

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary, Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 8 8 54 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Alerted Democratic Majority

ADDRESS (number and street) Check if different than previously reported
Suite 1805 One Penn Center
1617 John F. Kennedy Blvd.

CITY, STATE and ZIP CODE
Philadelphia, PA 19103

2. FEC IDENTIFICATION NUMBER
C00142953

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

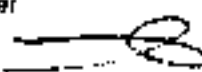
Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>7/01/96</u> through <u>9/30/96</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$123,298.35
(b)	Cash on Hand at Beginning of Reporting Period	\$124,190.65	
(c)	Total Receipts (from Line 19)	\$ 872.64	\$ 3,154.27
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$125,063.29	\$126,446.62
7.	Total Disbursements (from Line 30)	\$ 775.75	\$ 2,159.08
9.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$124,287.54	\$124,287.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
Jeffrey S. Batoff Assistant Treasurer

Signature of Treasurer  Date
10-12-96

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

FEC FORM 3X

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Alerted Democratic Majority		FROM 7-01-96	TO: 9-30-96	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	-0-	-0-	11(a)
ii.	Unitemized	-0-	-0-	11(b)
ii.	Total (add i and ii) >	-0-	-0-	11(c)
b.	Political Party Committees	-0-	-0-	11(d)
c.	Other Political Committees (such as PACs)	-0-	-0-	12
d.	Total Contributions (add a ii, b and c) >	-0-	-0-	13
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-	14
13.	All Loans Received	-0-	-0-	15
14.	Loan Repayments Received	-0-	-0-	16
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	17
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	18
17.	Other Federal Receipts (Dividends, Interest, etc.)	872.64	3154.27	19
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-	20
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	872.64	3154.27	
20.	Total Federal Receipts (subtract line 16 from line 19) >	872.64	3154.27	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0-	-0-	21(a)
ii.	Non-Federal Share	-0-	-0-	21(b)
b.	Other Federal Operating Expenditures	-0-	-0-	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	22
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	24
24.	Independent Expenditures (use Schedule E)	-0-	1000.00	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	26
26.	Loan Repayments Made	-0-	-0-	27
27.	Loans Made	-0-	-0-	
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b.	Political Party Committees	-0-	-0-	28(b)
c.	Other Political Committees (such as PACs)	-0-	-0-	28(c)
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29.	Other Disbursements	775.75	1159.08	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	775.75	2159.08	30
31.	Total Federal Disbursements (subtract line 21 a + from line 30) >	775.75	2159.08	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	-0-	-0-	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	-0-	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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

<p>A. Full Name, Mailing Address and ZIP Code First Republic Bank 1515 Market Street Philadelphia, PA 19103</p>	<p>Name of Employer Interest Earned</p>	<p>Date (month, day, year) 7-22-96</p>	<p>Amount of Each Receipt this Period 312.10</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>B. Full Name, Mailing Address and ZIP Code First Republic Bank 1515 Market Street Philadelphia, PA 19103</p>	<p>Name of Employer Interest Earned</p>	<p>Date (month, day, year) 8-20-96</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>C. Full Name, Mailing Address and ZIP Code First Republic Bank 1515 Market Street Philadelphia, PA 19103</p>	<p>Name of Employer Interest Earned</p>	<p>Date (month, day, year) 9-20-96</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Aggregate Year-to-Date > \$</p>		

SUBTOTAL of Receipts This Page (optional) 872.64

TOTAL This Period (last page this line number only) 872.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Republic Bank 1515 Market Street	Federal Deposit on Interest Earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-96	775.75
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

775.75

TOTAL This Period (last page this line number only)

775.75

SCHEDULE C
(Revised 3/80)

LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules
for each numbered line)

Name of Committee (in Full)
Alerted Democratic Majority

A. Full Name, Mailing Address and ZIP Code of Loan Source There are no Loans	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured

List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	- 0 -
TOTALS This Period (last page in this line only)	- 0 -

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER C00142953	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) There were no Loans or Lines of Credit		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

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

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

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

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

What is the value of this collateral? _____

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

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

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

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		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

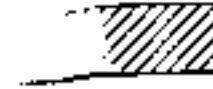
I. TO BE SIGNED BY THE LENDING INSTITUTION:

- 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 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE

schedule
end level

ending
in Class
Period



-0-

-0-

ITEMIZED INDEPENDENT EXPENDITURES

Page _____ of _____ Pages

(See Reverse Side for Instructions)

Name of Committee (in Full)				
Alerted Democratic Majority				
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
There are no itemized independent expenditures				
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) \$/TOTAL of Itemized Independent Expenditures			\$ _____	
(b) \$/TOTAL of Unitemized Independent Expenditures			\$ _____	- -
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in coordination, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. 9441a(d))**

Page ____ of ____ for
LINE NUMBER ____

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

Name of Political Committee (in Full) <p align="center">Alerted Democratic Majority</p>				
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, Mailing Address and ZIP Code of Subordinate Committee <p align="center">There are no itemized coordinated expenditures</p>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				- 0 -
TOTAL This Period (last page this line number only)				- 0 -

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE
Alerted Democratic Majority

