

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2007 APR 13 AM 8:16  
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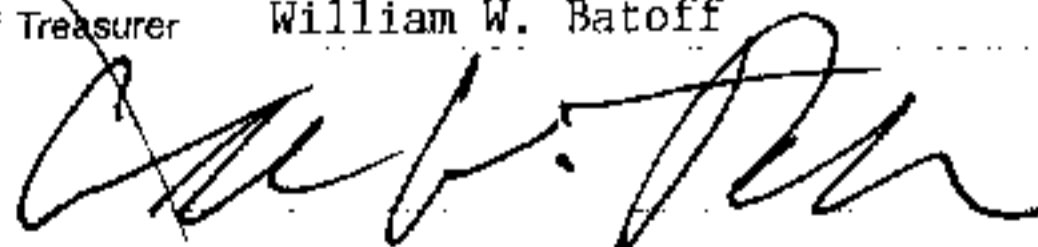
1. NAME OF COMMITTEE (in full) **Alented Democratic Majority** TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

William W. Batoff  
ADDRESS (number and street) Suite 1805 One Penn Center  
1617 John F. Kennedy Blvd.  
Check if different than previously reported. (ACC) Philadelphia, PA 19103

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 0 0 1 4 2 6 5 3 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
X April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
January 31 Year-End Report (YE)  
July 31 Mid-Year Report (Non-election Year Only) (MY)  
Termination Report (TER)  
(b) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)  
Election on M M D D Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)  
Election on M M D D Y Y Y Y in the State of

5. Covering Period 01 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer William W. Batoff  
Signature of Treasurer  Date 04 05 2007

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

27039421140

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 01 01 2007 To: 03 31 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		,1 1 6,2 8 3.2 6
(b) Cash on Hand at Beginning of Reporting Period.....	,1 1 6,2 8 3.2 6	
(c) Total Receipts (from Line 19).....	, 8 7 7.6 1	, 8 7 7 .6 1
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,1 1 7,1 6 0 .8 7	,1 1 7 ,1 6 0 .8 7
7. Total Disbursements (from Line 31).....	, 1,3 8 1.8 5	, 1 ,3 8 1 .8 5
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	,1 1 5 ,7 7 9 .0 2	,1 1 5 ,7 7 9 .0 2
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, , 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, , .0 0	

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

**For further information contact:**

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

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

27039421549

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 01 01 2007 To: 03 31 2007

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).....	, 0 0	, 0 0
(ii) Unitemized .....	, 0 0	, 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 0 0	, 0 0
(b) Political Party Committees .....	, 0 0	, 0 0
(c) Other Political Committees (such as PACs).....	, 0 0	, 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 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 37, page 5).....	, 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.).....	, 8 7 7 6 1	, 8 7 7 6 1
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	, 0 0	, 0 0
(b) Levin Funds (from Schedule H5).....	, 0 0	, 0 0
(c) Total Transfers (add 18(a) and 18(b))..	, 0 0	, 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	, 8 7 7 6 1	, 8 7 7 6 1
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 8 7 7 6 1	, 8 7 7 6 1

27039421550

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	, , .00	, , .00
(ii) Non-Federal Share.....	, , .00	, , .00
(b) Other Federal Operating Expenditures .....	, , .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.....	, , .00	, , .00
24. Independent Expenditures (use Schedule E) .....	, , .00	, , .00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	, , .00	, , .00
26. Loan Repayments Made.....	, , .00	, , .00
27. Loans Made.....	, , .00	, , .00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	, , .00	, , .00
(b) Political Party Committees .....	, , .00	, , .00
(c) Other Political Committees (such as PACs).....	, , .00	, , .00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	, , .00	, , .00
29. Other Disbursements .....	, 1,381.85	, 1,381.85
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	, , .00	, , .00
(ii) "Levin" Share.....	, , .00	, , .00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	, , .00	, , .00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	, , .00	, , .00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	, 1,381.85	, 1,381.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	, 1,381.85	, 1,381.85

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, , .0 0	, , .0 0
34. Total Contribution Refunds (from Line 28(d)) .....	, , .0 0	, , .0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, , .0 0	, , .0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, , .0 0	, , .0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, , .0 0	, , .0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, , .0 0	, , .0 0

