



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

NOTICE TO REPORTS ANALYSIS DIVISION

The attached original report appears illegible and will look that way when viewed on the image retrieval system and on microfilm. If you are in contact with the filer, please request a more legible copy of this report. Thank you.

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 2 2 37 PM '93

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 19102

2. FEC IDENTIFICATION NUMBER
000142633

3. This committee has qualified as a multi-candidate committee under FEC FORM 100

4. TYPE OF REPORT

- 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
 - March 20
 - April 20
 - May 20
 - June 20
 - July 20
 - August 20
 - September 20
 - October 20
 - November 20
 - December 20
 - January 20
- 10-Day Pre-Election Report for the _____ in the state of _____
- 10-Day Post-Election Report following the General Election in _____ in the state of _____

5. Is this Report an amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7/1/93</u> through <u>6/30/94</u>		
7. Cash on Hand January 1, 1993		\$ 123,394.15
8. Cash on Hand at Beginning of Reporting Period	\$ 113,915.81	
9. Total Receipts (from Line 19)	\$ 3,320.68	\$ 3,352.13
10. Subtotal (add Lines 8(b) and 9(c) for Column A and Lines 8(a) and 9(d) for Column B)	\$ 117,236.49	\$ 126,746.28
11. Total Disbursements (from Line 30)	\$ 1,385.20	\$ 11,095.24
12. Cash on Hand at Close of Reporting Period (subtract Line 11 from Line 10)	\$ 115,851.29	\$ 115,651.04
13. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
14. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

For further information contact:
Federal Election Commission
499 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Name or Print Name of Treasurer: William A. Katofo

Signature of Treasurer: *[Signature]* Date: 10-14-93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437c.

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

Revised 1-1-81

COMMITTEE Elected Democratic Majority	REPORT COVERING PERIOD	
	FROM 7/1/98	TO 9/30/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
1. Contributions (other than loans) From:		
a. Individual Persons Other Than Political Committees Itemized (use Schedule A)	5000.00	5000.00
Unitemized	-0-	-0-
b. Total	5000.00	5000.00
c. Political Party Committees	-0-	-0-
d. Other Political Committees (such as PACs)	5000.00	5000.00
e. Total Contributions	-0-	-0-
2. Transfers From Affiliated/Other Party Committees	-0-	-0-
3. Loans Received	-0-	-0-
4. Loan Repayments Received	-0-	-0-
5. Checks To Operating Expenditures (Refunds, Recaps, etc.)	-0-	-0-
6. Refunds of Contributions Made to Federal Candidates and Other Political Committees	120.00	120.00
7. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
8. Transfers from Nonfederal Account to Joint Activity	530.08	530.18
9. Total Receipts	5530.08	5530.18
10. Total Federal Receipts	-0-	-0-
II. Disbursements		
11. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H-1)		
Federal Share	-0-	-0-
Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures	-0-	-0-
12. Transfers to Affiliated/Other Party Committees	1885.20	10,135.20
13. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
14. Independent Expenditures (use Schedule E)	-0-	-0-
15. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
16. Loan Repayments Made	-0-	-0-
17. Loans Made	-0-	-0-
18. Refunds of Contributions To:		
a. Individual Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds	-0-	909.84
19. Other Disbursements	1885.20	11,045.04
20. Total Disbursements	1885.20	11,045.04
21. Total Federal Disbursements	-0-	-0-
III. Net Contributions/Operating Expenditures		
22. Total Contributions (other than loans) (from line 11c)	5000.00	5000.00
23. Total Contribution Refunds (from line 20d)	-0-	-0-
24. Net Contributions (other than loans) (subtract line 23 from line 22)	5000.00	5000.00
25. Total Federal Operating Expenditures	-0-	-0-
26. Checks to Operating Expenditures (from line 5)	-0-	-0-

MODULE A

ITEMIZED RECEIPTS

For each category of the Detailed Summary Page

FOR LINE NUMBER

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 uses, 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

