

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 APR 16 AM 8:55

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

William W. Batoff

Alerted Democratic Majority

Suite 1805 One Penn Center

ADDRESS (number and street)

1617 John F. Kennedy Blvd.



Check if different than previously reported. (ACC)

Suite 1805 One Penn Center

Philadelphia

PA

19103

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)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11) (Non-Election Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12) (Non-Election Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c)

12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

(d)

30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2 0 0 8

through

MM / DD / YYYY

MM / DD / YYYY

0 3 3 1 2 0 0 8

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

Type or Print Name of Treasurer William W. Batoff

Signature of Treasurer

William W. Batoff

Date

MM / DD / YYYY

MM / DD / YYYY

0 4 1 0 2 0 0 8

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

28039691406

**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="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="5"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="5"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="5"/>	<input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="5"/>
(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="1"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/>
7. Total Disbursements (from Line 31)	<input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="0"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/> <input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/> <input type="text" value="0"/>	

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

28039691407

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 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) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0	0 0
(ii) Unitemized	0 0	0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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)(ii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	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.).....	5 4 3 1 5	5 4 3 1 5
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 4 3 1 5	5 4 3 1 5
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5 4 3 1 5	5 4 3 1 5

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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.....	3 0 0 0 0 0	3 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 0	0 0
26. Loan Repayments Made.....	0 0	0 0
27. Loans Made.....	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0	0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs).....	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0	0 0
29. Other Disbursements	6 5 0 0 0	6 5 0 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)) ..	3 6 5 0 0 0	3 6 5 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3 6 5 0 0 0	3 6 5 0 0 0

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DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0	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)	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

28039691410

**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"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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

Name of Employer **Interest Earned** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
01 / 22 / 2008

Amount of Each Receipt this Period
22

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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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

Name of Employer **interest Earned** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
01 / 31 / 2008

Amount of Each Receipt this Period
237.47

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

Mailing Address
50 S. 16th Street

City **Philadelphia** State **PA** Zip Code **19102**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
02 / 22 / 2008

Amount of Each Receipt this Period
04

SUBTOTAL of Receipts This Page (optional).....▶	237.73
TOTAL This Period (last page this line number only).....▶	237.73

28039691411

**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

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

Mailing Address
50 S. 16th Street

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 02 2008

Amount of Each Receipt this Period
1 6 5 5 1

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

Mailing Address
50 S. 16th Street

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 20 2008

Amount of Each Receipt this Period
1 1 2

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

Mailing Address
50 S. 16th Street

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Interest Earned

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 31 2008

Amount of Each Receipt this Period
1 3 8 7 9

SUBTOTAL of Receipts This Page (optional).....▶ **3 0 5 4 2**

TOTAL This Period (last page this line number only).....▶ **5 4 3 1 5**

28039691412

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

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

FOR LINE NUMBER (check only one)

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

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Full Name (Last, First, Middle Initial) Hilary Clinton For President		Date of Disbursement MM / DD / YYYY 02 / 21 / 2008	
Mailing Address 123 S. Broad Street			
City State Zip Code Philadelphia, PA 19102			
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 3,000.00	
Candidate Name _____		Category/Type _____	
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: _____			

B. Full Name (Last, First, Middle Initial) Patricia M. Doto		Date of Disbursement MM / DD / YYYY 03 / 31 / 2008	
Mailing Address 1040 Tasker Street			
City State Zip Code Philadelphia PA 19148			
Purpose of Disbursement Clerical Expense 1st qtr		Amount of Each Disbursement this Period 650.00	
Candidate Name _____		Category/Type _____	
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: _____			

C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
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)..... ▶

3,650.00

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

3,650.00

28039691413

SCHEDULE C (FEC Form 3X)

ANS

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial) There are no loans.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[]
TOTALS This Period (last page in this line only).....	[] 00

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

28039691414

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page of Schedule C

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

LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan _____	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, Total Outstanding Balance: _____
 Amount of this Draw: _____

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

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

What is the value of this collateral?

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

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

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: _____ 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	_____

28039691415

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Including Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

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 or obligations	
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)▶	00
2) TOTALS This Period (last page this line number only)▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

28039691416

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

NAME OF COMMITTEE (In Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER ▼ C 0 0 1 4 2 6 5 3
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures.	Date M / D / Y Y Y Y	
Mailing Address	Amount	
City State Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y Y Y Y	
Mailing Address	Amount	
City State Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M / D / Y Y Y Y **0 0**

28039691417

**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)

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

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

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

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

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

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	00

28039691418

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In: Full)

Alerted Democratic Majority

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

N/A

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

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

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

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

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

N/A

28039691419

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

N/A

Methods of allocation:

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

28039691420

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>_____ %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>_____ %</p>	<p>N/A</p>

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

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y </div>	

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative
- ii) Generic Voter Drive
- iii) Exempt Activities
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) _____
 - b) _____
- c) Total Amount Transferred For Direct Fundraising
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) _____
 - b) _____
- c) Total Amount Transferred For Direct Candidate Support
- vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Public Communications Referring Only to Party)	
TOTAL This Period (Total Amount Transferred)	N/A

28039691421

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority N/A

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement:		Category/Type	Date
Activity or Event Identifier:			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				N/A

28039691422

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

N/A

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

iii) GOTV

GOTV

Total Amount Transferred for GOTV.....

iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

N/A

28039691423

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

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

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Generic Campaign
		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		Category/Type	<input type="checkbox"/> Generic Campaign
		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		Category/Type	<input type="checkbox"/> Generic Campaign
		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				
				N/A

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

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

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (For Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

N/A

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**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)

1a 2

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

Amount of Each Receipt this Period

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

Amount of Each Receipt this Period

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

Amount of Each Receipt this Period

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

Amount of Each Receipt this Period

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

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

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

N/A

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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)

<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

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

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

_____ N/A

28039691427

Federal Election Commission
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 Next Business Day Delivery

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JM 10
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