	•	1	, RE	CEIVED
FEC A	EPORT OF RECE ND DISBURSEMI r Other Than An Authorized C	ENTS	FEC 14 2008 APR	AL CENTER 16 AH 8:55 Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Examp over th		12FE4M5	
ADDRESS (number and street)	William W. Batoff Alerted Democratic I Suite 1805 One Penn 1617 John F. Kennedy	Center		
reported. (ACC)	3. IS THIS	NEW		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	PRE-Election	<ul> <li>(N) OR</li> <li>May 20 (M5)</li> <li>Jun 20 (M6)</li> <li>Jul 20 (M7)</li> <li>mary (12P)</li> <li>nvention (12C)</li> </ul>	(A) Aug 20 (Ma Sep 20 (Ma Cot 20 (M1 General (12G) Special (12S)	(Non-Election Year Only) (Non-Election (Non-Election Year Only)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day	neral (30G)	Runoff (30R)	in the State of (30S)
5. Covering Period		through <u>0_3</u>	3_1 2	<u>_0</u> 08
Type or Print Name of Treasurer Signature of Treasurer	Report and to the best of my knowle William W. Batoff William W. Bat	<u>↓</u> D	ate	<u></u>
Office Use Only				C FORM 3X Rev. 12/2004

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Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
Ĺ.	Alerted Democratic Majo	rity	
R	eport Covering the Period: From:		
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 <u>-0-0:8</u>		<u>1.06</u> ,0.4.49.5
	(b) Cash on Hand at Beginning of Reporting Period	<u>1,0,6,0,,4,4,-9,,5</u>	
	(c) Total Receipts (from Line 19)	<u></u>	<u> </u>
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	<u></u>	<u>1_06_5_8_8-1_0</u>
7.	Total Disbursements (from Line 31)	<u>3_6.5_00_0</u>	<u>3~6.</u> 5.0.0 0
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10_2_9_3_81_0	<u> </u>
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	<u></u>	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)		

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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

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	-	DETAILED SUMMARY PAG	E T
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
w	Vrite or Type Committee Name		
	Alerted Democr	atic Majority	
_			
Re	Report Covering the Period: From	n: 01 01 2.0.0.8	To: 0-3 3-1 2.0 0 8
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) Fr	om:	
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0	-0
		han da an	
	(ii) Unitemized		.0 0
	(iii) TOTAL (add	and the second	
	Lines 11(a)(i) and (ii)		0 0 -0 0
	(b) Political Party Committees		
	(c) Other Political Committees	and the second sec	V Contraction of the second se
	(such as PACs)		0 0
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		
12.	Transfers From Affiliated/Other	hand the second se	
	Party Committees		
13.	All Loans Received		0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Less Bars weeks Barshall		
	. Loan Repayments Received		<u>0</u>
10.	(Refunds, Rebates, etc.)		<b></b>
	(Carry Totals to Line 37, page 5)		.0.0
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		ا ۲۰۰۰ میں میں میں اور
17	Political Committees		<u>0   0 0</u>
•••	(Dividends, Interest, etc.)	E 2 / 3 - 14 -	
1 <b>8</b> .	Transfers from Non-Federal and L	evin Funds	<u>o.</u> ( <u>-4.4.5.</u> , <u>4</u> 3.1.5
	(a) Non-Federal Account		
	(from Schedule H3)		
	(b) Louis Europa (from Cohodula Li		
	(b) Levin Funds (from Schedule H	)	
	(c) Total Transfers (add 18(a) and	18(b)) O	0 0
		Lessaltuned Threads	<u></u>
19.	. Total Receipts (add Lines 11(d),	<b>┠┉╧╧╢╗╝╝╬╱╗══┱╏╧╧╧╶╌╴╼╢╶╧╌╝╌╝╶╝┊╝┊╴</b>	
	12, 13, 14, 15, 16, 17, and 18(c))	5.4.3	15 5 4 3 . 15
20.	. Total Federal Receipts (subtract Line 18(c) from Line 19)	بر میں	
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#### **DETAILED SUMMARY PAGE** of Disbursements