27039421552

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
			<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Republic First Bank</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 4 4
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee. C		
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Republic First Bank</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 5 0 6 3 9
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee. C		
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Republic First Bank</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 3 2
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee. C		
Name of Employer Interest Earned	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	5 0 7 1 5
TOTAL This Period (last page this line number only).....▶	5 0 7 1 5

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

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

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<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. Republic First Bank**

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

Date of Receipt  
02 / 28 / 2007

Mailing Address  
1608 Walnut Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period  
3,702.5

Name of Employer Occupation  
Interest Earned

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**B. Republic First Bank**

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

Date of Receipt  
03 / 23 / 2007

Mailing Address  
1608 Walnut Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period  
210

Name of Employer Occupation  
Interest Earned

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**C.**

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	37,046
TOTAL This Period (last page this line number only)	87,761

2703942155

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

**A.** Patricia M. Doto

Date of Disbursement

0 1 / 0 3 / 2 0 0 7

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia, PA 19148

Purpose of Disbursement  
Clerical Expense

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 5 0 . 0 0

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

Full Name (Last, First, Middle Initial)

**B.** Patricia M. Doto

Date of Disbursement

0 1 / 1 1 / 2 0 0 7

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia, PA 19148

Purpose of Disbursement  
Clerical Expense

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 5 0 . 0 0

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

Full Name (Last, First, Middle Initial)

**C.** Patricia M. Doto

Date of Disbursement

0 1 / 1 8 / 2 0 0 7

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement  
Clerical Expense

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

, , 5 0 . 0 0

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

SUBTOTAL of Disbursements This Page (optional) , , 1 5 0 . 0 0

TOTAL This Period (last page this line number only) , , 1 5 0 . 0 0

2703942154



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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

**A.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Amount of Each Disbursement this Period  
50.00

**B.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period  
50.00

**C.** Patricia M. Doto

Mailing Address  
1040 Tasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 7

Amount of Each Disbursement this Period  
50.00

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

TOTAL This Period (last page this line number only)..... 300.00

27039421550

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

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NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. Patricia M. Doto		Date of Disbursement MM / DD / YYYY 02 / 16 / 2007	
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period  , 50,000	
City Philadelphia,	State PA		Zip Code 19148
Purpose of Disbursement Clerical Expense	Candidate Name		
Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Patricia M. Doto		Date of Disbursement MM / DD / YYYY 02 / 21 / 2007	
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period  , 50,000	
City Philadelphia,	State PA		Zip Code 19148
Purpose of Disbursement Clerical Expense	Candidate Name		
Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Patricia M. Doto		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007	
Mailing Address 1040 Tasker Street		Amount of Each Disbursement this Period  , 50,000	
City Philadelphia	State PA		Zip Code 19148
Purpose of Disbursement Clerical Expense	Candidate Name		
Category/Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, 150,000
TOTAL This Period (last page this line number only).....▶	, 450,000

27039421587

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia, PA 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 0 7

Amount of Each Disbursement this Period

, , 5 0 . 0 0

Category/  
Type

Full Name (Last, First, Middle Initial)

B. Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia, PA 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

, , 5 0 . 0 0

Category/  
Type

Full Name (Last, First, Middle Initial)

C. Patricia M. Doto

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement  
Clerical Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Amount of Each Disbursement this Period

, , 5 0 . 0 0

Category/  
Type

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

, 1 5 0 . 0 0

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

, 6 0 0 . 0 0

27039421558

**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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

**A.** Patricia M. Doto Date of Disbursement

Mailing Address

1040 Tasker Street

03 / 29 / 2007

City State Zip Code  
Philadelphia, PA 19148

Purpose of Disbursement

Clerical Expense

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000

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

State: District:

Full Name (Last, First, Middle Initial)

**B.** Republic First Bank Date of Disbursement

Mailing Address

1608 Walnut Street

01 / 22 / 2007

City State Zip Code  
Philadelphia PA 19103

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

800

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

State: District:

Full Name (Last, First, Middle Initial)

