

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 P 2:54

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

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

CITY, STATE and ZIP CODE
Philadelphia, PA 19103

2. FEC IDENTIFICATION NUMBER
C00142653

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 140)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

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

☐ 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>07/01/99</u> through <u>12/31/99</u>			
0. (a)	Cash on Hand January 1, 19__		\$120,299.42
(b)	Cash on Hand at Beginning of Reporting Period	\$ 119,160.95	
(c)	Total Receipts (from Line 12)	\$ 550.89	\$ 2,461.40
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 119,711.84	\$ 122,760.82
7.	Total Disbursements (from Line 30)	\$ -0-	\$ 3,048.98
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 119,711.84	\$ 119,711.84
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer William W. Batoff			
Signature of Treasurer <i>William W. Batoff</i>			Date 1/25/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3X

(revised 8/98)

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

(Revised 1/1/91)

NAME OF COMMITTEE

Alerted Democratic Majority

REPORT COVERING PERIOD
FROM **07-01-99** TO **12-31-99**

I. Receipts

11. Contributions (other than loans) From:

a. Individual/Persons Other Than Political Committees

1. Itemized (see Schedule A)

2. Unitemized

3. Total (add 1 and 2) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a, b, and c) >

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

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

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

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add 11, 12, 13, 14, 15, 16, 17, and 18) >

20. Total Federal Receipts (subtract line 18 from line 19) >

II. Disbursements

21. Operating Expenditures:

a. Shared Federation/Federal Activity (from Schedule H):

1. Federal Share

2. Non-Federal Share

b. Other Federal Operating Expenditures

c. Total Operating Expenditures (add a, b, and c) >

22. Transfers to Affiliated/Other Party Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures (see Schedule E)

25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 4312(d) (see Schedule F))

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

a. Individual/Persons Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contribution Refunds (add a, b, and c) >

29. Other Disbursements

30. Total Disbursements (add 21, 22, 23, 24, 25, 26, 27, 28, and 29) >

31. Total Federal Disbursements (subtract line 28 from line 30) >

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11)

33. Total Contribution Refunds (from line 28)

34. Net Contributions (other than loans) (subtract line 33 from line 32)

35. Total Federal Operating Expenditures (add 21 a and 21 b) >

36. Offsets to Operating Expenditures (from line 15)

37. Net Operating Expenditures (subtract line 36 from line 35) >

REMARKS

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE OF
FOR LINE NUMBER

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

A. Full Name, Mailing Address and ZIP Code First Republic Bank 1608 Walnut Street Philadelphia, PA 19103		Name of Employer Interest Earned	Date (month, day, year) 8/22/99	Amount of Each Receipt This Period 243.88
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Same		Name of Employer Interest Earned	Date (month, day, year) 9/20/99	Amount of Each Receipt This Period 42.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Same		Name of Employer Interest Earned	Date (month, day, year) 10/20/99	Amount of Each Receipt This Period 44.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Same		Name of Employer Interest Earned	Date (month, day, year) 11/22/99	Amount of Each Receipt This Period 48.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Same		Name of Employer Interest Earned	Date (month, day, year) 12/22/99	Amount of Each Receipt This Period 41.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code United States Treasury		Name of Employer F-1120 Interest Refund	Date (month, day, year) 08/31/99	Amount of Each Receipt This Period 129.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

550.89

TOTAL This Period (last page this line number only)

550.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
FOUR LINE NUMBER

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

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>There were no disbursements.</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

- 0 -

TOTAL This Period (last page this line number only)

- 0 -
12

LOANS

Name of Committee (in full)

Alerted Democratic Majority

A. Full Name, Mailing Address and ZIP Code of Loan Source There were no Loans		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred: Date Due: Interest Rate: % (ap)		<input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred: Date Due: Interest Rate: % (ap)		<input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			
SUBTOTALS This Period This Page (optional)		-0-		
TOTALS This Period (last page in this line only)		-0-		
Carry outstanding balance only to LINE 6, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER C00142653	
FULL NAME, ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) There were no loans or lines of credit		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
What is the value of this collateral? _____			
Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ What is the estimated value? _____			
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. 			
G. COMMITTEE TREASURER		DATE	
TYPED NAME		SIGNATURE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE		TITLE	
TYPED NAME		SIGNATURE	
DATE		DATE	

