

#### RECEIVED FEC MAIL CENTER 19, 2009 2009 MAR -4 A 9:17 WASHINGTON, D.C. 20463

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WILLIAM W BATOFF, TREASURER ALERTED DEMOCRATIC MAJORITY SUITE 1805 ONE PENN CENTER 1617 JOHN F KENNEDY BLVD PHILADELPHIA, PA 19103

IDENTIFICATION NUMBER: C00142653

REFERENCE: YEAR-END REPORT 11/25/2008 - 12/31/2008

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR \$104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT CHRISTOPHER RITCHIE AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

PATRICIA CARMONA

atrica Larmon

ASSISTANT STAFF DIRECTOR

REPORTS ANALYSIS DIVISION (RAD)

( A1611) FIRST ( LHSS

# 9030043527

FE6AN026

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

Office Use Only MAR -4 A 9:17

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€ ֥:	ā tha rep	n previously orted. (ACC)	Phil	adelph	ia, PA	19103	3 		
2.	FEC ID	ENTIFICATION NU	MBER ▼		CITY A			STATE A	ZIP CODE A
	C 0	· · · · · · · · · · · · · · · · · · ·	 53		3. IS THIS REPORT	X.	NEW (N) OR	AMEND	ED
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep	ort	Feb 20 (M2)	File Santa N	May 20 (M5)	Aug 20 (M	Year Only)
	(a) Qua	arterly Reports:			Mar 20 (M3)	, , , , , , , , , , , , , , , , , , ,	Jun 20 (M6)	Sep 20 (M	(Non-Election Year Only)
		April 15			Apr 20 (M4)		Jul 20 (M7)	Oct 20 (M	10) / Jan 31 (YE)
	في ٠	Quarterly Report (Q	1) (c)	12-Day	. 74	Primary (1	2P)	General (12G)	Runoff (12R)
	6 3 1 7 1 7	July 15 Quarterly Report (Q	2)	PRE-Election Report for t	2-11	Convention	ı (12C)	Special (12S)	18.5
	in a contract of the contract	October 15 Quarterly Report (Q	9)	nepolt for t		Convention	(120)	y Special (120)	
	X	January 31 Year-End Report (Y		E	election on	in the			in the State of
	1	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Elect	4.04	General (3	0G) ;	Runoff (30R)	Special (30S)
	: : : : ii : ban	Termination Report (TER)		Report for t	ne: :lection on		/ <b>D</b> <sup>(1)</sup> /		in the State of
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Sig	nature of	Treasurer		V W.	Bat of f	1			29
_	loi	ffice						F	EC FORM 3X
1	1	Jse Inly						] ]	Rev. 12/2004

FEC Form 3X (Rev. 02/20		OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	<del></del>		
Alerted Democ	ratic Ma	ajority	
Report Covering the Period:		1 - 25 - 2008-	To: 4.2. 2008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
lancano d	v v v		4 06 444 4 495
(b) Cash on Hand at Beginning of Reporting Pe	eriod	, 106 , 156 .79	
(c) Total Receipts (from Line	19)	67 92	6 384 87 September 1984 And 1984 September 1984 Sep
(d) Subtotal (add Lines 6(b) a 6(c) for Column A and Lin 6(a) and 6(c) for Column	ies	,106 ,224 ,71	
7. Total Disbursements (from Line	31)	1. J. 1.31	·
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)	))		<i>:</i>
Debts and Obligations Owed T the Committee (Itemize all on Schedule C and/or Schedule C			
Debts and Obligations Owed E     the Committee (Itemize all on     Schedule C and/or Schedule C		for the second s	<u>.</u>
This committee has qualified	ed as a multica	undidate 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	
<del></del>			

**DETAILED SUMMARY PAGE** of Receipts FEC Form 3X (Rev. 06/2004) Write or Type Committee Name Alerted Democratic Majority Report Covering the Period: From: To: **COLUMN A** I. Receipts **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)...... (ii) Unitemized ..... الشجار والأفرادية والمدوات فالمستبد للكاءة (iii) TOTAL (add (b) Political Party Committees ..... English and the second (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received ..... and grangering with research trans-14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) ..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b))..

67, 92

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Page 3

W W / D D O / V	<b>.</b>
COLUMN B Calendar Year-to-Date	·
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19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)).......

