

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEDERAL CENTER

2007 OCT 15 AM 8: Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

G00142653 121605 N 266
WILLIAM W BATOFF
ALERTED DEMOCRATIC MAJORITY
SUITE 1805 ONE PENN CENTER
1617 JOHN F KENNEDY BLVD
PHILADELPHIA PA 19103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 4 2 6 5 3

3. IS THIS REPORT

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

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

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

Election on

MM / DD / YYYY

in the State of

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

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
07 / 01 / 2007

through

MM / DD / YYYY
09 / 30 / 2007

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

MM / DD / YYYY
10 / 09 / 2007

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

FEC FORM 3X
Rev. 12/2004

27039540388

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

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="2007"/>		<input type="text" value="11628326"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11633550"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="142018"/>	<input type="text" value="845427"/>
(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="11775568"/>	<input type="text" value="12473753"/>
7. Total Disbursements (from Line 31)	<input type="text" value="1065000"/>	<input type="text" value="1763185"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="107710568"/>	<input type="text" value="107710568"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00"/>	

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

For further information contact:

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

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

27039540389

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	1 0 0 0 0 0 0 0	1 0 0 0 0 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/Persons Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0	0 0
29. Other Disbursements	5 5 0 0 0	7 6 3 1 8 5
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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)) ..	1 0 6 5 0 0 0	1 7 6 3 1 8 5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1 0 6 5 0 0 0	1 7 6 3 1 8 5

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0	5,000 00
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0 0	5,000 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0	0 0

27039540392

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

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Republic First Bank

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

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400

City State Zip Code
Philadelphia, PA 19102

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
07 / 01 / 2007

Amount of Each Receipt this Period
36385

B. Republic First Bank

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

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400

City State Zip Code
Philadelphia, PA 19102

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
07 / 31 / 2007

Amount of Each Receipt this Period
34621

C. Republic First Bank

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

Mailing Address
Two Liberty Place 50 S. 16th Street Suite 2400

City State Zip Code
Philadelphia, PA 19102

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
07 / 22 / 2007

Amount of Each Receipt this Period
141

SUBTOTAL of Receipts This Page (optional) ▶ **71147**

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

27039540393

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400

City Philadelphia, PA 19102

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
08 / 20 / 2007

Amount of Each Receipt this Period
1,250

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

Mailing Address
Two Liberty Place 50 S. 16th St. Suite 2400

City Philadelphia, PA 19102

FEC ID number of contributing federal political committee. C

Name of Employer Interest Earned Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
09 / 20 / 2007

Amount of Each Receipt this Period
1,460

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

Mailing Address
Two Liberty Place 50 S. 16th Street Suite 2400

City Philadelphia, PA 19102

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
09 / 03 / 2007

Amount of Each Receipt this Period
4,054.44

SUBTOTAL of Receipts This Page (optional).....▶

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

4,081.50

1,119.62

27039540394

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

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

FOR LINE NUMBER: PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Mailing Address
Two Liberty Place 50 S. 16th Street Suite 2400

City Philadelphia, PA State PA Zip Code 19102

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
09 / 30 / 2007

Amount of Each Receipt this Period
300056

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)..... ▶ 300056

TOTAL This Period (last page this line number only)..... ▶ 142018

27039540395

**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 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. "Brady for Congress"		Date of Disbursement 09 / 18 / 2007	
Mailing Address P O Box 4471		Amount of Each Disbursement this Period 5000.00	
City Philadelphia,	State PA		Zip Code 19110
Purpose of Disbursement Campaign Contribution			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. "Dodd for President"		Date of Disbursement 09 / 20 / 2007	
Mailing Address 1133 19th St. N.W.		Amount of Each Disbursement this Period 5000.00	
City Washington, DC	State		Zip Code 20036
Purpose of Disbursement			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 09 / 28 / 2007	
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 6500.00	
City Philadelphia	State PA		Zip Code 19148
Purpose of Disbursement Clerical Expense 3rd Quarter 2007			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).....▶	10650.00
TOTAL This Period (last page this line number only).....▶	10650.00

