

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

98 OCT 14 6 PM 2:57

TYPE OR PRINT

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

ADDRESS (number and street)  Check if different than previously reported  
Suite 1805 One Penn Center  
1617 John F. Kennedy Blvd.

CITY, STATE and ZIP CODE  
Philadelphia, PA 19102

2. FEC IDENTIFICATION NUMBER  
C00142653

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

4. TYPE OF REPORT

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

12-Day Pre-Election Report for the \_\_\_\_\_  
 Type of Election \_\_\_\_\_  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

(c) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1. Covering Period <u>7/1/98</u> through <u>9/30/98</u>		
2. (a) Cash on Hand January 1, 19__		\$ 125,394.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 118,915.81	
(c) Total Receipts (from Line 19)	\$ 5,820.68	\$ 8,552.18
(d) Subtotal (add Lines 2(b) and 2(c) for Column A and Lines 2(a) and 2(c) for Column B)	\$ 124,736.49	\$ 133,946.33
3. Total Disbursements (from Line 30)	\$ 1,885.20	\$ 11,095.04
4. Cash on Hand at Close of Reporting Period (subtract Line 3 from Line 2(d))	\$ 122,851.29	\$ 122,851.29
5. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
6. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

For further information contact:  
Federal Election Commission  
499 E Street, NW  
Washington, DC 20463  
Tel Free 800-424-9530  
Local 202-694-1100

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 *William W. Batoff* Date 10-14-98

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

**OF RECEIPTS AND DISBURSEMENTS**  
**PAGE 2, FEC FORM 3X**

(revised 1/1/91)

OF COMMITTEE Alerted Democratic Majority		REPORT COVERING PERIOD	
		FROM 7/1/98	TO: 9/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		5000.00	6000.00
ii. Unitemized		-0-	-0-
iii. Total	(add i and ii) >	5000.00	6000.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		5000.00	6000.00
d. Total Contributions	(add a ii, b and c) >	-0-	-0-
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, Repares, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		320.68	2552.18
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		5820.68	852.18
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5820.68	852.18
20. Total Federal Receipts	(subtract line 18 from line 19) >		
<b>II. Disbursements</b>			
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		-0-	-0-
c. Total Operating Expenditures	(add a i, ii, and b) >	-0-	-0-
22. Transfers to Affiliated/Other Party Committees		1885.20	10,185.20
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	-0-
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 4410c) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/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		1885.20	10185.20
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1885.20	10185.20
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		5000.00	6000.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from line 32)		5000.00	6000.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from line 35) >		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

For each category of the  
Detailed Summary Page

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 contributors from such committee.

**NAME OF COMMITTEE (In Full)**

Alerted Democratic Majority

2025 RELEASE UNDER E.O. 14176

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Obermayer Rebmann Maxwell & Hippel LLP One Penn Center 19th Fl. 1617 JFK Blvd Phila. PA 19103	Law Firm  (see attached) Occupation Partnership	9/8/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Republic Bank 1601 Market Street Philadelphia, PA 19103	Interest Earned  Occupation	7/20/98	254.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Republic Bank 1601 Market Street Philadelphia, PA 19103	Interest Earned  Occupation	8/20/98	276.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Republic Bank 1601 Market Street Philadelphia, PA 19103	Interest Earned  Occupation	8/20/98	290.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 5,820.68

TOTAL This Period (first page this line number only) ..... 5,820.68

## PARTNER

ALLEN, PAUL	\$83.03
AYRES, WARREN	\$83.03
BATOFF, JEFFREY	\$114.58
BATOFF, JERALD	\$114.58
BAUMBACH, JAMES	\$99.63
BESNOFF, LARRY	\$79.71
BREITLING, PETER	\$91.33
COHEN, WALTER	\$83.03
DENMAN, SCOTT	\$83.03
DIAMOND, PAUL	\$109.60
DOUGHER, JOSEPH	\$91.33
EFSTRATIATES, TASSO	\$83.03
EHLINGER, JOHN	\$83.03
FINEGAN, DANIEL	\$79.71
GOLDEN, CHARLES	\$114.58
GUREGHIAN, VAHAN	\$89.67
HEINTZ, PAUL	\$114.58
KLINE, JERRY	\$99.63
KUPPERMAN, LOUIS	\$91.33
LEONARD, THOMAS	\$269.01
LEONARD, WILLIAM	\$83.03
LIEBER, MARVIN	\$114.58
LIMBURG, RICHARD	\$79.71
LONGWELL, CAROL	\$109.60
LUBLIN, MARK	\$88.01
MCGOVERN, JOSEPH	\$114.58
MILLS, THORLEY	\$91.33
MYERS, CATHLEEN	\$83.03
OLIVER, KENNETH	\$83.03
PENNY, JAMES	\$99.63
PODUSLENKO, NICK	\$79.71
RATHBURN, ERIC	\$83.03
ROTWITT, JEFFREY	\$308.87
RYAN, JOHN	\$79.71
SAPUTELLI, GREGORY	\$96.31
SCHRIER, STEPHEN	\$96.31
SCUDDER, CHARLES	\$91.33
SHULMAN, JACKIE	\$79.71
STEINER, JULIUS	\$124.54
SUTHERLAND, HUGH	\$91.33
TABAS, LAWRENCE	\$96.31
TRHOMPSON, JAMES	\$79.71
VERBER, ANN	\$79.71
WARNER, PARRY	\$96.31
WEINBERG, MARTIN	\$229.16
WESSEL, RUTH	\$89.67
WHITELAW, ROBERT	\$114.58
YOUNG, VICTOR	\$79.71