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FEC Form 3X (Rev. 02/2003)

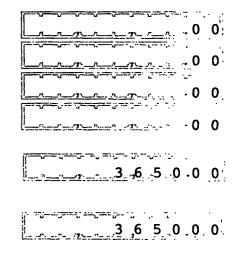
#### COLUMN B

Calendar Year-to-Date

Page 4

#### **COLUMN A** II. Disbursements **Total This Period** 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share ..... (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ..... ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 25. 26. Loan Repayments Made ..... Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 27. 28. Than Political Committees ..... (b) Political Party Committees ..... Other Political Committees (C) (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...... ▶ 29. Other Disbursements ..... 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .... > 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

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#### DETAILED SUMMARY PAGE

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FEC Form 3X (Rev. 02/2003)

#### of Disbursements

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#### Page 5

111. 1	Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	otal Contributions (other than loans) rom Line 11(d), page 3)		0.0
	otal Contribution Refunds		
(f	rom Line 28(d))	<u></u>	0.0.
35. N	let Contributions (other than loans)		
(s	subtract Line 34 from Line 33)	Langer and the second s	<u> </u>
36. To	otal Federal Operating Expenditures		
(8	add Line 21(a)(i) and Line 21(b)) 🕨	Langer of the second se	<u> </u>
37. C	Offsets to Operating Expenditures	<u> </u>	
(†	rom Line 15, page 3)	L	0, 0, 0
38. N	let Operating Expenditures		
(s	subtract Line 37 from Line 36)		<u> </u>

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SC	HEDULE A (FEC Form 3X)	<b></b>	FOR LINE NUMBER: PAGE OF					
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)					
11	LWIZEV NEVEIF I J	Detailed Summary Page						
<u> </u>			13 14 15 16 17					
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.					
ŕ	NAME OF COMMITTEE (In Full)							
$ \rangle$								
Ľ.	Alerted Democratic Majo							
۸	Full Name (Last, First, Middle Initial)		Date of Receipt					
Α.	<u>Republic First Bank</u> Mailing Address							
	50 S. 16th Street		0_1 2_2 2 0.0.8					
		ate Zip Code						
	Philadelphia	PA 19102	Amount of Each Receipt this Period					
	FEC ID number of contributing	ון ק ג'ראראלייטע אלי אראלירעלידערעייראי אלא אראלידער אין איז	an a star a gran a star a 19 19 19					
	federal political committee.	the same the same the second	Caustin Bar Contract + 2 2					
	Name of Employer Occ	upation	7					
	Interest Earned	· · · · · · · · · · · · · · · · · · ·	_					
		regate Year-to-Date ▼						
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	Full Name (Last, First, Middle Initial)	·····						
8.			Date of Receipt					
	Mailing Address		01 31 2 0 0 8					
	50 S. 16th Street	ate Zip Code						
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		1910Z	Amount of Each Receipt this Period					
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		inal antaran 1922 - Lang - Chillippi Pana - Manandari Anfrika ar ana siya						
~	Full Name (Last, First, Middle Initial)		Data d Davida					
C.	<u>Republic First Bank</u> Mailing Address		Date of Receipt					
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	DU S. INCH SERVER							
	<u>50 S. 16th Street</u> s	ate Zip Code						
	City S	ate Zip Code A 1.91.02	Amount of Each Receipt this Period					
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	City Si Philadelphia P FEC ID number of contributing federal political committee. Name of Employer Occo Receipt For: Age	A 1.91.02	Amount of Each Receipt this Period					
	City     Si       Philadelphia     P       FEC ID number of contributing tederal political committee.     Image: Committee commi	A 19102	Amount of Each Receipt this Period					
	City Si Philadelphia P FEC ID number of contributing federal political committee. C Name of Employer Occ Receipt For: Agg Primary General C	A 1.91.02	Amount of Each Receipt this Period					
F	City Si Philadelphia P FEC ID number of contributing federal political committee. C Name of Employer Occ Receipt For: Agg Primary General C	A 19102	Amount of Each Receipt this Period					
	City     Si       Philadelphia     P       FEC ID number of contributing federal political committee.     C       Name of Employer     Occo       Name of Employer     Occo       Receipt For:     Agg       Primary     General       Other (specify) ▼     C	A 1.91.02	Amount of Each Receipt this Period					
S	City Si Philadelphia P FEC ID number of contributing federal political committee. C Name of Employer Occ Receipt For: Agg Primary General C	A 1.91.02	Amount of Each Receipt this Period					

