

**For Other Than An Authorized Committee  
(Summary Page)**

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Alerted Democratic Majority		2. FEC IDENTIFICATION NUMBER C821207C80142653
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 111 S. 15th Street, Suite 1520		
CITY, STATE and ZIP CODE Philadelphia, Pa. 19102		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

**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

Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

94038931497

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/94 through 3/31/94		
6. (a)	Cash on Hand January 1, 1994		\$ 84,732.51
(b)	Cash on Hand at Beginning of Reporting Period	\$ 84,732.51	
(c)	Total Receipts (from Line 13)	\$ 5,716.53	\$ 5,716.53
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 90,449.04	\$ 90,449.04
7.	Total Disbursements (from Line 30)	\$ 3,000.00	\$ 3,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 87,449.04	\$ 87,449.04
9.	Debits 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 800-424-9630 Local 202-218-3420
10.	Debits 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. Baloff  
 Signature of Treasurer: *William W. Baloff*  
 Date: 4/14/94

This document is the property of the Federal Election Commission and will be subject to the penalties of 2 U.S.C. § 437g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM SX**

(revised 1/1/81)

NAME OF COMMITTEE <b>Alerted Democratic Majority</b>		REPORT COVERING PERIOD		
		FROM <b>1/1/94</b>	TO: <b>3/31/94</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(i)
	Itemized (use Schedule A) .....	5,000.00	5,000.00	11(a)(ii)
	Unitemized .....	0	0	11(a)(iii)
	iv. Total ..... (add i and ii) >	0	0	11(b)
b.	Political Party Committees .....	0	0	11(c)
c.	Other Political Committees (such as PACs) .....	0	0	11(d)
d.	Total Contributions ..... (add a iv, b and c) >	5,000.00	5,000.00	12
12.	Transfers From Affiliated/Other Party Committees .....	0	0	13
13.	All Loans Received .....	0	0	14
14.	Loan Repayments Received .....	0	0	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0	17
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	716.53	716.53	18
18.	Transfers from Nonfederal Account for Joint Activity .....	0	0	19
19.	Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,716.53	5,716.53	20
20.	Total Federal Receipts ..... (subtract line 18 from line 19) >	5,715.53	5,716.53	
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
	i. Federal Share .....	0	0	21(a)(ii)
	ii. Non-Federal Share .....	0	0	21(b)
b.	Other Federal Operating Expenditures .....	0	0	21(c)
c.	Total Operating Expenditures ..... (add a i, a ii, and b) >	0	0	22
22.	Transfers to Affiliated/Other Party Committees .....	0	0	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	3,000.00	3,000.00	24
24.	Independent Expenditures (use Schedule E) .....	0	0	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0	26
26.	Loan Repayments Made .....	0	0	27
27.	Loans Made .....	0	0	28(a)
28.	Refunds of Contributions To:			28(b)
	a. Individuals/Persons Other Than Political Committees .....	0	0	28(c)
	b. Political Party Committees .....	0	0	28(d)
	c. Other Political Committees (such as PACs) .....	0	0	29
	d. Total Contribution Refunds ..... (add a, b and c) >	0	0	30
29.	Other Disbursements .....	0	0	31
30.	Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d and 28) >	3,000.00	3,000.00	
31.	Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	3,000.00	3,000.00	
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d) .....	5,000.00	5,000.00	32
33.	Total Contribution Refunds (from line 28d) .....	0	0	33
	..... (where appropriate, subtract line 33 from 32)	5,000.00	5,000.00	34
35.	Total Operating Expenditures ..... (add 21c and 21d) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15) .....	0	0	36
37.	Net Operating Expenditures ..... (subtract line 36 from 35) >	0	0	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

FORM 1041  
FOR 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

94038931499

A. 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):	E. A. Moos & Co, L.P. 47 Maple Street Summit, NJ 07901 Occupation: Partnership Aggregate Year-to-Date > \$ 5000.00	1/13/94	5000.00
B. Full Name, Mailing Address and ZIP Code Edward A. Moos 19 Horsome Place Short Hills, NJ 07078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)
C. Full Name, Mailing Address and ZIP Code Ilana A. Knapp 94 Linden Drive Basking Ridge, NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)
D. Full Name, Mailing Address and ZIP Code W. Jeffrey Weinlandt 140 Fifth Avenue New York, NY 10011 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)
E. Full Name, Mailing Address and ZIP Code William F. Conger 182 Oaks Road Milington, NJ 07964 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)
F. Full Name, Mailing Address and ZIP Code Douglas McDowell 7 Patriot Drive Gladstone, NJ 07934 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)
G. Full Name, Mailing Address and ZIP Code John C. Glidden, Jr. 363 Johnson Ave. Englewood, NJ 07631 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Same Occupation: Aggregate Year-to-Date > \$ 833.33	MEMO	(833.33)

