

**FEC  
FORM 3X**

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

RECEIVED  
MAIL  
CENTERS CENTER  
2006 DEC 10 A 8:32  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street) C00142653 103006 N 265  
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 ▲

C 001142653

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

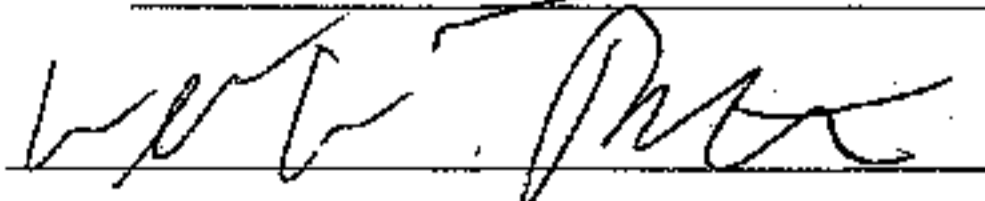
- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of P A

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

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  Date M M M / D D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

26039300520

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2006"/>		<input type="text" value="12581631"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11495966"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="999915"/>	<input type="text" value="76667662"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1115945088802"/>	<input type="text" value="13348293"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40800"/>	<input type="text" value="1793212"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115555081"/>	<input type="text" value="115550811"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 10 / 01 / 2006 To: 11 / 27 / 2006

**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).....	00	500000
(ii) Unitemized.....	00	00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	00	500000
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	00	500000
12. Transfers From Affiliated/Other Party Committees.....	00	00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	99915	766662
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	99915	1266662
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	99915	1266662

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	00	00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures .....	000	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000	00
22. Transfers to Affiliated/Other Party Committees.....	000	00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	00	1500000
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	000	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)) .....	40800	223200
29. Other Disbursements .....	40800	293212
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40800	1793212
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40800	1793212

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**DETAILED SUMMARY PAGE**  
of Disbursements

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0 0	0 0
34. Total Contribution Refunds (from Line 28(d)) .....	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0 0	0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0	0 0

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**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial) <b>A. Republic First Bank</b>		Date of Receipt 10 / 01 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 51245
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Republic First Bank</b>		Date of Receipt 10 / 22 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 82
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Republic First Bank</b>		Date of Receipt 10 / 31 / 2006
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 48538
City Philadelphia	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	9,986.5
TOTAL This Period (last page this line number only).....▶	9,986.5

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

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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, PA

State

Zip Code

19103

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

1 / 1 / 2006

Amount of Each Receipt this Period

5.0

Full Name (Last, First, Middle Initial)

**B.**

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

Full Name (Last, First, Middle Initial)

**C.**

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).....▶

5.0

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

99915

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

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NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

**A.**

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

Date of Disbursement  
10 / 05 / 2006

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
5000

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

State: District:

**B.**

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

Date of Disbursement  
10 / 11 / 2006

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
5000

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

State: District:

**C.**

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

Date of Disbursement  
10 / 18 / 2006

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
5000

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... 15000

TOTAL This Period (last page this line number only) ..... 15000

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**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2006

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2006

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

C.

Patricia M. Doto

Mailing Address

1040 Tasker Street

City

Philadelphia

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2006

Amount of Each Disbursement this Period

5000

SUBTOTAL of Disbursements This Page (optional)

15000

TOTAL This Period (last page this line number only)

30000

26039300528

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

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

NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

**A.**

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

Date of Disbursement  
MM / DD / YYYY  
11 / 15 / 2006

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
5000

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B.**

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

Date of Disbursement  
MM / DD / YYYY  
11 / 22 / 2006

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
5000

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C.**

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

Date of Disbursement  
MM / DD / YYYY  
10 / 28 / 2006

Mailing Address  
11608 Walnut Street

City Philadelphia, State PA Zip Code 19103

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
800

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 10800

TOTAL This Period (last page this line number only) ..... ▶ 40800

26039300528

**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.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

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

**TERMS**

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

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

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

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

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

26039300530

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Information found on  
Page        of Schedule C