27039540396

**SCHEDULE C (FEC Form 3X)
LOANS**

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:
MM / DD / YYYY	MM / DD / YYYY	XXXX.XX % (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).....▶	[] 00

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

27039540397

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page _____ of Schedule C

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

LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y Y Y	
City State Zip Code	Date Due M M / D D / Y Y Y Y Y Y	

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

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(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y
---	---------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y Y Y 0 0
--	-------	---

27039540398

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

There are no debts or obligations

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

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

			00

27039540399

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

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	

Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures.		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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 MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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 MM / DD / YYYY **0 0**

27039540400

**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) <p style="text-align: center;">Alerted Democratic Majority</p>	<input type="checkbox"/> 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: There are no itemized coordinated party expenditures.	Full Name of Subordinate Committee 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 M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____	Amount _____ <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-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 M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____	Amount _____ <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-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 M M / D D / Y Y Y Y Y Y _____ / _____ / _____
Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____	Amount _____ <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Aggregate General Election Expenditure for this Candidate ▶ _____	

SUBTOTAL of Expenditures This Page (optional).....▶	_____
TOTAL This Period (last page this line number only).....▶	_____ 0 0

27039540401

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

USE ONLY ONE SECTION, A or B

A. 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)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
 or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only
 N/A

27039540402

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.

N/A

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

27039540403

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <input style="width: 100px; height: 20px;" type="text"/> %	NONFEDERAL % <input style="width: 100px; height: 20px;" type="text"/> % N/A

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

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	
VI) Public Communications Referring Only to Party (Made by PAC)	

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 (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	N/A

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SCHEDULE H4 (FEC FORM 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority N/A

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

N/A

27039540405

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)

NAME OF COMMITTEE (In Full)	N/A
Alerted Democratic Majority	

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

BREAKDOWN OF THIS TRANSFER

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

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

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	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).....	N/A

27039540406

**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			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	Category/ Type	Date	
Purpose of Disbursement				MM	DD

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. 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	Category/ Type	Date	
Purpose of Disbursement				MM	DD

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. 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	Category/ Type	Date	
Purpose of Disbursement				MM	DD

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(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
				N/A
TOTAL This Period for the Levin Share				

27039540407

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

NAME OF COMMITTEE (In Full) <p style="text-align: center;">Alerted Democratic Majority</p>	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 1c 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		
(for 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)		N/A

27039540408

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

Use separate schedule(s) for each category of the Aggregation Page	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; padding-right: 10px;">PAGE</td> <td style="text-align: center;">OF</td> </tr> <tr> <td style="padding-right: 10px;">FOR LINE NUMBER: (check only one)</td> <td style="text-align: center;"> <input type="checkbox"/> 1a <input type="checkbox"/> 2 </td> </tr> </table>	PAGE	OF	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a <input type="checkbox"/> 2
PAGE	OF				
FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a <input type="checkbox"/> 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 _____ Mailing Address _____ City State Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____	Date of Receipt <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Aggregate Year-to-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y		

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 <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Aggregate Year-to-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y		

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 <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Aggregate Year-to-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y		

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 <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; text-align: center;">M M M</td> <td style="border: 1px solid black; width: 33%; text-align: center;">D D D</td> <td style="border: 1px solid black; width: 33%; text-align: center;">Y Y Y Y Y Y Y Y</td> </tr> </table> Amount of Each Receipt this Period <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Aggregate Year-to-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	M M M	D D D	Y Y Y Y Y Y Y Y
M M M	D D D	Y Y Y Y Y Y Y Y		

SUBTOTAL of Receipts This Page (optional)..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
TOTAL This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%; text-align: right;">N/A</div>

27039540409

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

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

FOR LINE NUMBER: (check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority N/A

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

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

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

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

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

SUBTOTAL of Disbursements This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶
 N/A

27039540410

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/9/07

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

10/15/07
DATE PREPARED

27039540411