



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20461

RQ-2

William W. Batoff, Treasurer  
Alerted Democratic Majority  
Packard Building  
15th & Chestnut #1520  
Philadelphia, PA 19102

APR 20 1994

Identification Number: C00142653

Reference: Year End Report (7/1/93-12/31/93)

Dear Mr. Batoff:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-The totals listed on Lines 11(a)(i) and 11(a)(ii), Column B of the Detailed Summary Page appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals.

-Please provide the totals for Lines 11(a)(iii), 30 and 31, Columns A and B, of the Detailed Summary Page.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division

9 1 3 8 9 7 4 1 2 5

USE FEC MAILING LABEL OR TYPE OR PRINT

**For Other Than An Authorized Committee  
(Summary Page)**

<b>1. NAME OF COMMITTEE (in full)</b> Altered Democratic Majority	<b>2. FEC IDENTIFICATION NUMBER</b> C821207C00142653
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Suite 1520 Packard Bldg. 111 S. 15th Street	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 19A)</b>
<b>CITY, STATE and ZIP CODE</b> Philadelphia, PA 19102	

**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 \_\_\_\_\_ at 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 <u>7/01/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 76,104.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 82,774.63	
(c) Total Receipts (from Line 19)	\$ 2,940.68	\$ 9,836.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 85,715.31	\$ 85,941.00
7. Total Disbursements (from Line 30)	\$ 982.80	\$ 1,208.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 84,732.51	\$ 84,732.51
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20400 Toll Free 800-424-9630 Local 202-219-3420
10. Debt 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. Satoff

Signature of Treasurer: *William W. Satoff*      Date: 5/3/94

9 1 U 3 8 9 7 4 7 9 6

**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 7/01/93	TO: 12/31/93
		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		5000.00	5000.00
i. Itemized (use Schedule A)		0	0
ii. Unitemized		0	0
iii. Total	(add i and ii) >	0	0
b. Political Party Committees		5000.00	5000.00
c. Other Political Committees (such as PACs)		2000.00	2000.00
d. Total Contributions	(add a iii, b and c) >	7000.00	7000.00
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. Refund of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		2836.44	2836.44
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9836.44	9836.44
20. Total Federal Receipts	(subtract line 18 from line 19) >	9836.44	9836.44
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0	0
i. Federal Share		0	0
ii. Non-Federal Share		0	0
b. Other Federal Operating Expenditures		1208.49	1208.49
c. Total Operating Expenditures	(add a i, a ii, and b) >	1208.49	1208.49
22. Transfers to Affiliated/Other Party Committees		0	0
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. 441a(d)) (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made		0	0
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		0	0
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1208.49	1208.49
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	1208.49	1208.49
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		7000.00	7000.00
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)		7000.00	7000.00
35. Total Federal Operating Expenditures	(add 21 b i and 21 b ii) >	1208.49	1208.49

31038974171

**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

3  
4  
5  
6  
7  
8  
9  
0  
1  
2

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 19102	Interest Earned	7/20/93	232.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	8/20/93	248.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	9/20/93	249.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	10/20/93	241.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	11/20/93	253.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Republic Bank 1515 Market Street Philadelphia, PA 19102	Interest Earned	12/20/93	214.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Account 300-686-7 Aggregate Year-to-Date > \$		
Robert C. Kniceley 42 Pearl Street E. Middlestown, NJ 07748	The Copeland Companies Two Tower Center East Brunswick, NJ 08816	11/1/93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Also Proceeding Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... 2410.53

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

91038974799

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward A. Moos 17 Mariane Place Short Hills, NJ 07078	E.A. Moos & Co. 6 Penns Trail Suite208 Newtown, PA 18940	11/2/93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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):	Occupation	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):	Occupation	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):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) ..... 500.00

**TOTAL** This Period (last page this line number only) ..... 2940.68

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 contributors.

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

24038974300

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 1st & 2nd Qtr. for int. earned Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/28/93	462.98
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 3rd Qtr. for interest earned. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/93	248.37
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Federal Deposit 4th Qtr. for interest earned. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/93	241.45
Continental Bank 15th & Market Streets Philadelphia, PA 19102	Service charge. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/93	30.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	982.80
<b>TOTAL</b> This Period (last page this line number only) .....	982.80

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

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
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			
1. Full Name, Mailing Address and ZIP Code  There were no loans.	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			
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.			

91038974301

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

LINE NUMBER(S)  
(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/or 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)				0
2) TOTAL \$ 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

9  
1  
0  
3  
8  
7  
4  
3  
0  
2



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 were 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
(a) SUBTOTAL of itemized independent expenditures			\$ _____	
(b) SUBTOTAL of unitemized independent expenditures			\$ _____	
(c) TOTAL independent expenditures			\$ 0	

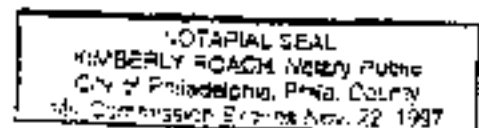
91038774303

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

Subscribed and sworn to before me this 31st day of January, 2001

My Commission expires: \_\_\_\_\_

*Kimberly Roach*  
 \_\_\_\_\_  
 NOTARY PUBLIC



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

**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. §441a(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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee  There were 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—\$				
<b>SUBTOTAL of Expenditures This Page (optional)</b> . . . . .				()
<b>TOTAL This Period (last page this line number only)</b> . . . . .				()

24038974304

**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 (50%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

**MINIMUM FEDERAL PERCENTAGE** (85%) (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) .....	<input type="text"/>
2. U.S. SENATE .....	(1 POINT) .....	<input type="text"/>
3. U.S. CONGRESS .....	(1 POINT) .....	<input type="text"/>
4. SUBTOTAL - FEDERAL (ADD 1, 2, AND 3) .....		<input type="text"/>
5. GOVERNOR .....	(1 POINT) .....	<input type="text"/>
6. OTHER STATEWIDE OFFICE(S) .....	(1 OR 2 POINTS) .....	<input type="text"/>
7. STATE SENATE .....	(1 POINT) .....	<input type="text"/>
8. STATE REPRESENTATIVE .....	(1 POINT) .....	<input type="text"/>
9. LOCAL CANDIDATES .....	(1 OR 2 POINTS) .....	<input type="text"/>
10. EXTRA NON-FEDERAL POINT .....	(1 POINT) .....	<input type="text"/>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....		<input type="text"/>
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....		<input type="text"/>

**FEDERAL ALLOCATION** = LINE 4 DIVIDED BY LINE 12 .....  %

2 1 J 3 8 9 7 4 3 0 5

**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.

94038974306

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		
NAME OF ACTIVITY OR EVENT  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		

**RECEIPT SCHEDULE H3**  
(effective 1/1/91)

**TRANSFERS FROM  
NON-FEDERAL ACCOUNTS**

PAGE OF

FOR LINE 18

NAME OF COMMITTEE		TOTAL AMOUNT TRANSFERRED		
Alerted Democratic Majority				
NAME OF ACCOUNT		DATE OF RECEIPT		
Transfers From Non-Federal Accounts are never made.				
		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 .....				

9 7 4 3 0 7

**DISBURSEMENT SCHEDULE H4**  
(effective 1/1/81)

**JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE**

**DISBURSEMENT SCHEDULE B-T**

NAME OF COMMITTEE

Alerted Democratic Majority

2  
1  
J  
3  
8  
2  
7  
4  
3  
J  
2

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (see page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 1)					
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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

*5-4-94*

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMN*  
PREPARER

*5-6-94*  
DATE PREPARED

9 4 0 3 8 9 7 4 3 0 9