(subtract Line 18(c) from Line 19) ....... ▶

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) /	ating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)	and the second second second second second	The first of the first of the stage of the s
	i) Federal Share		0.0
	ii) Non-Federal Share	, , , , , , , , , , , , , , , , , , , ,	
	Expendituresfotal Operating Expenditures		and the second s
	add 21(a)(i), (a)(ii), and (b))	1	time of many of the same of th
23. Contri	nitteesibutions to al Candidates/Committees	and the same of th	1) Samuella (n. 11) illinoiste (n. 1220) illinoiste (n. 1220) illinoiste (n. 1220) illinoiste (n. 1220) illinoist Samuella (n. 1220) illinoiste (n. 1220) illinoiste (n. 1220) illinoiste (n. 1220) illinoiste (n. 1220) illinois
and C	other Political Committeesendent Expenditures		4 000 00
25. Coord	Schedule E) linated Party Expenditures S.C. 8441a(d))		S. O.O. State of the Control of the
	S.C. §441a(d)) Schedule F)		0.0
26. Loan	Repayments Made	0.0.0	- 18 mg or growth or the Arm the Arm of the Oil
28. Refun	Madeds of Contributions To: ndividuals/Persons Other	The second secon	i de la companya del companya de la companya del companya de la companya del companya del companya del companya de la companya del com
Ť	han Political Committees	0.0	4
	olitical Party Committees Other Political Committees	, 0.0	0.00
	such as PACs)	0	Company of the Compan
	otal Contribution Refunds add Lines 28(a), (b), and (c))		is to the control of
29. Other	Disbursements	0.0	4. 000 00
(a) A	al Election Activity (2 U.S.C. §431(20)) llocated Federal Election Activity from Schedule H6)		
·	) Federal Share	to mention of the second of th	years forced to officerable a grow office allowants over from the con-
•	i) "Levin" Share ederal Election Activity Paid Entirely With Federal Funds	A commence of the confidence o	The street will be a second with the second
	otal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.0	1.0.0
	Disbursements (add Lines 21(c), 22, 1, 25, 26, 27, 28(d), 29 and 30(c))	1, 131 ,05	7 336 16
	Federal Disbursements act Line 21(a)(ii) and Line 30(a)(ii)		
	ine 31)	1	7 , 336 . 16
		:	

#### **DETAILED SUMMARY PAGE**

of Disbursements

	FEC <b>Form 3X</b> (Rev. 02/2003)	!	Page 5
ill	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)	• • • • • • •	5 - 000 - 00
34.	Total Contribution Refunds		er e
	(from Line 28(d))		t. 1 mars 1900 til seller er det er 1 mars 1900 til det er de
35 <i>.</i>	Net Contributions (other than loans)	and the second of the second o	and the state of t
	(subtract Line 34 from Line 33)		5 2 000 - 00
36.	Total Federal Operating Expenditures	and the state of t	
	(add Line 21(a)(i) and Line 21(b))	• • • • • • • • • • • • • • • • • • •	the state of the s
37.	Offsets to Operating Expenditures	ا ا	
	(from Line 15, page 3)	.00	
38.	Net Operating Expenditures	_ [	
	(subtract Line 37 from Line 36)		ئى 0.0 چىل را يەلىيھارلىك يادىغانىدا د
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ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page		R LINE NUME eck only one)	b 11c 12		
Any information copied from such Reports a	and Statements may	not be sold or used by any	person 1	or the purpos	e of soliciting contributions		
or for commercial purposes, other than usin	g the name and ad	dress of any political committe	e to so	licit contribution	ons from such committee.		
NAME OF COMMITTEE (In Full)			İ				
Alerted Democrati	c Majority	? 	!				
Full Name (Last, First, Middle Initial)							
. Republic First Ba	nk		'	Date of Recei	•		
Mailing Address			'	<b>W W</b> / . 1	3		
50 S. 16th STreet	State	Zip Code		1.1	3.0 2.008		
Philadelphia	מם	- 1		Amount of Ea	ch Receipt this Period		
FEC ID number of contributing federal political committee.	C.	19102		an mangangan			
Name of Employer	Occupation						
Interest Earned							
Receipt For:	Aggregate Y	ear-to-Date ▼	$\neg$				
Primary General	1 1 1 1 1		. ]				
Other (specify) ▼		ili. 4. ma <b>a</b> na Silia 197 aa	-				
Full Name (Last, First, Middle Initial)		<u> </u>	_		<del></del>		
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Mailing Address					*** O'** / *****************************		
50 S. 16 th Stree	State	Zip Code		1.2	22 2008		
·		10100		Amount of Ear	ch Receipt this Period		
Philadelphia FEC ID number of contributing	PA	19102	<b>-</b>   '		e e la compressión con de vidado		
federal political committee.	( <b>C</b> )	Land of the State		. · <b>)</b> r			
Name of Employer	Occupation	<del></del>	7				
Receipt For:							
Primary General	Aggregate Y	ear-to-Date ▼					
Other (specify) ▼		in the second of					
Full Name (Last, First, Middle Initial)					····		
		1	1	Date of Receip	ot		
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50 S. 16h Street					2008		
City	State	Zip Code					
Philadelphia	PA	19102	┤ ′		ch Receipt this Period		
FEC ID number of contributing federal political committee.	C			··· · · · · · · · · · · · · · · · · ·			
Name of Employer	Occupation	1					
Interest Earned							
Receipt For: Primary General		ear-to-Date ▼					
Other (specify)			:				
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TOTAL This Period (last page this line nur	nber only)		<b>&gt;</b>	Saara waxaa ahaa ahka			

# SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		k only 21b	one)	23	☐ 24	<b>□</b> 25	<u> </u>		
			27	28a	- 28b	28c	29	30b		
Any Information copied from such Reports and Staten	nents may not be sold or u	sed by an	/ pers	on for the p	urpose	of solicitin	g contrib	rtions		
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)	ie and address of any poli	ucai commi	tiee to	SOUCH COM	noution	s irom suc	ai contini			
Traine of Soundin Fee (in Fus)	İ									
Alerted Democratic Ma	!									
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Mailing Address			] ]	1,2	29	1.1 12	20.08.	ş <u>İ</u>		
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	Primary General Other (specify) ▼									
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Full Name (Last, First, Middle Initial)										
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City	tate Zip Code									
Purpose of Disbursement hia	PA 19148	<u> </u>								
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TOTAL This Period (last page this line number only)			•	1		. 41-21				
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SCHEDULE C (FEC Form 3X)
LOANS

OANS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full)		İ	<del>\</del>		
Alerted Democratic Majority		!			
LOAN SOURCE Full Name (Last, First, Middle Initial)		! ! -	ection:		
			Frimary General		
There are no loans. Mailing Address			Other (specify)		
Mailing Address			Culor (apocity)		
City State ZIP C	ode	<del>  </del> -			
Original Amount of Loan Cumulative Payment To	o Date	Balance	Outstanding at Close of This Period		
Superior attended to the State of the State	and the second second		er 🗫 er en en 🖟 🐠 er en en en 👫		
TERMS Date Incurred Date Due		Interest Rate	Secured:		
Date Incurred Date Due	J. A. S. A. S. A. S.				
and the second s	Ferrer in Carl	in similaring	% (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Em	ployer	<del></del>		
Mailing Address	Occupation	<del></del>	<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>		
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TOTALS This Period (last page in this line only)		<b></b>			
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. 20463	:	: \
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Alerted Democratic Majority		C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
There are no loans or lin of credits.	es	%
Mailing Address		THE THE VEHICLE VEHICLE
	Date Incurred or Estab	
City State Zip Code	Date Due	M. M. V & D. D. V MALA ALL A. A. A. A. A. A.
Only Glate Zip Gode	Date Due	. فا در درسید سال افراد و در افراد است. در است در درسید است
A. Has loan been restructured? No	If yes, date originally in	ncurred have been a second of the second of
B. If line of credit,  Amount of this Draw:	Outstand	
Assertation on the Processing of the second	)	m. The market is the policy of season and continued to extend
C. Are other parties secondarily liable for the debt incurr  No Yes (Endorsers and guarantors m	T .	ile C.)
D. Are any of the following pledged as collateral for the	loan: real estate, persona	What is the value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	al?
No Yes If yes, specify:	<u> </u>	1. A. 1. Sunda (
		Does the lender have a perfected security interest in it? No Yes
E. Are any future contributions or future receipts of inter	est income, pledged as	What is the estimated value?
collateral for the loan? No Yes If yes,	specify:	territorium externitation externitation externitorium)
		and a series of the control of the series of
	Location of account:	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account.	
Date account established:	Address:	
THE WAY OF BUILDING WITH WAY WAY	City, State, Zip:	
and the second s		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	was made and the basis	on which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name	i	[M
Signature		Francisco Company
H. Attach a signed copy of the loan agreement.	<del></del>	
TO BE SIGNED BY THE LENDING INSTITUTION:     To the best of this institution's knowledge, the telling in the second	erms 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 (in	į	
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	f comparable credit worthin	ness.
complied with the requirements set forth at 11 C	FR 100.82 and 100.142 in	making this loan.
AUTHORIZED REPRESENTATIVE		DATE
Typed Name	İ	WW. / B. B. / V. V. V. V.
Signature Ti	tte	n/a