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT)	
2. U.S. SENATE	(1 POINT)	
3. U.S. CONGRESS	(1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	(1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS)	
7. STATE SENATE	(1 POINT)	
8. STATE REPRESENTATIVE	(1 POINT)	
9. LOCAL CANDIDATES	(1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	(1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE
Alerted Democratic Majority

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

- Methods of allocation:
- i. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
 - ii. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
 - iii. **Shared DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: FUNDRAISING EXEMPT DIRECT CANDIDATE SUPPORT		
CHECK IF THE RATIO IS: NEW REVISED SAME AS PREVIOUSLY REPORTED		

RECEIPT SCHEDULE H3
(effective 1/1/97)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE Alerted Democratic Majority	TOTAL AMOUNT TRANSFERRED
---	---------------------------------

NAME OF ACCOUNT There were no transfers	DATE OF RECEIPT	\$
---	------------------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
------------------------	------------------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	

SUBTOTAL THIS PAGE				-0-
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TOTAL THIS PERIOD				-0-
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(To Be Used For Joint Federal/Non-Federal Activity)

(effective 1/1/91)

WHO MUST FILE

Any political committee that is active in both federal and non-federal elections, and that has established separate federal and non-federal accounts, may either make all payments for shared activity with federally permissible funds, or may allocate expenses for its shared activities between its federal and non-federal accounts, according to specified allocation methods. A committee that chooses to allocate shared expenses must pay the bills for those expenses from either its federal account or from a separate allocation account, which is also a federal account subject to the FECA's reporting requirements. The committee may transfer funds within specified time limits from its non-federal account to cover the non-federal share of the allocated expense. The committee must itemize each allocated disbursement made from its federal account or separate allocation account on Disbursement Schedule H4. Only disbursements supporting Line 21(a), Joint Activity, of the Detailed Summary Page should be reported on Disbursement Schedule H4. Disbursements supporting Line 21(b), Other Federal Operating Expenditures, of the Detailed Summary Page should be itemized on Schedule B, as required. All other disbursements from the federal account should also be itemized, as required, on Schedule B.

LINE BY LINE INSTRUCTIONS

The committee's full name must be entered in the appropriate block of each page.

For each disbursement itemized during the reporting period, the committee must provide the payee's full name and mailing address, the date, and the purpose or event for which the disbursement was made.

Note: Purpose or Event:

(a) The term "purpose" means a brief statement or description of why the disbursement was made. Examples of adequate descriptions include the following: dinner expenses, media, salary, polling, travel, party fees, phone banks, travel expenses, travel expense reimbursement, and catering costs. However, descriptions such as "advance," "election day expenses," "other expenses," "expense

reimbursement," "miscellaneous," "outside services," "get-out-the-vote," and "voter registration," would not meet the requirement for reporting the purpose of a disbursement.

(b) If the disbursement was for an exempt activity, a shared fundraising event, or shared federal and non-federal candidate support, the activity or event must be identified by the unique title or code assigned to it on the Allocation Ratios Schedule H2, along with the purpose for which the disbursement was made.

The category of activity for which each disbursement is made must be identified by checking the appropriate box. A disbursement representing payment for more than one category of activity is reported as a memo entry followed by a break-down of the disbursement by category of activity, with the appropriate boxes checked. The committee must also enter the aggregate amount of all disbursements made year-to-date for each category of activity or individual event. For exempt activity, fundraising, and direct candidate support, a separate aggregate amount must be reported for each individual event. For administrative expenses and generic voter drive activity, one aggregate amount for all disbursements in that category is sufficient.

The total amount of each disbursement must be entered in the appropriate box. For each disbursement for shared administrative expenses and generic voter drive costs, fundraising, or exempt activities, the committee must enter the total amounts allocated to the federal and non-federal accounts in the appropriate boxes. For administrative expenses and generic voter drive costs, the

federal and non-federal shares are derived from the percentages stated on the Method of Allocation Schedule H1. For the costs of fundraising, exempt activity or direct candidate support, these amounts are derived from the percentages stated for each event on the Allocation Ratios Schedule H2.

If an allocated disbursement was made, in whole or in part, for direct candidate support (e.g. an in-kind contribution benefiting both specific federal and specific non-federal candidates), the federal share of the disbursement must be disclosed on Schedule B, supporting Line 23, 24, or 25 of the Detailed Summary Page, as appropriate. The "Federal Share" box on Schedule H4 should contain a reference to both Schedule B and the appropriate line number of the Detailed Summary Page on which this information is reported. The non-federal share of the disbursement must be entered in the "Non-Federal Share" box on Schedule H4.

Subtotals for each page and totals for the reporting period must be computed for the total amount of disbursements, and for the total federal and non-federal shares. The "Total This Period" for the federal share and the non-federal share are carried forward to Line 21(a)(i) and 21(a)(ii), respectively, of the Detailed Summary Page.

The "Total This Period" for the non-federal share is used to compute the total federal disbursements on Line 31 of the Detailed Summary Page.

WHEN TO FILE

Disbursement Schedule H4 must be filed for each reporting period in which disbursements are made from a committee's federal account or separate allocation account in payment for allocated expenses.

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.

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JMP

PREPARER

9/8/97

DATE PREPARED