

RECEIVED
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APR 22 P 1:53

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over this line.

12FE4M5

00142653 12001 N 266

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00142653

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) 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)

(b) Quarterly Report:

- 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)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on:

in the State of

(d) 90-Day POST-Election Report for this:

- General (90G)
- Runoff (90R)
- Special (90S)

Election on:

in the State of

5. Covering Period

01 01 2002 through 03 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William W. Batoff

Signature of Treasurer

William W. Batoff

Date

04 12 2002

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

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Revised 1/01)

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="2002"/>		<input type="text" value="13336701"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="13336701"/>	
(c) Total Receipts (from Line 16)	<input type="text" value="352444"/>	<input type="text" value="352444"/>
(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="13689145"/>	<input type="text" value="13686701"/>
7. Total Disbursements (from Line 30)	<input type="text" value="534628"/>	<input type="text" value="7834628"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="13154517"/>	<input type="text" value="13154517"/>
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 800-424-9630
Local 202-894-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 01 / 01 / 2002 To: 03 / 31 / 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	3 5 0 0 . 0 0 0 0 3 5 0 0 . 0 0	3 5 0 0 . 0 0 0 0
(b) Political Party Committees (c) Other Political Committees (such as PACs)	0 0 0 0	0 0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	3 5 0 0 . 0 0	3 5 0 0 . 0 0
12. Transfers From Affiliated Other Party Committees	0 0	0 0
13. All Loans Received	0 0	0 0
14. Loan Repayments Received	0 0	0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0 0	0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0	0 0
17. Other Federal Receipts (Dividends, Interest, etc.)	2 2 4 4	2 2 4 4
18. Transfers from Nonfederal Account for Joint Activity	0 0	0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 16, 17, and 18) ▶	3 5 2 2 4 4	3 5 2 2 4 4
20. Total Federal Receipts (subtract Line 16 from Line 19) ▶	3 5 2 2 4 4	3 5 2 2 4 4

44546

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		00	00
(i) Federal Share			
(ii) Non-Federal Share		00	00
(b) Other Federal Operating Expenditures		00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		00	00
22. Transfers to Affiliated/Other Party Committees		00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,500.00	2,500.00
24. Independent Expenditures (see Schedule E)		00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (see Schedule F)		00	00
26. Loan Repayments Made		00	00
27. Loans Made		00	00
28. Refunds of Contributions To:			
(a) Individual/Parsona Other Than Political Committees		00	00
(b) Political Party Committees		00	00
(c) Other Political Committees (such as PACs)		00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		00	00
29. Other Disbursements		28,462.8	28,462.8
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		5,346.28	5,346.28
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)		5,346.28	5,346.28

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)		35,000.00	35,000.00
33. Total Contribution Refunds (from Line 28(d))		00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		35,000.00	35,000.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		00	00
36. Offsets to Operating Expenditures (from Line 15, page 3)		00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35)		00	00

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 19	<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

A. First Republic Bank

Full Name (Last, First, Middle Initial)
Mailing Address
1608 Walnut Street
City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee: C

Name of Employer: Interest Earned Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt: 10 / 22 / 2002

Amount of Each Receipt This Period: 971

B. First Republic Bank

Full Name (Last, First, Middle Initial)
Mailing Address
1608 Walnut Street
City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee: C

Name of Employer: Interest Earned Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt: 02 / 20 / 2002

Amount of Each Receipt This Period: 707

C. First Republic Bank

Full Name (Last, First, Middle Initial)
Mailing Address
1603 Walnut Street
City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee: C

Name of Employer: Interest Earned Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt: 02 / 20 / 2002

Amount of Each Receipt This Period: 626

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2444

2002-10-22 10:00 AM

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

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

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 1c	
<input type="checkbox"/> 19	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)
Obertmayer Rebmann Maxwell & Hippel LLP

Mailing Address
Attorneys At Law One Penn Center 19th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer: **Partnership (attachment)** Occupation: **Campaign Contribution**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt
03 / 05 / 2002

Amount of Each Receipt this Period
3,500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **▼**

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶	3,500.00
TOTAL This Period (last page this line number only) ▶	3,524.44

2003-05-03 10:00:00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 07

<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"/> 29

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A.

