

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM

2002 JUL 16 A 9 46

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

C00142653, 12001 N 266

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00142653

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(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)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

04 01 2002

through

06 30 2002

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

Type or Print Name of Treasurer William W. Batoff, Treasurer

Signature of Treasurer

William W. Batoff

Date

07 11 2002

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period:

From:

04 / 01 / 2002

To:

06 / 30 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1.	2002	13336701
(b) Cash on Hand at Beginning of Reporting Period	13154517	
(c) Total Receipts (from Line 19)	2453	354897
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13156970	13691598
7. Total Disbursements (from Line 30)	65855	600483
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13091115	13091115
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period:

From:

04 / 01 / 2002

To:

06 / 30 / 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	00	
(ii) Unitemized	00	
(ii) TOTAL (add Lines 11(a)(i) and (ii)	00	350000
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	00	350000
12. Transfers From Affiliated/Other Party Committees	00	00
13. All Loans Received	00	00
14. Loan Repayments Received	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 35, page 4)	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00	00
17. Other Federal Receipts (Dividends, Interest, etc.)	2453	4897
18. Transfers from Nonfederal Account for Joint Activity	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2453	4897
20. Total Federal Receipts (subtract Line 16 from Line 19)	2453	354897

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 278 (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0	0 0
(ii) Non-Federal Share	0 0	0 0
(b) Other Federal Operating Expenditures	0 0	0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0	0 0
22. Transfers to Affiliated/Other Party Committees	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0	2 5 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0	0 0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0 0	0 0
26. Loan Repayments Made	0 0	0 0
27. Loans Made	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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 Contribution Refunds (add Line 28(a), (b), and (c))	0 0	0 0
29. Other Disbursements	6 5 8 5 5	3 5 0 4 8 3
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	6 5 8 5 5	6 0 0 4 8 3
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	6 5 8 5 5	6 0 0 4 8 3

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	0 0	3 5 0 0 0 0
33. Total Contribution Refunds (from Line 28(d))	0 0	0 0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0 0	3 5 0 0 0 0
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0	0 0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 0	0 0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0 0	0 0

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 Receipt 04 / 22 / 2002
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 889
City Philadelphia	State Zip Code PA 19103	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 889
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. Republic First Bank		Date of Receipt 05 / 20 / 2002
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 746
City Philadelphia,	State Zip Code PA 19103	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 746
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) C. Republic First Bank		Date of Receipt 06 / 20 / 2002
Mailing Address 1608 Walnut Street		Amount of Each Receipt this Period 818
City Philadelphia,	State Zip Code PA 19102	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 818
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)	2453
TOTAL This Period (last page this line number only)	2453

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A.

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

Date of Disbursement
04 03 2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
500.00

Category/Type

B.

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

Date of Disbursement
04 10 2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
500.00

Category/Type

C.

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

Date of Disbursement
04 17 2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19102

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
500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) **1,500.00**

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Date of Disbursement
04/24/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
500.00

Category/Type

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

Date of Disbursement
05/01/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
500.00

Category/Type

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

Date of Disbursement
05/08/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19102

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
500.00

Category/Type

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A.

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

Date of Disbursement
05/16/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
50.00

Category/Type

B.

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

Date of Disbursement
05/22/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 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
50.00

Category/Type

C.

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

Date of Disbursement
05/29/2002

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19102

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
50.00

Category/Type

GRAND TOTAL of Disbursements This Page (optional) **150.00**

TOTAL This Period (last page this line number only) **450.00**

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

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
06/05/2002

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
06/12/2002

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
06/20/2002

Amount of Each Disbursement this Period
50.00

Category/Type

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

TOTAL This Period (last page this line number only) **600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)								PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
06/27/2002

Amount of Each Disbursement this Period
500.00

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

Mailing Address

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

500.00

650.00

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

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

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 04 / 12 / 2002	
Mailing Address 1608 Walnut Street		Amount of Each Disbursement this Period 855	
City Philadelphia,	State PA	Zip Code 19103	Category/Type
Purpose of Disbursement Federal Deposit			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/Type
Purpose of Disbursement			
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	855
TOTAL This Period (last page this line number only)	65855

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:

% (ap) 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 5, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Supplementary for
 information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Altered Democratic Majority	FEC IDENTIFICATION NUMBER C 00142653
--	--

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	_____
City State Zip Code	Date Due	_____

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

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

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 100.7(b)(1)(i)(B) and 100.8(b)(12)(i)(B).

Date account established: _____

Location of account: _____
 Address: _____
 City, State, Zip: _____

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

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

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- 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 for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

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

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

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

PAGE OF

FOR LINE NUMBER:
(check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

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

There are no debts or obligations

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

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

3) TOTAL OUTSTANDING LOANS from Schedule D (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**

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

Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures.	Purpose of Expenditure	Category/Type
--	------------------------	---------------

Mailing Address	Name of Federal Candidate supported or opposed by expenditure:
-----------------	--

City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	-------	----------	--	------------------------------	---

Date	Amount	Purpose of Expenditure
------	--------	------------------------

Full Name (Last, First, Middle Initial) of Payee	Name of Federal Candidate supported or opposed by expenditure:
--	--

City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	-------	----------	--	------------------------------	---

Date	Amount	Purpose of Expenditure
------	--------	------------------------

Full Name (Last, First, Middle Initial) of Payee	Name of Federal Candidate supported or opposed by expenditure:
--	--

City	State	Zip Code	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	-------	----------	--	------------------------------	---

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

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

Subscribed and sworn to before me this 11 day of 07, 2003
My Commission Expires: 12 24 2005

William W. Porter
Signature _____ Date _____

Kimberly A. Roach
NOTARY PUBLIC
KIMBERLY A. ROACH, Notary Public
City of Philadelphia, Phila. County
My Commission Expires December 24, 2005

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in full)
Alerted Democratic Majority

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
If YES, name the designating committee:

Full Name of Subordinate Committee
There are no itemized coordinated expenditures.

Mailing Address
City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶				

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶				

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		Category/Type
Mailing Address		Date		
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶				

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

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
 Alerted 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.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <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 % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

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

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

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

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

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

SCHEDULE 1 (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		
NAME OF ACCOUNT	Coverage Period From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. TOTAL RECEIPTS:	<input type="text"/>	<input type="text"/>
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input type="text"/>	<input type="text"/>
3. Transfers to State/Local Party Organizations	<input type="text"/>	<input type="text"/>
4. Direct State/Local Candidate Support	<input type="text"/>	<input type="text"/>
5. Other Disbursements	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input type="text"/>	<input type="text"/>
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input type="text"/>	<input type="text"/>
8. RECEIPTS (from Line 1)	<input type="text"/>	<input type="text"/>
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
10. DISBURSEMENTS (from Line 6)	<input type="text"/>	<input type="text"/>
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/> P / B

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-8-02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	7-16-02 DATE PREPARED