



**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:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text"/>		<input type="text" value="12214915"/>
(b) Cash on Hand at Beginning of Reporting Period .....	<input type="text" value="12214915"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28292"/>	<input type="text" value="28292"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="12243207"/>	<input type="text" value="12243207"/>
7. Total Disbursements (from Line 30) .....	<input type="text" value="371338"/>	<input type="text" value="371338"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="11871869"/>	<input type="text" value="11871869"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="00"/>	

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

**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 (Revised 1/01)

Page 3

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period:

From:

01 / 01 / 2001

To:

06 / 30 / 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.0	
(ii) Unitemized .....	0.0	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.0	0.0
(b) Political Party Committees .....	0.0	0.0
(c) Other Political Committees (such as PACs) .....	0.0	0.0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	0.0	0.0
12. Transfers From Affiliated/Other Party Committees .....	0.0	0.0
13. All Loans Received .....	0.0	0.0
14. Loan Repayments Received .....	0.0	0.0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.0	0.0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.0	0.0
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2,829.2	2,829.2
18. Transfers from Nonfederal Account for Joint Activity .....	0.0	0.0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	2,829.2	2,829.2
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	2,829.2	2,829.2

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (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 .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements .....	3,713.38	3,713.38
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	3,713.38	3,713.38
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	3,713.38	3,713.38
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	0.00	0.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	0.00	0.00

**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"/> 17
<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.** First Republic Bank

Mailing Address  
1601 Walnut Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
Interest earned

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt  
01 / 22 / 2001

Amount of Each Receipt this Period  
419.7

Full Name (Last, First, Middle Initial)  
**B.** First Republic Bank

Mailing Address  
1601 Walnut Street

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
Interest Earned

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt  
02 / 20 / 2001

Amount of Each Receipt this Period  
324.11

Full Name (Last, First, Middle Initial)  
**C.** First Republic Bank

Mailing Address  
1601 Walnut Street

City State Zip Code  
Philadelphia, PA 19103

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
Interest Earned

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt  
03 / 20 / 2001

Amount of Each Receipt this Period  
299.30

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

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

10367

10367

**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

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

**A. First Republic Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1601 Walnut Street**  
 City: **Philadelphia** State: **PA** Zip Code: **19103**  
 Date of Receipt: **04 / 20 / 2001**  
 Amount of Each Receipt this Period: **336.1**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest earned** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date:

**B. First Republic Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1601 Walnut Street**  
 City: **Philadelphia** State: **PA** Zip Code: **19103**  
 Date of Receipt: **05 / 21 / 2001**  
 Amount of Each Receipt this Period: **255.5**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest Earned** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date:

**C. First Republic Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1601 Walnut Street**  
 City: **Philadelphia, PA 19103** State: Zip Code:  
 Date of Receipt: **06 / 20 / 2001**  
 Amount of Each Receipt this Period: **235.3**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Interest Earned** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional) **672.9**  
 TOTAL This Period (last page this line number only) **1863.8**

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Receipt 03 / 05 / 2001
Mailing Address		Amount of Each Receipt this Period 96 54
City Philadelphia,	State PA	
Zip Code 19255		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

96 54

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

28 292

**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

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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  
01 / 05 / 2001

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  
01 / 12 / 2001

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 19148

Purpose of Disbursement  
Clerical

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
01 / 19 / 2001

Amount of Each Disbursement this Period  
50.00

Category/Type

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

TOTAL This Period (last page this line number only) ..... 1,500.00



**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"/> 25	<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.**

Date of Disbursement: **01/26/2001**

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical** Category/Type:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State:  District:

Amount of Each Disbursement this Period: **50.00**

**B.**

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

Date of Disbursement: **02/02/2001**

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical** Category/Type:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State:  District:

Amount of Each Disbursement this Period: **50.00**

**C.**

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

Date of Disbursement: **02/09/2001**

Mailing Address: **1040 Tasker Street**

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

Purpose of Disbursement: **Clerical** Category/Type:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State:  District:

Amount of Each Disbursement this Period: **50.00**

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

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

**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"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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  
02 / 16 / 2001

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Amount of Each Disbursement this Period  
**50.00**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B.**

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

Date of Disbursement  
02 / 23 / 2001

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Amount of Each Disbursement this Period  
**50.00**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C.**

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

Date of Disbursement  
03 / 02 / 2001

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Amount of Each Disbursement this Period  
**50.00**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

TOTAL This Period (last page this line number only) ..... ▶ **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"/> 28
<input type="checkbox"/> 28	<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  
**03 / 09 / 2001**

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  
**03 / 16 / 2001**

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  
**03 / 23 / 2001**

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

**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

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

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

Doto, Patricia, M.

03/13/2001

Mailing Address

1040 Tasker Street

Amount of Each Disbursement this Period

City State Zip Code

Philadelphia PA 19148

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Doto, Patricia, M.

04/06/2001

Mailing Address

1040 Tasker Street

Amount of Each Disbursement this Period

City State Zip Code

Philadelphia PA 19148

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Doto, Patricia, M.

