

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 19 54 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) Aligned Democratic Majority	2. FEC IDENTIFICATION NUMBER C921207000142653
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Suite 520 Packard Bldg. 11 E. 15th Street.	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Philadelphia, PA 19102	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/10/93</u> through <u>12/31/93</u>		
6 (a) Cash on Hand January 1, 19 <u>93</u>		\$ 76,104.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 92,774.63	
(c) Total Receipts (from Line 19)	\$ 2,910.68	\$ 9,236.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 85,715.31	\$ 85,941.00
7. Total Disbursements (from Line 30)	\$ 982.80	\$ 1,208.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 84,732.51	\$ 84,732.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 660 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		

Type or Print Name of Treasurer WILLIAM W. BRADFORD	Date 1/31/94
Signature of Treasurer 	

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

2 4 3 5 7 3 1 5 4 3

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Alerted Democratic Majority	FROM 7/01/93	TO: 12/31/93
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	500.00	500.00
ii. Unitemized	0	0
iii. Total	0	0
..... (add i and ii) >		
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	7000.00
d. Total Contributions	1500.00	7000.00
..... (add a ii, b and c) >		
7. Transfers From Affiliated/Other Party Committees	0	0
7. All Loans Received	0	0
7. Loan Repayments Received	0	0
1. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
1. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
1. Other Federal Receipts (Dividends, Interest, etc.)	1490.68	2836.44
1a. Transfers from Nonfederal Account for Joint Activity	0	0
1. Total Receipts	2910.68	9836.44
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
2. Total Federal Receipts	2910.68	9836.44
..... (subtract line 19 from line 19) >		
II. Disbursements		
2. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	982.80	1208.49
c. Total Operating Expenditures	982.80	1208.49
..... (add a i, a ii, and b) >		
2. Transfers to Affiliated/Other Party Committees	0	0
2. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
2. Independent Expenditures (use Schedule E)	0	0
2. Coordinated Expenditures Made by Party Committees (2 U.S.C. 147a(d)) (use Schedule F) ..	0	0
2. Loan Repayments Made	0	0
2. Loans Made	0	0
2. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributor Refunds	0	0
..... (add a, b and c) >		
2. Other Disbursements	0	0
3. Total Disbursements	0	0
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
3. Total Federal Disbursements	0	0
..... (subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans)(from line 11d)	1500.00	7000.00
3. Total Contribution Refunds (from line 28d)	0	0
3. Net Contributions (other than loans)(subtract line 33 from 32) ..	1500.00	7000.00
3. Total Federal Operating Expenditures	982.80	1208.49
..... (add 21 a i and 21 b) >		
3. Offsets to Operating Expenditures (from line 15)	0	0
3. Net Operating Expenditures	982.80	1208.49
..... (subtract line 36 from 35) >		

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

All 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

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	7/20/93	232.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	8/25/93	248.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	9/20/93	249.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, Pa 19102	Interest Earned	10/20/93	24.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	11/20/93	253.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, Pa 19102	Interest Earned	12/20/93	214.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Knicoley 63 Pearl Street N. Middletown, NJ 07748	The Copeland Companies Two Tower Center East Brunswick, NJ 08816	11/1/93	2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	2440.56
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Atlanta Democratic Majority

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward A. Wood 17 Woodland Place Short Hills, N. J. 07078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	K.F. Woods & Co. 6 Penns Trail Suite 208 Newtown, PA 19940 Occupation President Aggregate Year-to-Date > \$	11/2/93	500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	2940.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

All 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)
 Altered Democratic Majority

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 1st & 2nd Qtr. for int. earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/93	462.98
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 3rd Qtr. for interest earned. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/93	248.37
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 4th Qtr. for interest earned. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/93	241.45
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Service charge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/93	30.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SI TOTAL of Disbursements This Page (optional)	982.80
TOTAL This Period (last page this line number only)	982.80

LOANS

Name of Committee (in Full) Alerled Democratic Majority			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) _____ Secured _____			
List All Endorsers or Guarantors (if any) to Item A		(This area is shaded to indicate that the information in this section is not to be reported.)	
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
None were no loans.	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) _____ Secured _____			
List All Endorsers or Guarantors (if any) to Item B		(This area is shaded to indicate that the information in this section is not to be reported.)	
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			0
TOTALS This Period (last page in this line only)			0

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

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page ____ of ____ for
LINE NUMBER
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Aligned Democratic Majority				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				0
2) TOTALS This Period (last page in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

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ITEMIZED INDEPENDENT EXPENDITURES

Page 1 of 1 Pages

(See Reverse Side for Instructions)

Name of Committee (in Full)

Merleed Democratic Majority

F.I. Name, Mailing Address & ZIP Code of Earn Payee

Purpose of Expenditure

Date (month day, year)

Amount

Name of Federal Candidate supported or opposed by the expenditure & office sought

There were no Itemized Independent Expenditures.

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

Support Oppose

ix. SUBTOTAL of Itemized Independent Expenditures \$ _____

x. SUBTOTAL of Unitemized Independent Expenditures \$ _____

xi. TOTAL Independent Expenditures \$ 0

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

Subscribed and sworn to before me this 31st day of

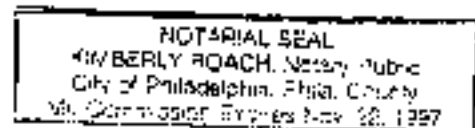
JANUARY 1991

My Commission expires _____

Kimberly Roach
NOTARY PUBLIC

Signature

Date



SCHEDULE F

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

Page ____ of ____
LINE NUMBER

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

Name of Political Committee (in Full)				
United Democratic Majority				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
There were no Itemized Coordinated Expenditures.				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
SUBTOTAL of Expenditures This Page (optional)				0
TOTAL This Period (last page this line number only)				0

44033731505

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

NAME OF COMMITTEE

Aligned Democratic Majority

NATIONAL PARTY COMMITTEES

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

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) N/A %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	(1 POINT)	
2. U.S. SENATE	(1 POINT)	
3. U.S. CONGRESS	(1 POINT)	
4. SUBTOTAL -- FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	(1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	(1 OR 2 POINTS)	
7. STATE SENATE	(1 POINT)	
8. STATE REPRESENTATIVE	(1 POINT)	
9. LOCAL CANDIDATES	(1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	(1 POINT)	
11. SUBTOTAL -- NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 N/A %

ALLOCATION RATIOS

NAME OF COMMITTEE

Blended Democratic Majority

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

Methods of allocation:

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

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

**TRANSFERS FROM
 NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE: Alerted Democratic Majority TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT: Transfers from Non-Federal Accounts are never made. DATE OF RECEIPT \$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT: _____ DATE OF RECEIPT \$

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
Total Administrative/Voter Drive				
i) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
ii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

2 4 0 3 8 7 3 : 5 0 0

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

DISBURSEMENT SCHEDULE B-T

NAME OF COMMITTEE

Alerted Democratic Majority

24033334507

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT					
S. TOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
T. TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 a) ()					
T. TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>2-1-94</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

Seb.
PREPARER

2-1-94
DATE PREPARED

2 4 5 3 6 7 8 9 1 5 6 9