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER	

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**NAME OF COMMITTEE (In Full)**

Alerted Democratic Majority

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ferraro For Senate 98 373 Park Ave. South 9th Floor New York, NY 10016	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/98	1000.00
B. Full Name, Mailing Address and ZIP Code Hoefel for Congress 700 East Johnson Highway Norristown, PA 19401	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/98	500.00
C. Full Name, Mailing Address and ZIP Code Eampus South St. Delicatessen, 700 S, 4th Street Philadelphia, PA 19147	Campaign Contribution (Ferraro for Senate) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	98/11/98	385.20
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) ..... 1885.20

**TOTAL** This Period (last page this line number only) ..... 1885.20

# LOANS

(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	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
There are no loans.			

Election:  Primary  General  Other (specify):

Agency: \_\_\_\_\_ Date Incurred: \_\_\_\_\_ Date Due: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % (APR)  Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
[Hatched area]			
[Hatched area]			
[Hatched area]			

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:  Primary  General  Other (specify):

Agency: \_\_\_\_\_ Date Incurred: \_\_\_\_\_ Date Due: \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % (APR)  Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
[Hatched area]			
[Hatched area]			
[Hatched area]			

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.

2025 RELEASE UNDER E.O. 14176

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

NAME OF COMMITTEE (IN FULL) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C00142653	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)  There are no loans or lines of credit.	AMOUNT OF LOAN	INTEREST RATE (APR)
	DATE INCURRED OR ESTABLISHED	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: \_\_\_\_\_

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	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

2025 RELEASE UNDER E.O. 14176

### Excluding Loans

(Use separate columns for each numbered line)

Revised 3/80)

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 Creator				
There are no debts or obligations.				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creator				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creator				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creator				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creator				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creator				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				- 0 -
2) TOTALS This Period (last page in this line only)				- 0 -
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				- 0 -
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				- 0 -

1980-1981



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)

Alerted Democratic Majority

Exp Name, Mailing Address & ZIP Code (If E-mail, Please)	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate Supported or Opposed by this Expenditure & Office Sought
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There are no itemized expenditures

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

Support  Oppose

(a) SUBTOTAL of Itemized Independent Expenditures \$ \_\_\_\_\_

(b) SUBTOTAL of Unitemized Independent Expenditures \$ \_\_\_\_\_

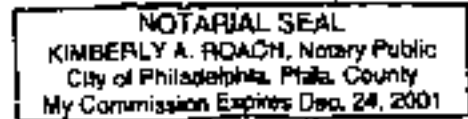
(c) TOTAL Independent Expenditures \$ 0

Under penalty of perjury, I certify that the independent expenditures included herein were not made in cooperation, consultation, concert, aid, or in the interest or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures do not involve the branding of dissemination, production, or reproduction in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC



**SCHEDULE F**

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

Page \_\_\_ of \_\_\_ for  
LINE NUMBER \_\_\_

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

Name of Political 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, 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—3				

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—4				

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—5				

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—6				

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

TOTAL This Period (use page one and number 000) .....

**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**

There was no allocation for shared federal and non federal administrative expenses.

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT)

PRESIDENTIAL YEAR (65%)

ALL OTHER YEARS (60%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% 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 65% 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

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.

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

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE		TOTAL AMOUNT TRANSFERRED		
Alerted Democratic Majority				
NAME OF ACCOUNT		DATE OF RECEIPT		
There were no transfers from non-federal accounts.				
BREAKDOWN OF TRANSFER RECEIVED				
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
a) Total Administrative/Voter Drive .....				
b) Direct Fundraising (List Events-Amount for Each)				
1) .....				
2) .....				
3) .....				
4) .....				
c) Total Amount Transferred For Direct Fundraising .....				
d) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
1) .....				
2) .....				
3) .....				
4) .....				
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	
a) Total Administrative/Voter Drive .....				
b) Direct Fundraising (List Events-Amount for Each)				
1) .....				
2) .....				
3) .....				
4) .....				
c) Total Amount Transferred For Direct Fundraising .....				
d) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
1) .....				
2) .....				
3) .....				
4) .....				
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/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE .....			
TOTAL THIS PERIOD .....			

JOINT FEDERAL AND NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Alerted Democratic Majority

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
There is no activity for this schedule					

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE

CATEGORY:  ADMINISTRATIVE/VOTER DRIVE  FUNDRAISING  EXEMPT  
EVENT YEAR-TO-DATE: 3  DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY *THIS PAGE .....					
TOTAL THIS PERIOD (see page for each line on Fed. share to 21 b. and non-Fed. share to 21 a.) ....					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					

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 10-13-98
<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
<input type="checkbox"/> Electronic Filing	
<i>SW</i>	10-16-98
PREPARER	DATE PREPARED