

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 MAY -8 A 11:18
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

C00142653 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 [] / [] / [] in the State of []

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

- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [] / [] / [] in the State of []

5. Covering Period

0 1 / 0 1 / 2 0 0 6 through 0 3 / 3 1 / 2 0 0 6

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

Type or Print Name of Treasurer William W. Batoff

Signature of Treasurer

William W. Batoff

Date

[] / [] / []

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

26039072399

**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="2006"/>		<input type="text" value="12581631"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12581631"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="500243"/>	<input type="text" value="500243"/>
(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="13081874"/>	<input type="text" value="13081874"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66600"/>	<input type="text" value="66600"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13015274"/>	<input type="text" value="13300115274"/>
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

26039072400

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From:

01 / 001 / 2006

To:

03 / 31 / 2006

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 0 0 0 0 0

5 0 0 0 0 0

(ii) Unitemized.....

0 0

0 0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

5 0 0 0 0 0

5 0 0 0 0 0

(b) Political Party Committees.....

0 0

0 0

(c) Other Political Committees (such as PACs).....

0 0

0 0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

5 0 0 0 0 0

5 0 0 0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0

0 0

13. All Loans Received.....

0 0

0 0

14. Loan Repayments Received.....

0 0

0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 0

0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0

0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

2 4 3

2 4 3

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0 0

0 0

(b) Levin Funds (from Schedule H5).....

0 0

0 0

(c) Total Transfers (add 18(a) and 18(b)).....

0 0

0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

5 0 0 2 4 3

5 0 0 2 4 3

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

5 0 0 2 4 3

5 0 0 2 4 3

26039072401

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	0 0	0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0	0 0
22. Transfers to Affiliated/Other Party Committees	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0	0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	6 6 6 0 0	6 6 6 0 0
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)) ..	6 6 6 0 0	6 6 6 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6 6 6 0 0	6 6 6 0 0

26039072402

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)	5 0 0 0 0 0	5 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5 0 0 0 0 0	5 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
37. 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

25039072403

**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	<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 / 22 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 38
City Philadelphia	State PA	
Zip Code 19103		FEC ID number of contributing federal political committee. C
Name of Employer Interest Earned		
Occupation		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Republic First Bank		Date of Receipt 02 / 21 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 56
City Philadelphia	State PA	
Zip Code 19103		FEC ID number of contributing federal political committee. C
Name of Employer Interest Earned		
Occupation		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Republic First Bank		Date of Receipt 03 / 20 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 149
City Philadelphia	State PA	
Zip Code 19103		FEC ID number of contributing federal political committee. C
Name of Employer Interest Earned		
Occupation		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	243
TOTAL This Period (last page this line number only).....	

26039072404

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. Obermayer Rebnann Maxwell & Hippel LLP

Mailing Address
1617 John F. Kennedy Blvd. 19th Floor

City State Zip Code
Philadelphia, PA 19103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Law Firm Partnership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
02 / 14 / 2006