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF		
DEBTS AND OBLIGATIONS		: schedule(s) : for each	FOR LINE NUMBER: (check only one) 9		
Excluding Loans		numbered line)	10		
NAME OF COMMITTEE (In Full)			·		
Alerted Democratic Maj	ority				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):		
There are no debts and	obligations.				
Mailing Address		<del></del>			
City State	Zip Code				
City State	Zip Code				
Outstanding Balance Beginning This Period		<del></del>   	<del></del>		
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City State	Zip Code	ļ ļ			
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C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):		
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2) TOTALS This Period (last page this line number	only)	• <b>₽</b> 11. 74. 3.	All the configurations of the configuration of the		
3) TOTAL OUTSTANDING LOANS from Schedule (	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	y) ▶	- 10 /a - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES					PAGE FOR LINE	OF 24 OF FO	ORM 3X
AME OF COMMITTEE (In Full)				FEC	IDENTIFICA"	TON NUM	BER ▼
Alerted Democratic Majority There are no itemized indepe	ndent expend:	tur	es.	C			
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Full Name (Last, First, Middle Initial) of Payee			Date	···· <b>á</b> ··	/ "6" '6"	, : • · · •	angra ya sa
Mailing Address			_	_			
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City State	Zip Code			•	,		· ¥
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Purpose of Expenditure	Category/ Type	Office	Sough	h <b>t</b> :	House Senate	State: District:	
Name of Federal Candidate Supported or Opposed by Expendi	ture:	†		l	President		
		Chec	k One:		Support	[] Ор	pose
Calendar Year-To-Date Per Election for Office Sought	and the second s	J			Primary	Ge	neral
Full Name (Last, First, Middle Initial) of Payee			Date		<del></del>		
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Mailing Address	· · · · · · · · · · · · · · · · · · ·			السارية		: :	i Karana
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City State Zip Code				7. · · · ·		ing an aman sa	، ده افتار میسیمی ا و
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Purpose of Expenditure	Category/ Type	Office	Sough	nt:	House Senate	State:	
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(c) TOTAL Independent Expenditures						-	
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Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.							
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Signature	Date	3 		r		Parado esta P	n/a

#### SCHEDULE F (FEC Form 3X)

# 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)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if Alerted Democratic Majority 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO. If YES, name the designating committee: Mailing Address City ZIP Code State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee There are no itemized coordinated expenditures. Category/ Mailing Address Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential فُسَنِيكِ فِي وَفِي بَيْنِينِيكَ فِي سِيْنِينِ وَفِي مِنْ اللَّهِ فِي اللَّهِ فِي اللَّهِ فِي اللَّهِ فِي اللّ  $(-1)^{n-1} \cdot (n^{n-1} \cdot n^{n-1})^{n-1} \cdot (n^{n-1} \cdot n^{n-1} \cdot n^{n-1}) = (-1)^{n-1} \cdot (n^{n-1} \cdot n^{n-1} \cdot n^{n-1}) \cdot (n^{n-1} \cdot n^{n-1}) \cdot (n$ Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate Description of the second section of the sect ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payes Category/ Mailing Address Type Date City State Zip Code في بهوسوا Name of Federal Candidate Supported Office Sought: House State: Amount District: Senate Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) . 7 , Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate الأراب وحيين والأخرار والمستود والمراولان والمناب والمراول والراوان ing (2 U.S.C. §441a(i)/441a-1) SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only)..... and the advances in supplier of a constant to fact

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OF

#### SCHEDULE H1 (FEC Form 3X)

#### **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)

	<del> </del>
NAME OF COMMITTEE (In Full)	
Alerted Democratic Majority	
USE ONLY ONE SECTION,	A or B
A. State and Local Party Committees	·
Fixed Percentage (select one)	n/a
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 Nonconnec	ted Committees
Flat Minimum Federal Percentage	
If the committee will allocate using the flat minimum percentage or	e of 50% federal funds, check
If the committee is spending more than 50% federal funds, ind	icate ratio below
Federal	·
Nonfederal	•n/a %
This ratio applies to (check all that apply):	
Administrative Generic Voter Drive Public Co	ommunications Referencing Party Only

# SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		!	PAGE OF
		Í	
NAME OF COMMITTEE (In Full)	:	!	
Alerted Democratic Majority	<u> </u>		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDID/ ACTIVITIES APPEARING ON THIS REPORT.	ATE S	SUPPORT	
Methods of allocation:	;		
<ol> <li>FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised.</li> </ol>	thod	where the federal pr	oportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public commenderal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit de munic	rived by federal cand ations or voter drives	idates from the ac-
ACTIVITY OR EVENT IDENTIFIER	7		····
ACTIVITY IS:  [ Fundraising Direct Candidate Support	1 11	FEDERAL %	NONFEDERAL %
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ACTIVITY IS:  Fundraising Direct Candidate Support			to a transfer out to the t
CHECK IF THE RATIO IS:  [ ] New			·
ACTIVITY OR EVENT IDENTIFIER		FEDERAL %	
ACTIVITY IS:  Fundraising Direct Candidate Support CHECK IF THE RATIO IS:		<b>%</b>	**************************************
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New Revised Same as Previously Reported			
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ACTIVITY OR EVENT IDENTIFIER	!	1	