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SCHEDULE A (FEC Form 3)	X) (X		FOR LINE NUMBER: PAGE OF						
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
		Detailed Summary Page	11a 11b 11c 12						
[			13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	<u> </u>								
Alerted Democratic	c Majorit	У							
Full Name (Last, First, Middle Initial)									
A. <u>Republic First Bar</u>	<u>nk</u>	<u></u>	Date of Receipt						
Mailing Address			тала / борогу у у у						
50 S. 16th Street	State	Zip Code	03 02 2 0 0 8						
		•	Amount of Each Desciet this Desired						
Philadelphia	PA	<u>19102</u>	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	<b>'C</b>	Ana Bara Ian Ann Bander A	1 1 5 5 1						
Name of Employer	Occupation		-1						
Interest_Earned									
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		y							
Unier (specify)		tores a monthly to the standard							
Full Name (Last, First, Middle Initial)		<del></del>							
BRepublic First Bar			Date of Receipt						
Mailing Address			20 2 0 0 8						
<u> </u>	State	Zip Code	20 2008						
	<u>PA</u>	19102	Amount of Each Receipt this Period						
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federal political committee.		Second to a second data and the second	1.1.2						
Name of Employer	Occupation								
Interest_Earned									
Receipt For:	Aggregate	Year-to-Date V	-						
Primary General	and a star of the second s Second second	ali en di sun di sun di manageri e mandre di sense dese	n Ç						
Other (specify) V	time of the call over	Banda an Brancis an Brancisa							
Full Name (Last, First, Middle Initial)									
C. <u>Republic First Ba</u>	ink		Date of Receipt						
Mailing Address									
<u>50 S. 16th Street</u>	State	Zip Code	0331_2008						
Philadelphia	PA		Amount of Each Receipt this Period						
FEC. ID number of contributing	1. The Part of the	da malansa ana arabana ang							
federal political committee.	C	en e	, 1 3 8 7 9						
Name of Employer	Occupation								
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Primary General		<sup>1</sup> omologiaeliaeliaeliaeliaeliaeliaeliaeliaeliael							
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SUBTOTAL of Receipts This Page (optiona	N)		30542						
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	216	22 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
Alerted Democratic Majo	ritu		· )
Full Name (Last, First, Middle Initial)			
Α.			Date of Disbursement
<u>Hilary Clinton For Pres</u>	ident		
Mailing Address <u>123 S. Broad Street</u>			02 2 1 2008
	State Zip Code		
Philadelphia, PA 1	9102		
Philadelphia, PA 1 Purpose of Disbursement		·····	
Campaign Contribution		a Second	Amount of Each Disbursement this Period
Canoidale Name		Category/	, .3.000.00
Office Sought:   House   Disburser	pent For:	Туре	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Patricia M. Doto			Date of Disbursement
Mailing Address			
1040 Tasker Street			0.3 31 2008
	State Zip Code		
Philadelphia Purpose of Disbursement	<u>PA 19148</u>		
· · ·	(	nan inangwari Y	Amount of Each Disbursement this Period
<u>Clerical Expense 1st qtr</u>	·	ia Sanar, che campiona della	
		Category/ Type	
Office Sought: House Disburser	nent For:		
Senate	Primary General		
President	Other (specify) v	1	
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
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Mailing Address			
City	State Zip Code		
Purpose of Disbursement	r		
		y area to a great y	Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburser	nent For:	Туре	han daarin aray iyoo ah ah ah
Senate	Primary General	1	
President	Other (specify)		
State: District:			
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SUBTOTAL of Disbursements This Page (optional)		····· Þ	3 650.00
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FEC Schedule B (Form 3X) Rev. 02/2003