Amount of Each Receipt this Period
500000

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

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

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

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)..... ▶ **500000**


TOTAL This Period (last page this line number only)..... ▶ **500243**

26039072405

OBERMAYER REBMANN MAXWELL & HIPPEL LLP
 PARTNERSHIP ALLOCATION FORM

ALERTED DEMOCRATIC MAJORITY

AMOUNT:	ALLOCATION
ALLEN, PAUL	\$ 74.01
AYRES, WARREN	\$ 74.01
BATOFF, JEFFREY	\$ 100.81
BESNOFF, LARRY	\$ 74.01
BREITLING, PETER	\$ 74.01
CENTENO, JOSEPH	\$ 74.01
CHING, STEPHEN	\$ 74.01
COHEN, WALTER	\$ 74.01
DOUGHER, JOSEPH	\$ 86.74
EFSTRATIADIS, ANASTASIUS	\$ 86.74
EHLINGER, JOHN	\$ 74.01
FINEGAN, DANIEL	\$ 74.01
FOX, BRUCE	\$ 74.01
GALLAGHER, JACKIE	\$ 74.01
GEORGE, EDMOND	\$ 74.01
GOLDEN, CHARLES	\$ 88.74
HABER, STEVEN	\$ 78.06
HUGG, JONATHAN	\$ 74.01
HEINTZ, PAUL	\$ 88.74
KLINE, JERRY	\$ 74.01
KUPPERMAN, LOUIS	\$ 74.01
JOHNSTON, ALICE	\$ 130.10
LEONARD, THOMAS	\$ 222.04
LEONARD, WILLIAM	\$ 79.80
LIEBER, MARVIN	\$ 76.33
LIMBURG, RICHARD	\$ 74.01
LONGWELL, CAROL	\$ 74.01
LUBLIN, MARK	\$ 62.45
MGGOVERN, JOSEPH	\$ 88.74
MILLS, THORLEY	\$ 74.01
NASATIR, DAVID	\$ 88.74
OBERKIRCHER, PETER	\$ 74.01
OHARA, JACK	\$ 74.01
PELOSI, WILLIAM	\$ 74.01
PENNY, JAMES	\$ 74.01
PEPPERMAN, MICHAEL	\$ 74.01
PODUSLENKO, NICK	\$ 74.01
RATHBURN, ERIC	\$ 74.01
REISMAN, JASON	\$ 74.01
ROEDIGER, JOAN	\$ 74.01
ROTWITT, JEFFREY	\$ 222.04
RYAN, JOHN	\$ 74.01
SAMMS, GARY	\$ 74.01
SAPUTELLI, GREGORY	\$ 74.01
SCHRIER, STEPHEN	\$ 78.06
SHAPIRO, MATT	\$ 74.01
SHULMAN, JACKIE	\$ 78.06
STEERMAN, DAVID	\$ 74.01
STEINER, JULIUS	\$ 138.78
STRAUB, KURT	\$ 74.01
STRYKER, NINA	\$ 74.01
SUTHERLAND, HUGH	\$ 76.06
TABAS, LAWRENCE	\$ 86.74
WARNER, PARRY	\$ 74.01
WEINBERG, MARTIN	\$ 159.68
WEINSTEIN, MICHAEL	\$ 63.61
WESSEL, RUTH	\$ 74.01
WHITELAW, ROBERT	\$ 88.74
YOUNG, VICTOR	\$ 74.01
	\$ 5,000.00

SIGNED  DATE 02/15/08
 PRINTED NAME ROBERT PERRY
 TITLE EXECUTIVE DIRECTOR
 Obermayer Rebmann Maxwell & Hippel LLP

26039072406

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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 01 / 04 / 2006
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 5000
City Philadelphia,	State PA	
Zip Code 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 / 12 / 2006
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 5000
City Philadelphia	State PA	
Zip Code 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 / 19 / 2006
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 5000
City Philadelphia	State PA	
Zip Code 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 line number only).....▶	

26039072407

**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		Date of Disbursement 01 / 25 / 2006	
Mailing Address 1040 Tasker Street			
City Philadelphia,	State PA	Zip Code 19148	
Purpose of Disbursement Clerical	Category/Type		
Candidate Name		Amount of Each Disbursement this Period 500.00	
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 02 / 07 / 2006	
Mailing Address 1040 Tasker Street			
City Philadelphia	State PA	Zip Code 19148	
Purpose of Disbursement Clerical	Category/Type		
Candidate Name		Amount of Each Disbursement this Period 500.00	
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 02 / 08 / 2006	
Mailing Address 1040 Tasker Street			
City Philadelphia	State PA	Zip Code 19148	
Purpose of Disbursement Clerical	Category/Type		
Candidate Name		Amount of Each Disbursement this Period 500.00	
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).....▶	3000.00