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (in Period)
Obermayer Rebmann Maxwell & Hippel LLP One Penn Center 19th Fl. 1617 JFK Blvd Phila, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Law Firm (see attached) Occupation: Partnership Aggregate Year-to-Date > \$	9/8/98	5,000.00
First Republic Bank 1601 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Interest Earned Occupation: Aggregate Year-to-Date > \$	7/30/98	134.13
First Republic Bank 1601 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Interest Earned Occupation: Aggregate Year-to-Date > \$	8/20/98	176.04
First Republic Bank 1601 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Interest Earned Occupation: Aggregate Year-to-Date > \$	6/30/98	240.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 5,820.68

TOTAL This Period (last page this line number only) 5,820.68

PARTNER

ALLEN, PAUL	\$83.03
AYRES, WARREN	\$83.03
BATOFF, JEFFREY	\$114.58
BATOFF, JERALD	\$114.58
BAUMBACH, JAMES	\$99.63
BESNOFF, LARRY	\$79.71
BREITLING, PETER	\$91.33
COHEN, WALTER	\$83.03
DENMAN, SCOTT	\$83.03
DIAMOND, PAUL	\$109.60
DOUGHER, JOSEPH	\$91.33
EFSTRATIATES, TASSO	\$83.03
EHLINGER, JOHN	\$83.03
FINEGAN, DANIEL	\$79.71
GOLDEN, CHARLES	\$114.58
GUREGHIAN, VAHAN	\$89.67
HEINTZ, PAUL	\$114.58
KLINE, JERRY	\$99.63
KUPPERMAN, LOUIS	\$91.33
LEONARD, THOMAS	\$269.01
LEONARD, WILLIAM	\$83.03
LIEBER, MARVIN	\$114.58
LIMBURG, RICHARD	\$79.71
LONGWELL, CAROL	\$109.60
LUBLIN, MARK	\$88.01
MCGOVERN, JOSEPH	\$114.58
MILLS, THORLEY	\$91.33
MYERS, CATHLEEN	\$83.03
OLIVER, KENNETH	\$83.03
PENNY, JAMES	\$99.63
PODUSLENKO, NICK	\$79.71
RATHBURN, ERIC	\$83.03
ROTWITT, JEFFREY	\$308.87
RYAN, JOHN	\$79.71
SAPUTELLI, GREGORY	\$96.31
SCHRIER, STEPHEN	\$96.31
SCUDDER, CHARLES	\$91.33
SHULMAN, JACKIE	\$79.71
STEINER, JULIUS	\$124.54
SUTHERLAND, HUGH	\$91.33
TABAS, LAWRENCE	\$96.31
TRHOMPSON, JAMES	\$79.71
VERBER, ANN	\$79.71
WARNER, PARRY	\$96.31
WEINBERG, MARTIN	\$229.16
WESSEL, RUTH	\$89.67
WHITELAW, ROBERT	\$114.58
YOUNG, VICTOR	\$79.71

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE **01**
OF
FOR LINE NUMBER

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)

United Democratic Majority

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ferraro for Senate 28 173 Park Ave. South 1th Floor New York, NY 10016	Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/98	1000.00
Boeffel for Congress 100 East Johnson Highway Karristown, PA 19401	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/98	100.00
Famous Tourist Attraction 700 S. Arch Street Philadelphia, PA 19147	Campaign Contribution Ferraro for Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/11/98	385.10
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) 1885.10

TOTAL This Period (last page this line number only) 1885.10

LOANS

USE SEPARATE SCHEDULES FOR EACH NUMBERED PART

of Comments in Full

Part 1 Democratic Majority

A 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
There are no loans.			

Election: Primary General Other (specify): _____
 Secured: Secured

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR)

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

Election: Primary General Other (specify): _____
 Secured: Secured

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR)

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

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

Use this space only to line 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Federal Election Commission
Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Perturbed Democratic Majority	FEC IDENTIFICATION NUMBER 000142653	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)	AMOUNT OF LOAN	INTEREST RATE (APR)
	DATE INCURRED OR ESTABLISHED	DATE DUE
There are no loans or lines of credit.		