SCHEDULE D

(Revised 9/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Alerted Democratic Majority				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
There are no debts or obligations.				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				-0-
2) TOTALS This Period (last page in this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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 Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
There are no itemized independent expenditures				
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Reported Independent Expenditures			\$	
(b) SUBTOTAL of Unreported Independent Expenditures			\$	
(c) TOTAL Independent Expenditures			\$	-0-

Under penalty of perjury I certify that the independent expenditures reported herein 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 did not involve the financing of dissemination, distribution, or publication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Walter W. Foster 1/25/00
Signature Date

Subscribed and sworn to before me this 25th day of

January 2000

My Commission expires:

Kimberly A. Roach
NOTARY PUBLIC

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 _____ for
LINE NUMBER _____

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

Name of Political Committee (in Full)

Alerted Democratic Majority

Has your Committee been designated to make coordinated expenditures by a political party committee?
If YES, name the designating committee:

☐ YES ☒ NO

Full 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—8			
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—9			
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—10			
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—11			
SUBTOTAL of Expenditures This Page (optional)				-0-
TOTAL This Period (last page this line number only)				-0-

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE

Alerted Democratic Majority

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

Methods of allocation:

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

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

RECEIPT SCHEDULE H3
(effective 1/1/97)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

PAGE **1** OF **1**

FOR LINE 18

NAME OF COMMITTEE

Alerted Democratic Majority

TOTAL AMOUNT
TRANSFERRED

NAME OF ACCOUNT

DATE OF RECEIPT

\$

BREAKDOWN OF TRANSFER RECEIVED

ADMIN/VOTER
DRIVE AMOUNT

DIRECT FUND-
RAISING AMOUNT

EXEMPT
ACTIVITY/DIRECT
CANDIDATE
SUPPORT

i) Total Administrative/Voter Drive

ii) Direct Fundraising (List Events-Amount for Each)

a)

b)

c)

d)

e) Total Amount Transferred For Direct Fundraising

iii) Exempt Activity/Direct Candidate Support

(List Events-Amount For Each)

a)

b)

c)

d)

e) Total Amount Transferred For Exempt Activity/Direct
Candidate Support

NAME OF ACCOUNT

DATE OF RECEIPT

\$ n/a

BREAKDOWN OF TRANSFER RECEIVED

ADMIN/VOTER
DRIVE AMOUNT

DIRECT FUND-
RAISING AMOUNT

EXEMPT
ACTIVITY/DIRECT
CANDIDATE
SUPPORT

i) Total Administrative/Voter Drive

ii) Direct Fundraising (List Events-Amount for Each)

a)

b)

c)

d)

e) Total Amount Transferred For Direct Fundraising

iii) Exempt Activity/Direct Candidate Support

(List Events-Amount For Each)

a)

b)

c)

d)

e) Total Amount Transferred For Exempt Activity/Direct
Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

ADMIN/VOTER
DRIVE AMOUNT

DIRECT FUND-
RAISING AMOUNT

EXEMPT
ACTIVITY/DIRECT
CANDIDATE
SUPPORT

SUBTOTAL THIS PAGE

TOTAL THIS PERIOD

n/a

REMARKS

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULEPAGE OF
FOR LINE 21a

NAME OF COMMITTEE

Alerted Democratic Majority

A. 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: 1

☐ DIRECT CANDIDATE SUPPORT

B. 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: 1

☐ DIRECT CANDIDATE SUPPORT

C. 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: 1

☐ DIRECT CANDIDATE SUPPORT

D. 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: 1

☐ DIRECT CANDIDATE SUPPORT

E. 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: 1

☐ DIRECT CANDIDATE SUPPORT

F. 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: 1

☐ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE

TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a 1 and non-Fed. share to 21 a 2)


TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (last for line 31 of the detailed summary page)

n/a

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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