

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL ELECTION COMMISSION
MAY 16 19 P 2 51
Office Use Only

1. NAME OF COMMITTEE (or NP)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

C00142653120018266

ADDRESS (number and street)

William W. Batoff
Alerted Democratic Majority
Suite 1805 One Penn Center
1617 John F. Kennedy Blvd.
Philadelphia PA 19103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00142653

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

Apr 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)

(c) 12-Day PRE-Election Report for this:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for this:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07/03/2002

through

09/30/2002

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 Treasurer

Signature of Treasurer

William W. Batoff

Date

10/09/2002

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 (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 07/01/2002 To: 09/30/2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	2002	1333.6701
(b) Cash on Hand at Beginning of Reporting Period	1309.1153	
(c) Total Receipts (from Line 19)	4876.891	8425.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3357.8804	14179.287
7. Total Disbursements (from Line 30)	9150.00	9154.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1326.3804	1326.3804
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00	

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

For further information contact:

Federal Election Commission
990 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Report Covering the Period: From: 07/01 2002 To: 09/30 2002

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)	0.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	0.00	3,500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0.00	3,500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4,876.89	49,258.68
18. Transfers from Nonfederal Accounts for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4,876.89	84,258.68
20. Total Federal Receipts (subtract Line 18 from Line 19)	4,876.89	84,258.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 304 (Revised 1/01)

ii. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	250 00 00	500 00 00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	6 200 00	15 400 00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	31 500 00	9 154 83
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	31 500 00	9 154 83
iii. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 23(d), page 3)	00	350 00 00
33. Total Contribution Refunds (from Line 28(d))	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	00	350 00 00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(n))	00	00
36. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	00	00

2025 RELEASE UNDER E.O. 14176

**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 Records and Statements may not be 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
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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
07 22 2002

Amount of Each Receipt this Period
836

Full Name (Last, First, Middle Initial)
B. United States Treasury

Mailing Address

City State Zip Code

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

Name of Employer: **Ref 1120- 2001** Occupation:

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 08 2002

Amount of Each Receipt this Period
9982

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

Mailing Address
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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
08 12 2002

Amount of Each Receipt this Period
752

SUBTOTAL of Receipts This Page (optional) **11576**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		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

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

Mailing Address
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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
09 20 2002

Amount of Each Receipt this Period
834

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

Mailing Address
1608 Walnut Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer: Interest earned on C.d. Occupation:

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt
08 16 2002

Amount of Each Receipt this Period
47,528.00

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) _____

TOTAL This Period (last page into line number only) _____

476119
487689

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
		<input type="checkbox"/> 29		

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

NAME OF COMMITTEE (in full)
Alerted Democratic Majority

A. Wofford for Congress

Full Name (Last, First, Middle Initial) _____

Mailing Address
P O Box 146

City **Paoli,** State **PA** Zip Code **19301**

Purpose of Disbursement
Campaign Contribution

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
10 9 1 1 0 2 20 0 2

Amount of Each Disbursement this Period
5 0 0 0 0

B. Torricelli for U.S. Senate

Full Name (Last, First, Middle Initial) _____

Mailing Address
1300 Connecticut Ave., N.W.

City **Washington** State **D.C.** Zip Code **20036**

Purpose of Disbursement
Campaign Contribution

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
10 9 1 1 8 2 20 0 2

Amount of Each Disbursement this Period
2 0 0 0 0 0

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements this Page (optional) _____

TOTAL this Period (last page this line number only) _____

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

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

FOR LINE NUMBER (check only one)

PAGE OF

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

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. Doto, Patricia M		Date of Disbursement 07 24 2002
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 50.00
City Philadelphia	State Zip Code PA 19148	
Purpose of Disbursement Clerical		Category/Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Doto, Patricia M		Date of Disbursement 08 01 2002
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 50.00
City Philadelphia	State Zip Code PA 19148	
Purpose of Disbursement Clerical		Category/Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Doto, Patricia M		Date of Disbursement 08 07 2002
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period 50.00
City Philadelphia	State Zip Code PA 19102	
Purpose of Disbursement Clerical		Category/Type
Candidate Name		
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)	150.00
TOTAL This Period (last page this line number only)	2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)
Doto, Patricia M

Mailing Address
1040 Tasker Street
City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 15 2002

Amount of Each Disbursement this Period
50.00

Category/Type

B. Full Name (Last, First, Middle Initial)
Doto, Patricia M

Mailing Address
1040 Tasker Street
City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 22 2002

Amount of Each Disbursement this Period
50.00

Category/Type

C. Full Name (Last, First, Middle Initial)
Doto, Patricia M

Mailing Address
1040 Tasker Street
City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 29 2002

Amount of Each Disbursement this Period
50.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) 150.00

TOTAL This Period (see page two line number only) 2,950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A.