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#### IEDULE C (FEC Form 3X)

ANS		Use separate schedule(s) for each category of the	PAGE OF		
		Detailed Summary Page	FOR LINE 13 OF FORM 3X		
ME OF COMMITTEE (in Full)		-	•		
lerted Democratic Majority	7				
LOAN SOURCE Full Name (Last, First, Mid	die Initial)		Election:		
There are no loans.			Primary General		
Mailing Address			Other (specify) v		
City	State ZIP Co	de			
Original Amount of Loan	Cumulative Payment To		ce Outstanding at Close of This Period		
and surger and the standard for the Contractor	enierdertineterint		anga ang ang ang ang ang ang ang ang ang		
TERMS Date incurred		interest Rate	Secured:		
List All Endorsers or Guarantors (If any) to 1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer			
I. FUII MAILIC (LABL, Frich, Musuro umbur)		Nation of Chipanyon			
Mailing Address		Occupation			
			a mediana di manda mediana di mada di seconda di seconda di seconda di seconda di seconda di seconda di second		
City State	ZIP Code	Guaranteed	Rackanicont Baselon Amerikan Baselon and		
2. Full Name (Last, First, Middle Initial)		Name of Employer	······································		
Mailing Address		Occupation			
			heedseebare leader and an all and the second s		
City State	ZIP Code	Guaranteed Outstanding:	Kausterreinen Allenskanskinge Baasharre		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		· · · · ·			
City State	ZIP Code		Rectantine Section		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	·		
			ber of the second s		
City State	ZIP Code	Guaranteed	Barafanakan (Brankan)		
IBTOTALS This Period This Page (optional)					
ITALS This Period (last page in this line only)	**************************************		00		
arry outstanding balance only to LINE 3, Scho	adule D, for this line. If r	no Schedule D, carry forma	rd to appropriate line of Summary.		

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#### SUREDULE UTI (PEU FORM JA)

#### LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

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Supplementary for

Page

Information found on

of Schedule C

Federal Election Commission, Washington, D.C. 20463

	······································			
NAME OF COMMITTEE (in Full)	:		and the second second	ATION NUMBER
Alerted Democratic Majority			0014	2652
LENDING INSTITUTION (LENDER)	Amount of Loan	I	Interest f	Rate (APR)
Full Name		an geografi	· · ·	<b></b>
There are no loans or lines of cridit	and the second second second second			- %
Mailing Address		i	1.001	7 8 7 7
:	Date Incurred or Established	d		
City State Zip Code	Date Due	(3 ra		• • <del>•</del> •
A. Has loan been restructured?	If yes, date originally incurre	. ม ``ü ed	, , ,	¥ ¥ ¥ ¥
B. If line of credit, Amount of this Draw:	Balance:			. • •
Amount of this Draw:		5 av <b>3</b> .	•	
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu		.)		
D. Are any of the following pledged as collateral for the i			value of this	collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,			
No Yes If yes, specify:		1.00 S	. * .	•
		Does the ler	der have a n	erfected security
		interest in it?		Yes
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes if yes, s			estimated val	ue?
		Sec. Sec. 2	1	
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:	Address:			
	City, State, Zip:			
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan				equal or exceed
G. COMMITTEE TREASURER		DATE		
Typed Name			/ ``@`` `@``:/	<b>Y Y Y Y</b> IY
Signature			•	•
H. Attach a signed copy of the loan agreement.				
<ol> <li>TO BE SIGNED BY THE LENDING INSTITUTION:         <ol> <li>To the best of this institution's knowledge, the ten are accurate as stated above.</li> <li>The toan was made on terms and conditions (inclusion) is institution is aware of the requirement that a</li> </ol> </li> </ol>	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a basi	avorable at the	time than th	ose imposed for
complied with the requirements set forth at 11 Cl	FR 100.82 and 100.142 in mak	ang this loan.		
AUTHORIZED REPRESENTATIVE		DATE		
Typed Name		1		
Signature Titl		M M .	1 0 0 1	• • • • 0 0