Full Name (Last, First, Middle Initial)
Wyden for Senate

Mailing Address
Post Office Box 3498

City: Portland State: Oregon Zip Code: 97208

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

State: District:

Date of Disbursement
02 / 01 / 2002

Amount of Each Disbursement this Period
2 5 0 0 0 0

Category/Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) _____ ▶

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

2 5 0 0 0 0

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"/> 26a	<input type="checkbox"/> 26b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29		
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29						

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Date of Disbursement
02 / 07 / 2002

Mailing Address
1608 Walnut Street
City Philadelphia State PA Zip Code 19103
Purpose of Disbursement
Federal Deposit on Interest
Candidate Name

Amount of Each Disbursement this Period
2196.28

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

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

Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name

Amount of Each Disbursement this Period

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

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

Date of Disbursement

Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) 2196.28
TOTAL This Period (last page this line number only)

2002-03-14 11:55 AM

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

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street

City **Philadelphia** State **PA** Zip Code **19148**

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **✓**

Date: **District**

Date of Disbursement
01 02 2002

Amount of Each Disbursement this Period
50.00

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

Mailing Address
1040 Tasker Street

City **Philadelphia** State **PA** Zip Code **19148**

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **✓**

Date: **District**

Date of Disbursement
01 09 2002

Amount of Each Disbursement this Period
50.00

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

Mailing Address
1040 Tasker Street

City **Philadelphia** State **PA** Zip Code **19102**

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **✓**

Date: **District**

Date of Disbursement
01 17 2002

Amount of Each Disbursement this Period
50.00

SUBTOTAL of Disbursements This Page (optional) **150.00**

TOTAL This Period (last page Dis Line number only)

2002-01-17 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBERS (check only one)				PAGE	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29

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

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Date of Disbursement
02 / 14 / 2002

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
50.00

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

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

Date of Disbursement
02 / 20 / 2002

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
50.00

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

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

Date of Disbursement
02 / 28 / 2002

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

Purpose of Disbursement
Clerical

Candidate Name

Category Type

Amount of Each Disbursement this Period
50.00

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

AMOUNT of Disbursements This Page (optional) **150.00**

TOTAL This Period (see page 3 for line number only)

2002-03-27 10:00:00

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

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

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NAME OF COMMITTEE (in full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
03 / 11 / 2002

Amount of Each Disbursement this Period
500.00

Category/Type

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

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
03 / 13 / 2002

Amount of Each Disbursement this Period
500.00

Category/Type

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

Mailing Address
1040 Tasker Street

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
03 / 20 / 2002

Amount of Each Disbursement this Period
500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) 150.00

TOTAL This Period (last page this line number only)

2002-03-27 14:44:44

**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"/> 21a	<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"/> 29
------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Mailing Address
104D Tasker Street

City **Philadelphia** State **PA** Zip Code **19148**

Purpose of Disbursement:
Election

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **V**

State: District:

Date of Disbursement
03 / 27 / 2002

Amount of Each Disbursement this Period
500.00

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **V**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **V**

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page 104 line number only) **5366.28**

500.00

5366.28

2002-03-27 10:30:00

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (in Full)
 Alerted Democratic Majority

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

Section:
 Primary
 General
 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 Invoiced	Date Due	Interest Rate	Secured
		% (APR)	<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) →

Carry outstanding balance only to LINE 8, 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 to
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C 0 0 1 4 2 6 5 3
---	---

LENDING INSTITUTION (LENDER) Full Name There are no loans.	Amount of Loan _____	Interest Rate (APR) _____ %
---	--------------------------------	---------------------------------------

Mailing Address _____ _____ _____	Date Incurred or Established _____	_____	_____
City _____ State _____ Zip Code _____	Date Due _____	_____	_____

A. Has loan been restructured? No Yes If yes, date originally incurred _____

B. If line of credit:
 Amount of this Draw: _____ Total Outstanding Balance: _____

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

D. Are any of the following pledged as collateral for this 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 collateralized value?

A depository account must be established pursuant to 11 CFR 100.7(b)(1)(K) and 100.8(b)(2)(B).

Date account established: _____

Location of account: _____

Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it ensures repayment.

G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE _____
--	----------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. 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.
2. 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.
3. 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 in 11 CFR 100.7(b)(1) and 100.8(b)(2) in making this loan.

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

There are no debts or obligations.