Full Name (Last, First, Middle Initial)
Doto, Patricia M

Date of Disbursement
09 / 04 / 2002

Amount of Each Disbursement this Period
50.00

Category Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
Doto, Patricia M

Date of Disbursement
09 / 12 / 2002

Amount of Each Disbursement this Period
50.00

Category Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Doto, Patricia M

Date of Disbursement
09 / 18 / 2002

Amount of Each Disbursement this Period
50.00

Category Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
Doto, Patricia M

Date of Disbursement
09 / 18 / 2002

Amount of Each Disbursement this Period
50.00

Category Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Doto, Patricia M

Date of Disbursement
09 / 18 / 2002

Amount of Each Disbursement this Period
50.00

Category Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) 150.00

TOTAL This Period (not page this line number only) 300.00

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

Use separate schedule(s) for each category of the Detached Summary Page		FOR LINE NUMBER: (check only one)					PAGE	OF
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26			
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 20			

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A.

Full Name (Last, First, Middle Initial)
Patricia N. Doto

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement
10/9/2002

Amount of Each Disbursement this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) _____

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

500.00

3,150.00

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial)
There are no loans

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
			% (sp/)	<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) 00

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.

**SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page of Schedule C

Federal Election Commission, Washington, D.C. 20545

NAME OF COMMITTEE (in Full) Airted Democratic Majority	FEC IDENTIFICATION NUMBER C 00142653
---	---

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, _____
 Amount of this Draw: _____ Total Outstanding Balance: _____

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

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

What is the value of this collateral? _____

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

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

What is the estimated value? _____

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

Location of account: _____
 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 requirements that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE _____
--	-------------	---------------

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER
(check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

There are no debts or obligations.

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) ▶

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) ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FORM LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full)
Alerted Democratic Majority
FEC IDENTIFICATION NUMBER

Full Name (Last, First, Middle Initial) of Payor
There are no itemized independent expenditures.
Purpose of Expenditure
Category/Type

Mailing Address
City State Zip Code
Name of Federal Candidate supported or opposed by expenditure:

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payor
Purpose of Expenditure
Category/Type

Mailing Address
City State Zip Code
Name of Federal Candidate supported or opposed by expenditure:

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

Full Name (Last, First, Middle Initial) of Payor
Purpose of Expenditure
Category/Type

Mailing Address
City State Zip Code
Name of Federal Candidate supported or opposed by expenditure:

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

(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, 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 organization, distribution, or publication in whole or in part of any campaign materials prepared by the candidate, his authorized agent, or their agent.
Subscribed and sworn to before me this 10th day of 11/0 2002
My Commission expires: 12/24/2005
Signature: [Signature] Date: [Date]
Notary Public Seal: KIMBERLY A. ROACH, Notary Public, City of Philadelphia, PA, My Commission Expires December 24, 2005

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**
(2 U.S.C. §41a(d)) (To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
If YES, name the designating committee:
Full Name of Subordinate Committee
There are no itemized coordinated expenditures.

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:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

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:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

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:	Amount	
Aggregate General Election Expenditure for this Candidate ▶					

SUBTOTAL of Expenditures This Page (optional) 0 0

TOTAL This Period (last page this line number only) 0 0

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

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: <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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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 _____ 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	[] %	n/a %

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

- i) Total Administrative/Voter Drive
- ii) Direct Fundraising
(List Events-Amount For Each)
 - a) _____
 - b) _____
 - c) _____
 - d) _____
- e) Total Amount Transferred For Direct Fundraising ..

DIRECT FUNDRAISING AMOUNT

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

- 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

TOTAL This Period (Administrative/Voter Drive Amount)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Exempt Activity/Direct Candidate Support)	
TOTAL This Period (Total Amount Transferred)	

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:

Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:

Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose/Event:

Category/Type

Description:

Type of Allocated Activity:

Admin./Voter Drive Fundraising
 Exempt Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period (last page for each line only) (Federal share to 21(a)(iii) and non-Federal share to 21(a)(ii))

FEDERAL SHARE

NON-FEDERAL SHARE

TOTAL AMOUNT

TOTAL This Period for the Non-Federal Share (used for line 54 of the detailed summary page)

SCHEDULE I (FEC Form 3X)
AGGREGATION PAGE
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)


NAME OF COMMITTEE (in Full) Alerted Democratic Majority		
NAME OF ACCOUNT	Coverage Period From:	To:

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:		
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses		
3. Transfers to State/Local Party Organizations		
4. Direct State/Local Candidate Support		
5. Other Disbursements		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 1)		
9. SUBTOTAL		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND		

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 10/10/08
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER	10/15/08 DATE PREPARED