<b>NAME OF COMMITTEE (In Full)</b> Alerted Democratic Majority	<b>FEC IDENTIFICATION NUMBER</b> C
---	---------------------------------------

<b>LENDING INSTITUTION (LENDER)</b> Full Name There are no loans or lines of credit.	<b>Amount of Loan</b> _____	<b>Interest Rate (APR)</b> _____ %
--	--------------------------------	---------------------------------------

<b>Mailing Address</b> _____ _____ _____	<b>Date Incurred or Established</b> _____	_____ / _____ / _____	_____ / _____ / _____
<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____	<b>Date Due</b> _____	_____ / _____ / _____	_____ / _____ / _____

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 100.82(e)(2) and 100.142(e)(2).

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.  
 \_\_\_\_\_

<b>G. COMMITTEE TREASURER</b> Typed Name _____ Signature _____	<b>DATE</b> _____ / _____ / _____
--	--------------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

<b>AUTHORIZED REPRESENTATIVE</b> Typed Name _____ Signature _____	Title _____	<b>DATE</b> _____ / _____ / _____
---	-------------	--------------------------------------

260393053

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

schedule(s)  
 for each  
 numbered line)

FOR LINE NUMBER:  
 (check only one)

<input type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Alerted Democratic Majority**

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> There are no debts or obligations.	<b>Nature of Debt (Purpose):</b>
<b>Mailing Address</b>	
<b>City</b> <b>State</b> <b>Zip Code</b>	

<b>Outstanding Balance Beginning This Period</b>	<b>Amount Incurred This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>

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

<b>Outstanding Balance Beginning This Period</b>	<b>Amount Incurred This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>

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

<b>Outstanding Balance Beginning This Period</b>	<b>Amount Incurred This Period</b>	<b>Payment This Period</b>	<b>Outstanding Balance at Close of This Period</b>

<b>1) SUBTOTALS This Period This Page (optional)</b> .....▶	
<b>2) TOTALS This Period (last page this line number only)</b> .....▶	
<b>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)</b> .....▶	
<b>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> ▶	<b>0 0</b>

26039300532

**SCHEDULE E (FORM 3X)  
ITEMIZED-INDEPENDENT EXPENDITURES**

<b>NAME OF COMMITTEE (In Full)</b> Alerted Democratic Majority	<b>FEC IDENTIFICATION NUMBER</b> C
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

<b>Full Name (Last, First, Middle Initial) of Payee</b> There are no itemized independent expenditures.	<b>Date</b> MM / DD / YYYY
<b>Mailing Address</b> City State Zip Code	
<b>Amount</b>	

<b>Purpose of Expenditure</b>	<b>Category/Type</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>Name of Federal Candidate Supported or Opposed by Expenditure:</b>		<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Calendar Year-To-Date Per Election for Office Sought</b>			

<b>Full Name (Last, First, Middle Initial) of Payee</b>	<b>Date</b> MM / DD / YYYY
<b>Mailing Address</b> City State Zip Code	
<b>Amount</b>	

<b>Purpose of Expenditure</b>	<b>Category/Type</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> State <input type="checkbox"/> Senate <input type="checkbox"/> District <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>Name of Federal Candidate Supported or Opposed by Expenditure:</b>		<b>Disbursement For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>Calendar Year-To-Date Per Election for Office Sought</b>			

<b>(a) SUBTOTAL of Itemized Independent Expenditures</b>	00
<b>(b) SUBTOTAL of Unitemized Independent Expenditures</b>	
<b>(c) TOTAL Independent Expenditures</b>	00

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

Date MM / DD / YYYY

Signature \_\_\_\_\_

2603930053



**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

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

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>	<input type="checkbox"/> Check if 24-hour notice
---	---

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

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

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

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

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

26039300534

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

N/A

Fixed Percentage (select one)

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

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

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

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

Federal.....  %  
Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

26039300535

# ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)  
**Alerted Democratic Majority**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.** N/A

Methods of allocation:

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

26039300536

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <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	FEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %	NONFEDERAL % <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> %

**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

- Altered Democratic Majority

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

\_\_\_\_\_

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

\_\_\_\_\_

ii) Generic Voter Drive .....

