <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | |
| <p>State:</p> | <p>District:</p> | | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 1 5 0 0 0 |
| TOTAL This Period (last page this line number only) | 7 5 0 0 0 |

13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

**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 (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Date of Disbursement

0 4 2 3 2 0 0 3

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)

B.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Date of Disbursement

0 4 3 0 2 0 0 3

Amount of Each Disbursement This Period

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

C.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Date of Disbursement

0 5 0 7 2 0 0 3

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 the line number only)

9 0 0 0 0

FORM 3X (11-87) PREVIOUS EDITIONS ARE OBSOLETE

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (IN FULL)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 5 / 1 4 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

B. Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 5 / 2 1 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

C. Patricia M. Doto

Mailing Address
1040 Tasker Street

City Philadelphia, PA State Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

0 5 / 2 8 / 2 0 0 3

Amount of Each Disbursement this Period

5 0 0 0

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (last page this line number only)

1 0 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"/> 26 | <input type="checkbox"/> 28 | |
| | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 28d | <input type="checkbox"/> 28e | <input type="checkbox"/> Sub | |

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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 06 / 04 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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 06 / 11 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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 06 / 18 / 2003 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 500.00 |
| 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) | 1500.00 |
| TOTAL This Period (last page this line number only) | 12000.00 |

1040 Tasker Street
 Philadelphia, PA 19148
 215-595-1234

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

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

FOLIO LINE NUMBER:
(check only one)

PAGE OF

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

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Date of Disbursement

0 6 / 2 6 / 2 0 0 3

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)

B. Republic First Bank

Date of Disbursement

0 6 / 1 1 / 2 0 0 3

Mailing Address

1608 Walnut Street

City

Philadelphia, PA

State

Zip Code

19103

Purpose of Disbursement

Federal Deposit

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6 7 2

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

.....

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

5 6 7 2

TOTAL This Period (use page this line number only)

1 2 5 6 7 2

SCHEDULE C (FEC Form 3X)

LOANS

| | | |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | FOR LINE 15 OF FORM 3X | |

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) There are no loans. | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) | <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) ▶

TOTALS This Period (last page in this line only) ▶ **0 0**

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

2003 FEB 10 10 30 AM '03

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
C 0 0 1 4 2 6 3 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 reassured? [] 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(a)(2).
Date account established:
Location of account:
Address:
City, State, Zip:

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

G. COMMITTEE TREASURER
Typed Name:
Signature:
DATE:

H. Attach a signed copy of the loan agreement.
I. TO BE SIGNED BY THE LENDING INSTITUTION:
1. 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.
2. 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.
3. 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 E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 01 OF 01
FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Alexted 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 | |

| | |
|--|---------------------|
| Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures. | Date |
| Mailing Address _____ _____ | Amount |
| City _____ State _____ Zip Code _____ | |

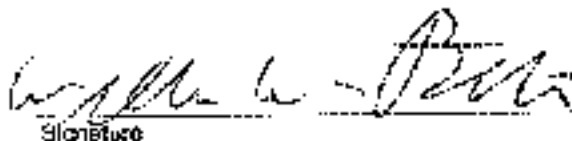
| | | |
|---|------------------------|---|
| Purpose of expenditure _____ | Category/Type _____ | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: _____ | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| 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 _____ 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 |
| 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 | |
| (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 **17 05 2013**

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

| | |
|--|----------------------------|
| NAME OF COMMITTEE (In Full) Alerted Democratic Majority | Check if 24-hour notice |
|--|----------------------------|

| | | | |
|--|------------------------------------|-------|----------|
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | Full Name of Subordinate Committee | | |
| | Mailing Address | | |
| | City | State | ZIP Code |

| | | | | | |
|---|----------------|--------------|-----------|---|--|
| Full Name (Last, First, Middle Initial) of Each Payee There are no coordinated Party expenditures. | | | | Purpose of Expenditure | Category/Type |
| Mailing Address | | | | Date | |
| City | State | Zip Code | | Amount | Limit Raised Due to Opponent's Spending (2 U.S.C. §441a)(441a-1) |
| Name of Federal Candidate Supported | Office Sought: | House | State: | Aggregate General Election Expenditure for this Candidate | |
| | | Senate | District: | | |
| | | Presidential | | | |

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

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

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

2025 RELEASE UNDER E.O. 14176

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) | N/A |
| Presidential-Only Election Year (28% Federal) | |
| Presidential and Senate Election Year (36% Federal) | |
| Senate-Only Election Year (21% Federal) | |
| Non-Presidential and Non-Senate Election Year (15% Federal) | |
| Separate Segregated Funds and Non-Connected Committees | |
| Funds Expended | N/A |
| Estimated Direct Candidate Support -- Federal | 1% |
| Estimated Direct Candidate Support -- Non-Federal | 1% |
| ADJUSTMENTS TO FUNDS EXPENDED: | |
| Actual Direct Candidate Support -- Federal | 1% |
| Actual Direct Candidate Support -- Non-Federal | 1% |

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

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

Methods of allocation:

1. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
2. 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.

N/A

| 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 | | |
| 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
 SHARED FEDERAL / NON-FEDERAL ACTIVITY**

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 Altered Democratic Majority

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| N/A | | |

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) | | |

2019-11-01 11:03 AM 2019-11-01 11:03 AM

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

| | | | |
|---|-------|--|-------------------|
| A. Full Name (Last, First, Middle Initial) N/A | | 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 | |
| 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 | |
| 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 | |
| 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 (last page for each line only)(Federal share to 21(a)(1) and Non-Federal share to 21(b)(2)) | | | |
| FEDERAL SHARE | | | TOTAL AMOUNT |
| | | | |
| TOTAL This Period for the Non-Federal Share | | | |
| | | | |

2025 RELEASE UNDER E.O. 14176

**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 OF
FOR LINE 155 OF FORM 3X

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| N/A | | |

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 | 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)
 Alotted 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 | | | |
| FEDERAL SHARE | + | LEVIN SHARE | TOTAL AMOUNT |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(d)(ii)) | | | |
| FEDERAL SHARE | | LEVIN SHARE | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | |

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) | <input type="checkbox"/> 1A <input type="checkbox"/> 2 |

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NAME OF COMMITTEE (In Full)
Alerted 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 (last page this line number only) | N/A |

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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 checked="" type="checkbox"/> | Hand Delivered | Date of Receipt 7/29/03 |
| <input type="checkbox"/> | First Class Mail | POSTMARKED |
| <input type="checkbox"/> | Registered/Certified Mail | POSTMARKED (R/C) |
| <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>ja</i> PREPARER | | 7/29/03 DATE PREPARED |