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CHEDULE D (FEC Form 3X)		(Use sepa			PAGE NUMBER	OF	
EBTS AND OBLIGATIONS winding Loans		for eac	h.	(check on		່ 🗍 9	
AME OF COMMITTEE (In Full)		numbered	inte)	I		10	
Alerted Democratic Majority					•		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Natu	re of D	ebt (Purpos	e):	<b>}</b>	
There are no debts or obl	ligations						)
Mailing Address							•
City State	Zip Code						
	· · · · · · · · · · · · · · · · · · ·	ł			. <u></u>		
Outstanding Balance Beginning This Period							
an all an an the second the second states and the		•					
Amount incurred This Perfod	Payment This Period			g Balance a			
n an	o su constantino de la cureto de Muenda a a antida		. <del>.</del>	2	,	•	. •
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Natu	re of D	ebt (Purpose	ə):		
		1					
Mailing Address							
City State	Zip Code						
Outstanding Balance Beginning This Period						<u></u>	
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#### JUNEJULE E (FEU FORM JA) ITEMIZED INDEPENDENT EXPENDITURES

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#### 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

N/A

#### A. 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)

#### **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.....

This ratio applies to (check all that apply):

Nonfederal .....

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CHEDULE H2 (FEC Form 3X)	· · ·	
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Alerted Democratic Majority		
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expenses must equal the federal proportion of monies raised.	and where the lederat bu	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accord where the federal proportion of disbursements is based on the benefi- tivity. For PACs, Only: Direct candidate support includes public comm federal and nonfederal candidates, regardless of whether there is a r are allocated using a time/space method.	fit derived by federal cand nunications or voter drives	idates from the ac-
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#### SCHEDULE H3 (FEC FORM 3A) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 18a OF FORM 3X

NAME OF ACCOUNT     DATE OF RECEIPT     TOTAL AMOUNT TRANSFEREED       I) Total Administrative     Interferee       II) Generic Voter Drive     Interferee       III) Exempt Activities     Interferee       III) Exempt Activities     Interferee       III) Exempt Activities     Interferee       III) Direct Punctesing (List Activity or Event Identifier)     Interferee       III) Exempt Activities     Interferee       III) Exempt Activities     Interferee       III) Direct Punctesing (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support (List Activity or Event Identifier)     Interferee       III) Direct Constitute Support     Interferee       III) Direct Constitute Support     Interferee       III) Direct Constitute Support     Interferee       IIII) Direct Constitute Support     Interferee       IIIIIIII     Interferee       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	IABA	E OF ACCOUNT	DATE OF RECEIP		
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#### SCHEDULE H4 (FEC FORM JA)

#### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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FOR LINE 21a OF FORM 3X

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NAME OF COMMITTEE (In Full)

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#### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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## SCHEDULE H6 (FEC FORM 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

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

Use separate schedule(s)	"
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ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER:     PAGE     OF       (check only one)     4a     4c     5       4b     4d
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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 4 /10 /05
USPS Registered/Certified	Postmarked (R/C)
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Other (Specify):	Date of Receipt or Postmarked
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PREPARER         (3/2005)	DATE PREPARED