

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

NOV 20 2004

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4MS

C 0 0 1 4 2 5 3 1 2

William W. Batoff

S A I E S I 8 0 5

ADDRESS (number and street)

1617 John P. Kennedy Blvd

Philadelphia, Pa 19103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 0 0 1 4 2 5 3 1 2

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)

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

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

Election on

11 22 2004

in the State of PA

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

11 22 2004

in the State of PA

5. Covering Period

09 30 2004

through

11 22 2004

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

[Handwritten Signature]

Date

11 23 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: **09** / **30** / **2004** To: **11** / **22** / **2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
B. (a) Cash on Hand January 1, <b>2004</b>		135,979.78
(b) Cash on Hand at Beginning of Reporting Period	130,069.44	
(c) Total Receipts (from Line 19)	236	6,563.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130,305.88	142,542.99
7. Total Disbursements (from Line 31)	89,630	133,674.9
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	129,175.50	129,175.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	

This committee has qualified as a multicandidate committee. (see FEC FORM 114)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Allected Democratic Majority

Report Covering the Period: From: 09/30/2004 To: 11/22/2004

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 (Less Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (and Lines 11(a)(i) and (ii)).....▶	0.00	5.00 0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 39, page 5).....▶	0.00	5.00 0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, interest, etc.).....	2.36	1,563.21
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H2).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)).....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2.36	6,563.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2.36	6,563.21

**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	1050000
24. Independent Expenditures (use Schedule E) .....	00	00
25. Coordinated Party Expenditures (2 U.S.C. 6441a(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 .....	89630	286749
30. Federal Election Activity (2 U.S.C. 6431(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)) .....	89630	1336749
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	84630	1336749

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	00	5,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	00	5,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	00	00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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)

**A.** Republic First Bank

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee.

C 001425312

Name of Employer

Interest Earned

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

10 20 2004

Amount of Each Receipt this Period

236

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

00 00 00

Amount of Each Receipt this Period

000

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

00 00 00

Amount of Each Receipt this Period

000

SUBTOTAL of Receipts This Page (explain) ▶

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

236

**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**

**A.**

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

Date of Disbursement  
**1 0 0 6 2 0 0 4**

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: \_\_\_\_\_

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

**B.**

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

Date of Disbursement  
**1 0 0 3 2 0 0 4**

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: \_\_\_\_\_

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

**C.**

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

Date of Disbursement  
**1 0 2 0 2 0 0 4**

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: \_\_\_\_\_

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

**SUBTOTAL of Disbursements This Page (optional)** **1 5 0 0 0**

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

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

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

NAME OF COMMITTEE (in Full)  
Alerted Democratic Majority

**A.**

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

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  
10 27 2004

Amount of Each Disbursement this Period  
500.00

**B.**

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

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  
11 03 2004

Amount of Each Disbursement this Period  
500.00

**C.**

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

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  
11 10 2004

Amount of Each Disbursement this Period  
500.00

SUBTOTAL of Disbursements This Page (optional) ..... 1500.00

TOTAL This Period (last page this line number only) ..... 3000.00



**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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30				

Any information copied from such Reports and Statements may not be 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 (to Full)  
Alerted Democratic Majority

**A.**

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

Date of Disbursement  
11/18/2004

Mailing Address  
1040 Lasker 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)  
Republic First Bank

Date of Disbursement  
10/15/2004

Mailing Address  
1608 Walnut Street

City Philadelphia, State PA Zip Code 19103

Purpose of Disbursement  
Federal Deposit on Interest

Candidate Name

Category/Type

Amount of Each Disbursement this Period  
546.30

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

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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) 596.30

**TOTAL** This Period (Get page this line number only) 896.30

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE **OF**  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial)

There are no loans.

Election:

- 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 Incurred

Date Due

Interest Rate

Secured:

% (spc)  Yes  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 2, Schedule D, for this line. If on Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

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

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (in Full) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER C 0 0 1 4 2 5 3 1 2	
LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established	Date Due	
City State Zip Code			

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

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

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

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

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

G. COMMITTEE TREASURER  
 Typed Name \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature \_\_\_\_\_

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 at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE  
 Typed Name \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_

**SCHEDULE D (FEC Form 3X)  
DEBTS AND OBLIGATIONS**  
Excluding Loans

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

PAGE 1 OF 10  
FOR LINE NUMBER:  
(check only one)  0  
 10

NAME OF COMMITTEE (in full)

Alleged 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) ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (in FUS)  
 Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
There are no debts or obligations.	
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)	