04/13/2001

Mailing Address

1040 Tasker Street

Amount of Each Disbursement this Period

City State Zip Code

Philadelphia PA 19148

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

150.00

TOTAL This Period (last page this line number only)

750.00

**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"/> 25	<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 / 20 / 2001

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
50.00

**B.**

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

Date of Disbursement  
04 / 27 / 2001

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
50.00

**C.**

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

Date of Disbursement  
05 / 04 / 2001

Mailing Address  
1040 Tasker Street

City State Zip Code  
Philadelphia PA 19148

Purpose of Disbursement  
Clerical

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
50.00

GUSTOTAL of Disbursements This Page (optional) ..... 15,000

TOTAL This Period (last page this line number only) ..... 90,000

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

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

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.** 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

05 11 2001

Amount of Each Disbursement this Period

50.00

Category/Type

Full Name (Last, First, Middle Initial)

**B.** 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

05 18 2001

Amount of Each Disbursement this Period

50.00

Category/Type

Full Name (Last, First, Middle Initial)

**C.** 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

05 25 2001

Amount of Each Disbursement this Period

50.00

Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00  
1050.00

**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

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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  
**06 01 2001**

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
**50.00**

**B.**

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

Date of Disbursement  
**06 08 2001**

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
**50.00**

**C.**

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

Date of Disbursement  
**06 15 2001**

Mailing Address  
**1040 Tasker Street**

City State Zip Code  
**Philadelphia PA 19148**

Purpose of Disbursement  
**Clerical**

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period  
**50.00**

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

**TOTAL This Period (last page this line number only)** ..... **1200.00**

**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"/> 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"/> 28
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d	<input type="checkbox"/> 29e	<input type="checkbox"/> 29f

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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  
**06 / 22 / 2001**

Mailing Address  
**1040 Tasker Street**

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

Purpose of Disbursement  
**Clerical**

Candidate Name

Amount of Each Disbursement this Period  
**50.00**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**B.**

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

Date of Disbursement  
**06 / 29 / 2001**

Mailing Address  
**1040 Tasker Street**

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

Purpose of Disbursement  
**Clerical**

Candidate Name

Amount of Each Disbursement this Period  
**50.00**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
**Internal Revenue Service**

Date of Disbursement  
**06 / 06 / 2001**

Mailing Address

City **Philadelphia** State **PA** Zip Code **19255**

Purpose of Disbursement

Candidate Name

Amount of Each Disbursement this Period  
**2913.7**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL of Disbursements This Page (optional)** ..... **391.7**

**TOTAL This Period (last page this line number only)** ..... **1,591.7**



**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)

<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

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 16 / 2001

A. First Republic Bank

Mailing Address

1601 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Disbursement

Fed Dep on interest 4th qtr 2000

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1,959.54

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 18 / 2001

B. First Republic Bank

Mailing Address

1601 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

Purpose of Disbursement

Fed Dep on interest 1st qtr 2001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1,036.7

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 30 / 2001

C. Superintendent of Documents

Mailing Address

P O Box 371954

City

Pittsburgh

State

PA

Zip Code

15250-7954

Purpose of Disbursement

Subscription - LSA-Federal Reg Index

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

59.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

2,122.24

TOTAL This Period (last page this line number only)

3,713.38

**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  % (apr) Secured:  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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional) .....

**TOTALS** This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, 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)  Alerted Democratic Majority	FEC IDENTIFICATION NUMBER <b>C 00142653</b>
--	--

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, \_\_\_\_\_  
 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 100.7(b)(11)(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**

**Excluding Loans**

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

PAGE **8** OF **10**  
 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full)  
 Alerted Democratic Majority

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

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                      State                      Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                      State                      Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional) .....	[ ]
2) TOTALS This Period (last page this line number only) .....	[ ]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	[ ]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[ ]

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

NAME OF COMMITTEE (In Full) <b>Alerted Democratic Majority</b>	FEC IDENTIFICATION NUMBER <b>C00142653</b>
---	---

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

Mailing Address City State Zip Code	Name of Federal Candidate supported or opposed by expenditure:
--	--

Date	Amount	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
------	--------	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure <b>Category/Type</b>
--	--

Mailing Address City State Zip Code	Name of Federal Candidate supported or opposed by expenditure:
--	--

Date	Amount	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
------	--------	--

Full Name (Last, First, Middle Initial) of Payee	Purpose of Expenditure <b>Category/Type</b>
--	--

Mailing Address City State Zip Code	Name of Federal Candidate supported or opposed by expenditure:
--	--

Date	Amount	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 16 day of 07, 2001

My Commission expires: 07 03 2009

Signature: [Signature] Date: 07 03 2001

Notarial Seal: **CAROL S. BOSTA**, Notary Public, City of Philadelphia, Phila. County, My Commission Expires July 3, 2004





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

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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % <input style="width: 50px; height: 20px;" type="text"/> %
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 % <input style="width: 50px; height: 20px;" type="text"/> %	NON-FEDERAL % n/a



**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) .....	0 0

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

PAGE OF  
FOR LINE 21a OF FORM 3X

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				
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 I (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"/>	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>RECEIPTS</b> (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS: .....	<input type="text"/>	<input type="text"/>
<b>DISBURSEMENTS:</b> (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"/>
<b>SUMMARY</b>		
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"/>