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

List separate contributions for each category of the Detailed Summary Page

FORM NO. 101  
FOR 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

94031500

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Acct#300-686-7 Aggregate Year-to-Date > \$	1/20/94	239.20
Republic Bank 1515 Market Street Philadelphia, PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Acct#300-686-7 Aggregate Year-to-Date > \$	2/22/94	264.29
Republic Bank 1515 Market Street Philadelphia, PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Acct#300-686-7 Aggregate Year-to-Date > \$	3/21/94	213.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
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)

716.53

TOTAL This Period (last page this line number only)

3716.53

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR 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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Effective Government Committee Suite 100 507 Capitol Court, N.E. Washington, D.C. 20002	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/25/94	3,000.00
B. 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
C. 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
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) ..... 3,000.00

TOTAL This Period (last page this line number only) ..... 3,000.00

94038931501

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page \_\_\_\_\_ of \_\_\_\_\_  
**LINE NUMBER** \_\_\_\_\_  
 (Use separate schedules for each marital line)

Name of Committee (in Full) <b>Alerted Democratic Majority</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Election:    Primary    General    Other (specify): _____			
Terms:    Date Incurred _____    Date Due _____    Interest Rate _____ % (apr)    Secured _____			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code  There were no loans	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>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Election:    Primary    General    Other (specify): _____			
Terms:    Date Incurred _____    Date Due _____    Interest Rate _____ % (apr)    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: \$		
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (colb04B) .....			0
TOTALS This Period (last page in this line only) .....			0
Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

24038931502

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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  no debts and/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) TOTALS This Period (Include all lines)				0
2) TOTALS This Period (Include all lines)				0
3) TOTAL OUTSTANDING (Include items reported on Schedule D - last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

240338731503

ITEMIZED INDEPENDENT EXPENDITURES

(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 Expenditure & office sought
There were 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
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

9 4 U 3 8 7 3 1 5 U 4

(i) SUBTOTAL of Itemized Independent Expenditures ..... \$

(ii) SUBTOTAL of Unitemized Independent Expenditures ..... \$

(iii) 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 dissemination, distribution, or reproduction of any part of any campaign materials prepared by the candidate, his or her agent, or their agent.

*William W. [Signature]*

Subscribed and sworn to before me this 14th day of April, 2004

My Commission expires: *Kimberly Roach*  
 NOTARY PUBLIC

NOTARIAL SEAL  
 KIMBERLY ROACH, Notary Public  
 City of Philadelphia, Phila. County  
 My Commission Expires Nov. 22, 1997



**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))**

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

Name of Political Committee (in Full)  
Albion 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, Mailing Address and ZIP Code of Subordinate Committee  
  
There were 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—\$				
--	--	--	--	--

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—\$				
--	--	--	--	--

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—\$				
--	--	--	--	--

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—\$				
--	--	--	--	--

SUBTOTAL of Expenditures for this Candidate—\$

TOTAL of Expenditures for this Candidate—\$

34038731505

**METHOD OF ALLOCATION FOR SPANED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

Alerted Democratic Majority

**NATIONAL PARTY COMMITTEES**

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... N/A %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (60%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

MINIMUM FEDERAL PERCENTAGE (85%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... N/A %  
 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 .....	{1 POINT} .....	_____
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 ..... N/A %

94038231506

**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.

24038931507

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT  ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED		

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE <b>Alerted Democratic Majority</b>	TOTAL AMOUNT TRANSFERRED
---	--------------------------

NAME OF ACCOUNT Transfers from Non-Federal Accounts are never made	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 .....				
ii) 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	\$
-----------------	-----------------	----

	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/DCS	
SUBTOTAL THIS PAGE .....				
TOTAL THIS PERIOD .....				

94038931500

**DISBURSEMENT SCHEDULE H4**  
(effective 1/1/91)

**JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE**

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: \$      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: \$      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: \$      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: \$      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: \$      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: \$      DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....					
TOTAL THIS PERIOD (last page for each one only)(Fed share to 21 a 1 and non-Fed. share to 21 a 4) .....					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					

24038931509

**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.

94038731510

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 4/18/94
<input type="checkbox"/> First Class Mail	POSTMARKED
<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

<i>Eric Smith</i> PREPARER	4/18/94 DATE PREPARED
-------------------------------	--------------------------