**C.** Republic First Bank Date of Disbursement

Mailing Address

1608 Walnut Street

02 / 20 / 2007

City State Zip Code  
Philadelphia PA 19103

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

800

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

State: District:

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

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

6600

66600

27039421550

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

A. Republic First Bank

Date of Disbursement

MM/DD/YYYY  
03/15/2007

Mailing Address

1608 Walnut Street

City

Philadelphia,

State

PA

Zip Code

19103

Purpose of Disbursement

Federal Deposit on Interest Earned

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

715.85

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM/DD/YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

MM/DD/YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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)

TOTAL This Period (last page this line number only)

715.85

1381.85

27039421569

**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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) : There are no loans.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

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

<b>TERMS</b>	Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate % (apr)	Secured: <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: \$

<b>SUBTOTALS</b> This Period This Page (optional) .....	\$
<b>TOTALS</b> This Period (last page in this line only) .....	\$ 0 0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

27039421561

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Information found on  
Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

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

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

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

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

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the estimated value? _____
--	---------------------------------------

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: \_\_\_\_\_

Location of account: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

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

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

27039421562

**DEBTS AND OBLIGATIONS**

Excluding Loans

schedule(s)  
for each  
numbered line)

FON LINE NUMBER:  
(check only one)

9  
10

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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred 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)▶	0 0

27039421563



**ITEMIZED INDEPENDENT EXPENDITURES**

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

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

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

Full Name (Last, First, Middle Initial) of Payee	Date M / D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	, , -

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶
(c) TOTAL Independent Expenditures .....	▶ 0 0

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

Date M / D / Y Y Y Y

Signature \_\_\_\_\_

27039421569

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

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

PAGE OF  
FOR LINE 25 OF FORM 3X

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

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 of Subordinate Committee <b>There are no itemized coordinated party expenditures.</b> Mailing Address City State ZIP Code
--	--

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

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

270309011915

**METHOD OF ALLOCATION FOR:**

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

**A. State and Local Party Committees**

N/A

Fixed Percentage (select one)

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

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

Flat Minimum Federal Percentage

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

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

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

27039421566

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
 Alerted Democratic Majority

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

Methods of allocation:

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

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % ..... %	NONFEDERAL % ..... %

27039421567

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

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

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

a)

b)

c) Total Amount Transferred For Direct Candidate Support

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

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

00

27039421360

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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

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

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

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

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				00

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				00

2703942105

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

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

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

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

**BREAKDOWN OF THIS TRANSFER**

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

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

**BREAKDOWN OF THIS TRANSFER**

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

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

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	<b>0 0</b>

27039421579

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

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

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

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

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

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>			
FEDERAL SHARE	+	LEVIN SHARE	TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
			0 0
<b>TOTAL This Period for the Levin Share</b>			
			0 0

27039421571



# AGGREGATION PAGE: LEVIN FUNDS

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

NAME OF ACCOUNT

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

2703942172

**ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

FOR LINE NUMBER:  1a  2 (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**

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

27039421573

**ITEMIZED DISBURSEMENTS OF LEVIN FUNDS**

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

FORM LINE NUMBER: 270399421570  
 (check only one)  4a  4c  5  
 4b  4d

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

NAME OF COMMITTEE (In Full)  
 Alerted Democratic Majority

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_

Date of Disbursement  
 M / D / Y Y Y Y  
 \_\_\_\_\_

City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_

Amount of Each Disbursement this Period  
 \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_

Date of Disbursement  
 M / D / Y Y Y Y  
 \_\_\_\_\_

City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_

Amount of Each Disbursement this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_

Date of Disbursement  
 M / D / Y Y Y Y  
 \_\_\_\_\_

City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_

Amount of Each Disbursement this Period  
 \_\_\_\_\_

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_

Date of Disbursement  
 M / D / Y Y Y Y  
 \_\_\_\_\_

City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_

Amount of Each Disbursement this Period  
 \_\_\_\_\_

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_

Date of Disbursement  
 M / D / Y Y Y Y  
 \_\_\_\_\_

City State Zip Code  
 \_\_\_\_\_  
 Purpose of Disbursement  
 \_\_\_\_\_

Amount of Each Disbursement this Period  
 \_\_\_\_\_

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

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

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