\_\_\_\_\_

iii) Exempt Activities .....

\_\_\_\_\_

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

\_\_\_\_\_

b) \_\_\_\_\_

\_\_\_\_\_

c) Total Amount Transferred For Direct Fundraising .....

\_\_\_\_\_

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_

\_\_\_\_\_

b) \_\_\_\_\_

\_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support .....

\_\_\_\_\_

vi) Public Communications Referring Only to Party (Made by PAC) .....

\_\_\_\_\_

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

\_\_\_\_\_

TOTAL This Period (Generic Voter Drive) .....

\_\_\_\_\_

TOTAL This Period (Exempt Activities) .....

\_\_\_\_\_

TOTAL This Period (Direct Fundraising) .....

\_\_\_\_\_

TOTAL This Period (Direct Candidate Support) .....

\_\_\_\_\_

TOTAL This Period (Public Communications Referring Only to Party) .....

\_\_\_\_\_

TOTAL This Period (Total Amount Transferred) .....

00

26039300537

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 01  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Alerted Democratic Majority**

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

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

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

<b>SUBTOTAL of Allocated Federal and Non-Federal Activity This Page</b>					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input style="text-align: right; border-bottom: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/> 00
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(I) and Non-Federal share to 21(a)(II))</b>					
FEDERAL SHARE			NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text"/>			<input type="text"/>		<input style="text-align: right; border-bottom: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/> 00

2603930052

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>		
NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION <input type="text"/>
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID <input type="text"/>
iii) GOTV Total Amount Transferred for GOTV.....	GOTV <input type="text"/>
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY <input type="text"/>

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

i) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION <input type="text"/>
ii) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID <input type="text"/>
iii) GOTV Total Amount Transferred for GOTV.....	GOTV <input type="text"/>
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY <input type="text"/>

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....	<input type="text"/>
TOTAL This Period (Voter ID).....	<input type="text"/>
TOTAL This Period (GOTV).....	<input type="text"/>
TOTAL This Period (Generic Campaign Activity).....	<input type="text"/>
TOTAL This Period (Total Amount of Transfers Received).....	<input type="text" value="00"/>

26039300539



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

NAME OF COMMITTEE (In Full)  
**Alerted Democratic Majority**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input checked="" type="checkbox"/> GOTV
City State Zip Code		<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Purpose of Disbursement		Allocated Activity or Event Year-To-Date	
Category/Type		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (as page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share		0.0	0.0

26039300540

**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>		
NAME OF ACCOUNT		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND .....</b> (For Column B, use cash as of January 1st)		
<b>8. RECEIPTS .....</b> (from Line 3)		
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)		
<b>10. DISBURSEMENTS .....</b> (From Line 6)		
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)		<b>0 0</b>

26039300541

**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)

1a

2

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

<p><b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Name of Employer or Principal Place of Business</p>			
<p>Occupation</p>			
<p><b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Name of Employer or Principal Place of Business</p>			
<p>Occupation</p>			
<p><b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Name of Employer or Principal Place of Business</p>			
<p>Occupation</p>			
<p><b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name</p>			<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>			<p>Amount of Each Receipt this Period</p> <p>Aggregate Year-to-Date</p>
<p>City</p>	<p>State</p>	<p>Zip Code</p>	
<p>Name of Employer or Principal Place of Business</p>			
<p>Occupation</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>00</p>
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			

26039300542

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

FUN LINE NUMBER:  4a  4b  4c  4d  5

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) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
 Date of Disbursement  
 Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
 Date of Disbursement  
 Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
 Date of Disbursement  
 Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
 Date of Disbursement  
 Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement  
 Date of Disbursement  
 Amount of Each Disbursement this Period

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

26039300543

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>12-4-08</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>JMS</i>	<i>12-10-08</i>
PREPARER	DATE PREPARED

26039300544