

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Alerted Democratic Majority

ADDRESS (number and street) Check if different than previously reported
111 S. 15th Street
Suite 1520 Packard Building

CITY, STATE and ZIP CODE
Philadelphia, PA 19102

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE CENTER
1111 K STREET, N.W.
WASHINGTON, D.C. 20543
Tel: 202-453-3420
Fax: 202-453-3420

OCT 17 11 31 AM '94

2. FEC IDENTIFICATION NUMBER
C00142653

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

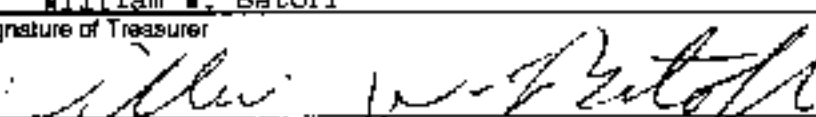
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/01/94 through 9/30/94		
6. (a)	Cash on Hand January 1, 1994		\$ 84,732.51
(b)	Cash on Hand at Beginning of Reporting Period	\$ 97,519.15	
(c)	Total Receipts (from Line 19)	\$ 965.65	\$ 18,995.91
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 98,484.80	\$ 103,728.42
7.	Total Disbursements (from Line 30)	\$ 774.29	\$ 6,017.91
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 97,710.51	\$ 97,710.51
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer
William W. Batoff

Signature of Treasurer  Date
10/13/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--	--

9 4 0 3 9 2 9 3 6 8 4

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Alerted Democratic Majority		FROM 7/01/94	TO: 9/30/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) from:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	-0-	14,500.00
ii.	Unitemized	-0-	-0-
iii.	Total (add i and ii) >	-0-	14,500.00
b.	Political Party Committees	-0-	2,000.00
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a iii, b and c) >	-0-	16,500.00
12.	Transfers From Affiliated/Other Party Committees	-0-	-0-
13.	All Loans Received	-0-	-0-
14.	Loan Repayments Received	-0-	-0-
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17.	Other Federal Receipts (Dividends, Interest, etc.)	965.65	2,495.91
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	965.65	18,995.91
20.	Total Federal Receipts (subtract line 18 from line 19) >	965.65	18,995.91
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	-0-	-0-
ii.	Non-Federal Share	-0-	-0-
b.	Other Federal Operating Expenditures	274.29	517.91
c.	Total Operating Expenditures (add a i, a ii, and b) >	274.29	517.91
22.	Transfers to Affiliated/Other Party Committees	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	500.00	3,500.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26.	Loan Repayments Made	-0-	-0-
27.	Loans Made	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	-0-	-0-
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-
29.	Other Disbursements	-0-	2,000.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	774.29	6,017.91
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	774.29	6,017.91
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	-0-	16,500.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	-0-	16,500.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	274.29	517.91
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures (subtract line 36 from 35) >	274.29	517.91

94039293685

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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

9
4
0
3
9
2
9
3
6
8
6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republic Bank 1515 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned	7/20/94±	314.48
Republic Bank 1515 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Aggregate Year-to-Date > \$	8/22/94	346.36
Republic Bank 1515 Market Street Philadelphia, PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Aggregate Year-to-Date > \$	9/20/94	304.81
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

965.65

TOTAL This Period (last page this line number only)

965.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

94039293687

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
McGuire for Congress P.O. Box 710 Boone, Iowa 50036	Campaign Contribution	8/30/94	500.00
B. Full Name, Mailing Address and ZIP Code Continental Bank 15th & Market Street Philadelphia, PA 19102	Purpose of Disbursement Federal Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/94	274.29
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 574.79

TOTAL This Period (last page this line number only) 574.79

SCHEDULE C
(Revised 3/80)

LOANS

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

Name of Committee (In Full) Alerted Democratic Majority				
A. Full Name, Mailing Address and ZIP Code of Loan Source THERE ARE NO LOANS.	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period	
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured				
List All Endorsers or Guarantors (if any) to Item A		[Hatched Area]		
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured				
List All Endorsers or Guarantors (if any) to Item B		[Hatched Area]		
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$ _____			
SUBTOTALS This Period This Page (optional)			-0-	
TOTALS This Period (last page in this line only)			-0-	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

9 4 0 3 9 2 9 3 6 8 8

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Alerted Democratic Majority				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor There are no debts and obligations.				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line 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)				

9 4 0 3 9 2 9 5 5 3 9

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full)

Alerted Democratic Majority

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
There are no itemized independent expenditures.				
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

94039293690

(a) SUBTOTAL of Itemized Independent Expenditures \$ _____

(b) SUBTOTAL of Unitemized Independent Expenditures \$ _____

(c) TOTAL Independent Expenditures \$ _____

\$ -0-

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 publication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

William W. Protop _____
 Signature Date

Subscribed and sworn to before me this 13th day of October, 1994.

My Commission expires: _____
Kimberly Roach
 NOTARY PUBLIC

NOTARIAL SEAL
 KIMBERLY ROACH, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires Nov. 22, 1997

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

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

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

9 4 0 3 9 2 9 3 6 9 1

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

NAME OF COMMITTEE

Alerted Democratic Majority

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (85%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 85% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 85% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

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

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

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

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

9
4
0
3
2
9
3
6
9
2

ALLOCATION RATIOS

NAME OF COMMITTEE

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.

94039293693

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

RECEIPT SCHEDULE H3
(effective 1/1/91)

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE Alerted Democratic Majority	TOTAL AMOUNT TRANSFERRED
--	--------------------------

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

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

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

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

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

9 4 0 3 9 2 9 3 6 9 4

JOINT FEDERAL/NON-FEDERAL
 ACTIVITY SCHEDULE

NAME OF COMMITTEE

Alerted Democratic Majority

94039293695

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT <input type="checkbox"/>					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					n/c

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER 000142653	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, date originally incurred: _____</p> <p>B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>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: _____</p> <p>What is the value of this collateral? _____</p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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? _____</p> <p>A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____</p> <p>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.</p>			
G. COMMITTEE TREASURER			DATE
TYPED NAME		SIGNATURE	
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>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.</p> <p>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.</p> <p>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 100.7(b)(11) and 100.8(b)(12) in making this loan.</p>			
AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME		SIGNATURE	

94039293696

**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 <i>10-13-94</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

[Signature]
 PREPARER

10-17-94
 DATE PREPARED

9 4 0 3 9 2 9 3 6 9 7