NONFEDERAL %

FEDERAL %

ACTIVITY IS:

Fundraising CHECK IF THE RATIO IS: New

Revised

Direct Candidate Support

Same as Previously Reported

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# SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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AME OF COMMITTEE (In Full)			
Alerted Democratic M	ajority	ĺ	
NAME OF ACCOUNT	DATE OF RECEIPT	! [	TOTAL AMOUNT TRANSFERRED
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iv) Direct Fundralsing (List Activity or Ever	•	i	
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#### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full)			
Alerted Democratic Majority			
A. Full Name (Last, First, Middle Initial)	Allocated Activity or Event:		
	<u></u> !	Administrative Fundraising Exempt	
Mailing Address	Mailing Address		
City State Zip Co	de	Public Comm (ref to party only) by PAC	
	<del></del>	Allocated Activity or Event Year-To-Date	
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3. Full Name (Last, First, Middle Initial)	:	Allocated Activity or Event:	
Nation Address		Administrative Fundraising Exempt	
Maining Aparess	Mailing Address		
City State Zip Co.	City State Zip Code		
	<del></del>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		The second secon	
Activity or Event Identifier:		The second secon	
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Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
		Administrative Fundraising Exempt	
Mailing Address		Voter Drive Direct Candidate Support	
City State Zip Coo	; de ;	Public Comm (ref to party only) by PAC	
		Allocated Activity or Event Year-To-Date	
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Activity or Event Identifier:	***		
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### SCHEDULE H5 (FEC Form 3X)

#### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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FOR LINE 18b OF FORM 3X
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iv)	Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
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NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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iii)	GOTV	, <b></b> !	GOTV
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iv)	Generic Campaign Activity	: 	GENERIC CAMPAIGN ACTIVITY
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TOTAL	L This Period (Total Amount of Tran	sters Received)	
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# SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

PAGE	OF

D be used by State, District and Local Party Committee	s Uniy)	FOH LINE 30a OF FORM 3X
AME OF COMMITTEE (In Full)	<del></del> ! !	······································
Alerted Domooratic Majoritu		
A Lerted Democratic Majority  A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaig
Mailing Address	<del></del>	Allocated Activity or Event Year-To-Date
City State Zip Code		The second of the Santa State of the second
Purpose of Disbursement	Category/	Date
FEDERAL SHARE + LEVIN S	and the state of the	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	<del></del>	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
Mailing Address	<del></del>	Allocated Activity or Event Year-To-Date
City State Zip Code		in the second of
Purpose of Disbursement	Category/ Type	Date Date
FEDERAL SHARE + LEVIN S	ska sv. in samme i su po fastija i	
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code	Embaranco en Colo	"Treation" - constitutive of the constitution and the constitution of the constitution
Purpose of Disbursement	Category/ Type	Date
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OTAL This Period (last page for each line only)(Federal share to 30(a)(i) a FEDERAL SHARE		30(a)(ii)) TOTAL AMOUNT
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OTAL This Period for the Levin Share	91	TEC Cabadula US (Farm 3V) Pay 02/20

### SCHEDULE L (FEC Form 3X)

**AGGREGATION PAGE: LEVIN FUNDS** 

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NAN	Alerted Democratic M ME OF ACCOUNT	najority	
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
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#### SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

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

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PAGE

(check only one) 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) / Full Organization Name Date of Receipt A. "W": / "6" "6": / ? "Y" Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business a manager of the control of the cont Aggregate Year-to-Date Occupation and the last the state of the disconstructions Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. "O" O" / "V "V" Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Sangaran and Street Street, Street Street, and Street, Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City Zip Code and the control of the company of the property and the State State Brown Brown Company States and Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation and the control of the continues were the control of the control o Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business more and the state of the state of the state of Aggregate Year-to-Date Occupation en racin re-la malitantica a Suncillare inscending al Contrat. and the second control of the second control of the second control of the second control of the second control of SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

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OF LEVIN FUNDS	Aggregation Page	45 46	
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/ Alerted Democratic Majority			
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PREPARER (3/2005)		DATE PREPARED		
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