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

PAGE        OF         
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (if Pub) <p style="text-align: center;">Alerted Democratic Majority</p>	FEC IDENTIFICATION NUMBER <p style="text-align: center;">C 001 425 312</p>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee  Mailing Address <p style="text-align: center;">There are no independent expenditures.</p>	Date <p style="text-align: center;">0000 0000 0000</p>
City <u>      </u> State <u>      </u> Zip Code <u>      </u>	Amount <p style="text-align: center;">00000000000000000000</p>

Purpose of Expenditure  Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type <p style="text-align: center;">00000000000000000000</p>	Office Sought: <input type="checkbox"/> House <u>      </u> State <u>      </u> <input type="checkbox"/> Senate <u>      </u> District <u>      </u> <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <p style="text-align: center;">00000000000000000000</p>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>      </u>	

Full Name (Last, First, Middle Initial) of Payee  Mailing Address 	Date <p style="text-align: center;">0000 0000 0000</p>
City <u>      </u> State <u>      </u> Zip Code <u>      </u>	Amount <p style="text-align: center;">00000000000000000000</p>

Purpose of Expenditure  Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type <p style="text-align: center;">00000000000000000000</p>	Office Sought: <input type="checkbox"/> House <u>      </u> State <u>      </u> <input type="checkbox"/> Senate <u>      </u> District <u>      </u> <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <p style="text-align: center;">00000000000000000000</p>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>      </u>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<p style="text-align: center;">00000000000000000000</p>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<p style="text-align: center;">00000000000000000000</p>
(c) TOTAL Independent Expenditures .....	<p style="text-align: center;">00000000000000000000</p>

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.

Signature \_\_\_\_\_ Date

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

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

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

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in full)  Alerted Democratic Majority	<input type="checkbox"/> 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 There are no itemized coordinated party expenditures
Mailing Address	
City	State
ZIP Code	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Category/ Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State:	District:	
Aggregate General Election Expenditure for this Candidate ▶		
Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(B)-1)		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Category/ Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State:	District:	
Aggregate General Election Expenditure for this Candidate ▶		
Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(B)-1)		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Category/ Type
Mailing Address	Date	
City	State	Zip Code
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential
State:	District:	
Aggregate General Election Expenditure for this Candidate ▶		
Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(B)-1)		

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

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

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (in Full)

The Alerted Democratic Majority

**USE ONLY ONE SECTION**

**State and Local Party Committees**

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)

**Separate Segregated Funds and Non-Connected Committees**

Funds Expended

Estimated Direct Candidate Support - Federal ..... 00%

Estimated Direct Candidate Support - Non-Federal ..... %

**ADJUSTMENTS TO FUNDS EXPENDED:**

Actual Direct Candidate

Support - Federal ..... %

Actual Direct Candidate

Support - Non-Federal..... %



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

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

The Alerted Democratic Majority

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES 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. 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.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

Fundraising  Direct Candidate Support

CHECK IF THE RATIO IS:

New  Revised  Same as Previously Reported

FEDERAL %

100.00%

NON-FEDERAL %

0.00%

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY**

NAME OF COMMITTEE (in Full)  
 The Altered Democratic Majority

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

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	

**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 (Total Amount Transferred)	n/a

SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS OF ALLOCATED  
FEDERAL/NON-FEDERAL ACTIVITY

PAGE OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (in FIF)  
The Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 Purpose of Disbursement:  
 Activity or Event Identifier

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
				n/a
TOTAL This Period (last page for each line only) (Federal share to 21(a)(i) and Non-Federal share to 21(b)(6))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
				n/a
TOTAL This Period for the Non-Federal Share				

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

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

PAGE OF FOR LINE 1115 OF FORM 3X

NAME OF COMMITTEE (in Full) The Altered Democratic Majority

NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER i) Voter Registration ii) Voter ID iii) GOTV iv) Generic Campaign Activity

NAME OF ACCOUNT DATE OF RECEIPT TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER i) Voter Registration ii) Voter ID iii) GOTV iv) Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only) TOTAL This Period (Voter Registrations) TOTAL This Period (Voter ID) TOTAL This Period (GOTV) TOTAL This Period (Generic Campaign Activity) TOTAL This Period (Total Amount of Transfers Received)

**SCHEDULE H6 (FEC Form 3X)  
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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		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: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

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

**SCHEDULE L (FEC Form 3X)  
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) The Allected 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 12/31 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)		

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Stage	PAGE	OF
	FOR LINE NUMBER (check only one)	<input type="checkbox"/> 1A

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

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
Occupation		

<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
Occupation		

<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
Occupation		

<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	Amount of Each Receipt this Period
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
Occupation		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	11/8

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

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

FOR LINE NUMBER: PAGE OF  
(check only one)  4a  4b  4c  4d  5

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NAME OF COMMITTEE (In Full)  
Alerted Democratic Majority

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

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

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

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

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

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



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/22/04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>QATD</i> PREPARER	11/30/04 DATE PREPARED