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)(1)(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
TYPED NAME	SIGNATURE	DATE

Excluding Loans

Use separate schedule
for each numbered line

Revised 3/80

U.S. House of Representatives
Committee on Education and the Labor Force

United Democratic Majority

Outstanding
Balance Beginning
This Period

Amount
Incurred
This Period

Payment
This
Period

Outstanding
Balance at Close
of This Period

1. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

There are no debts or obligations.

Nature of Debt (Purpose):

2. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

3. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

4. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

5. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

6. Full Name, Mailing Address and ZIP Code of Debtor or Creditor

Nature of Debt (Purpose):

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

TOTAL OUTSTANDING LOANS from Schedule C (last page only)

ADD 21, 22, 23 and carry forward to appropriate line of Summary Page (last page only)

-0-
-0-
-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 Person

Purpose of
Expenditure

Date - Month
(i.e., 1/2001)

Amount

Name of Federal Candidate
Sought or Sought to be
Sought - (Candidate & Office Sought)

There are no itemized expenditures

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

ii SUBTOTAL of itemized independent expenditures

iii SUBTOTAL of unitemized independent expenditures

iv TOTAL independent expenditures

I, the person or persons certifying the independent expenditures reported
above were not made in cooperation, 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, production, or publication
of any of or part of any campaign materials prepared by the candidate, his
campaign committee, or their agent.

I, the undersigned, swear to certify to the truth of the above.

My Commission Expires:

NOTARY PUBLIC

Signature

NOTARIAL SEAL
KIMBERLY A. ROACH, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Dec. 24, 2001

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. §441a(d))

Page _____ of _____

LINE NUMBER _____

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

Name of Political Committee (in Full)
Elected Democratic Majority

Has your Committee been designated to make coordinated expenditures by a political party committee? YES NO
If YES, name its designating committee:

For Name, Mailing Address and ZIP Code of Subordinate Committee:

There are no itemized coordinated expenditures.

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—4

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—5

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—6

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—7

SUBTOTAL of Expenditures (this Page 100-0000)

TOTAL This Period (use page line number only)

AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

Alerted Democratic Majority

NATIONAL PARTY COMMITTEES

There was no allocation for shared federal and non federal administrative expenses.

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 (2 POINTS)	
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
 Altered 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: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

NON-FEDERAL ACCOUNTS

FOR LINE 18

NAME OF COMMITTEE
 Alerted Democratic Majority

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT
 There were no transfers from non-federal accounts.

DATE OF RECEIPT

\$

BREAKDOWN OF TRANSFER RECEIVED

	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
Total Administrative/Voter Drive			
Direct Fundraising (List Events-Amount for Each)			
Total Amount Transferred For Direct Fundraising			
Exempt Activity/Direct Candidate Support (List Events-Amount for Each)			
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
Total Administrative/Voter Drive			
Direct Fundraising (List Events-Amount for Each)			
Total Amount Transferred For Direct Fundraising			
Exempt Activity/Direct Candidate Support (List Events-Amount for Each)			
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

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Alotted Democratic Majority

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
There is no activity for this schedule.					

CATEGORY: ADMINISTRATIVE/VOTER DRIVE	FUNDRAISING	EXEMPT			
EVENT YEAR-TO-DATE: 5	DIRECT CANDIDATE SUPPORT				

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE	FUNDRAISING	EXEMPT			
EVENT YEAR-TO-DATE: 5	DIRECT CANDIDATE SUPPORT				

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE	FUNDRAISING	EXEMPT			
EVENT YEAR-TO-DATE: 5	DIRECT CANDIDATE SUPPORT				

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE	FUNDRAISING	EXEMPT			
EVENT YEAR-TO-DATE: 5	DIRECT CANDIDATE SUPPORT				

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY: ADMINISTRATIVE/VOTER DRIVE	FUNDRAISING	EXEMPT			
EVENT YEAR-TO-DATE: 5	DIRECT CANDIDATE SUPPORT				

1. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE

TOTAL THIS PERIOD (last page for each line on this Fed. share to 21 a) and non-fed. share to 21 a, 1

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-29-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SMU</i> PREPARER	7-2-99 DATE PREPARED