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C00142653
---	---

Full Name (Last, First, Middle Initial) of Payee There were no independent expenditures.	Purpose of Expenditure Independent Category Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____
Date Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure Independent Category Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____
Date Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure Independent Category Type
Mailing Address	Name of Federal Candidate supported or opposed by expenditure
City State Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____
Date Amount	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

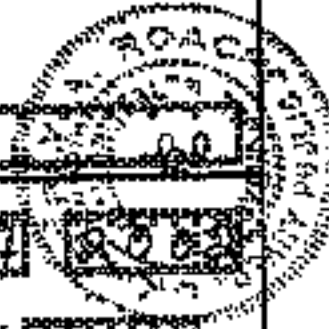
Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his authorized committee, or their agent.

Subscribed and sworn to before me this 12 day of 09, 2005

My Commission expires: 12 29 2005

[Signature]
Signature Date

[Signature]
My Commission Expires December 24, 2005



Vertical text on the left margin, possibly a page number or reference code.

SCHEDULE F (FEC Form 3X)

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

There were no itemized coordinated expenditures by political party committees or agents.

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election Expenditure for this Candidate

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State:

Senate

District:

Presidential

Amount

Aggregate General Election Expenditure for this Candidate

SUBTOTAL of Expenditures This Page (optional)

TOTAL This Period (last page this line number only)

2025-03-07 15:44:45

SCHEDULE H1 (FEC Form SX)

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

USE ONLY ONE SECTION

This page not applicable.

A. FEDERAL ELECTION COMMISSION

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)

- Presidential Year (65%)
All Other Years (80%)

Percentage box

B. HOUSE AND SENATE FEDERAL CANDIDATE COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (if checked, enter 65% in box to right)

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal

Percentage box

Percentage box

Percentage box

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal

Percentage box

Percentage box

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SENATE ELECTIONS, HOUSES AND UNIFORMED SERVICES

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal

Percentage box

Percentage box

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal

Percentage box

Percentage box

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- 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 (3 Points)
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)

Table with 12 rows and 1 column: NUMBER OF POINTS

Percentage box

FEDERAL ALLOCATION = Line 4 divided by Line 12

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

This page not applicable.

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

Methods of allocation:

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

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

NAME OF ACTIVITY OR EVENT

ACTIVITY IS:

- Fundraising Exempt Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

%

NON-FEDERAL %

%

122 - 03 - 754 - 4548

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

PAGE OF
FOR LINE 16 OF FORM 3X

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority - This page not applicable.

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

a) Total Administrative/Voter Drive

[Empty box for Total Administrative/Voter Drive Amount]

b) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

[Empty box for Direct Fundraising Amount]

(f) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a) _____

b) _____

c) _____

d) _____

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

[Empty box for Exempt Activity/Direct Candidate Support]

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

[Empty box for Total Administrative/Voter Drive Amount]

TOTAL This Period (Direct Fundraising Amount)

[Empty box for Total Direct Fundraising Amount]

TOTAL This Period (Exempt Activity/Direct Candidate Support) ..

[Empty box for Total Exempt Activity/Direct Candidate Support]

TOTAL This Period (Total Amount Transferred)

[Empty box for Total Amount Transferred]

03 - 7 594 - 48865

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority - This page is not applicable.

A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Motor Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
Date			Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
=		TOTAL AMOUNT		

B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Motor Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
Date			Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
=		TOTAL AMOUNT		

C. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Motor Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
Date			Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
=		TOTAL AMOUNT		

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			TOTAL AMOUNT	
FEDERAL SHARE		+	NON-FEDERAL SHARE	
=		TOTAL AMOUNT		
TOTAL This Period (last page for each line only) (Federal share is 21(a)(3) and non-Federal share is 21(b)(3))			TOTAL AMOUNT	
FEDERAL SHARE		NON-FEDERAL SHARE		
=		TOTAL AMOUNT		
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			TOTAL AMOUNT	

2025-03-27 14:56:16

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

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority - This page not applicable.

NAME OF ACCOUNT	Coverage Period					
	From				To:	

RECEIPTS (Attach Supporting Memo Schedule A itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. TOTAL RECEIPTS:		

DISBURSEMENTS: (Attach Supporting Memo Schedule B itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses		
3. Transfers to State/Local Party Organizations		
4. Direct State/Local Candidate Support		
5. Other Disbursements		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)		


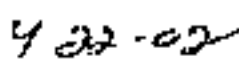
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash on of January 1st)		
8. RECEIPTS (from Line 1)		
9. SUBTOTAL		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND		

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify)	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
	
PREPARER	DATE PREPARED