26039072408

**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)

- Altered Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2006

A. Patricia M. Doto

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2006

B. Patricia M. Doto

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2006

C. Patricia M. Doto

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

15000

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

45000

25039072409

**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

Date of Disbursement

03 / 09 / 2006

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Category/
Type

Amount of Each Disbursement this Period

5000

Candidate Name

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

03 / 17 / 2006

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Category/
Type

Amount of Each Disbursement this Period

5000

Candidate Name

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

03 / 22 / 2006

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Category/
Type

Amount of Each Disbursement this Period

5000

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

15000

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

60000

26039072410

**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

Date of Disbursement

03 / 29 / 2006

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement this Period

5000

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Republic First Bank

Date of Disbursement

01 / 20 / 2006

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Disbursement

Service Charge

Amount of Each Disbursement this Period

800

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Republic First Bank

Date of Disbursement

02 / 21 / 2006

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Disbursement

Service Charge

Amount of Each Disbursement this Period

800

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

6600

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

66600

26039072411

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial)
There were no loans.

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred: / /

Date Due: / /

Interest Rate: % (apr)

Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

26039072412

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 5 3
--	--

LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established	_____ / _____ / _____
City State Zip Code	Date Due	_____ / _____ / _____

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

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

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(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:
 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	DATE _____ / _____ / _____
Title	_____ 0 0

26039072413

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

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

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

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Incurred This Period		
<input type="text"/>		

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

26039072414

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	<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:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee There were no itemized coordinated Party expenditures made by political party committees or designated agents on behalf of candidates for Federal Office.	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	<input type="checkbox"/>
City State Zip Code	Amount	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:		
Aggregate General Election Expenditure for this Candidate		

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

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

SUBTOTAL of Expenditures This Page (optional)	<input type="checkbox"/>
TOTAL This Period (last page this line number only)	<input type="checkbox"/> 0.0

26039072415

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

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

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal n/c %

Estimated Direct Candidate Support -- Non-Federal %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal n/c %

Actual Direct Candidate Support -- Non-Federal

26039072416

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

Methods of allocation:

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

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

n/a %

26039072417

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

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

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative []

II) Generic Voter Drive []

III) Exempt Activities []

IV) Direct Fundraising (List Activity or Event Identifier)

a) []

b) []

c) Total Amount Transferred For Direct Fundraising []

V) Direct Candidate Support (List Activity or Event Identifier)

a) []

b) []

c) Total Amount Transferred For Direct Candidate Support []

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) []

TOTAL This Period (Generic Voter Drive) []

TOTAL This Period (Exempt Activities) []

TOTAL This Period (Direct Fundraising) []

TOTAL This Period (Direct Candidate Support) []

TOTAL This Period (Total Amount Transferred) [] n/c

26039072418

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS OF ALLOCATED FEDERAL/NON-FEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date MM / DD / YYYY		
Activity or Event Identifier:		Category/ Type			

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date MM / DD / YYYY		
Activity or Event Identifier:		Category/ Type			

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt		
Mailing Address			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support		
City	State	Zip Code	Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Purpose of Disbursement:		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Date MM / DD / YYYY		
Activity or Event Identifier:		Category/ Type			

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)(i) and Non-Federal share to 21(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share				
		NON-FEDERAL SHARE		
		n/a		

26039072419

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 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

BREAKDOWN OF THIS TRANSFER

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

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

BREAKDOWN OF THIS TRANSFER

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

26039072420

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

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

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

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

26039072421

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

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		
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

26039072422

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

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).....▶

25039072423

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

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Date of Disbursement
	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Amount of Each Disbursement this Period
	<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Date of Disbursement
	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Amount of Each Disbursement this Period
	<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Date of Disbursement
	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Amount of Each Disbursement this Period
	<input type="text"/>

D. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Date of Disbursement
	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Amount of Each Disbursement this Period
	<input type="text"/>

E. Full Name (Last, First, Middle Initial) / Full Organization Name Mailing Address City State Zip Code Purpose of Disbursement	Date of Disbursement
	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Amount of Each Disbursement this Period
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/> n/a

26039072424

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.

26039072425

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>5/5/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

He
 PREPARER
 (3/2005)

5/8/06
 DATE PREPARED