

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME OF COMMITTEE (In full) USE REC MARKING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. C0014265312001R266

ADDRESS (number and street) William W. Batoff Suite 1805 One Penn Center 1617 John F. Kennedy Blvd Philadelphia Pa 19103

2. FEC IDENTIFICATION NUMBER C00142653 IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 1/26/2002 through 12/31/2002

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

Type or Print Name of Treasurer William W. Batoff

Signature of Treasurer [Handwritten Signature] Date 01/28/2003

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

**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:

11 / 26 / 2002

To:

12 / 31 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000	200.2	13336701
(b) Cash on Hand at Beginning of Reporting Period	13056919	
(c) Total Receipts (from Line 19)	609	844402
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13057528	14181103
7. Total Disbursements (from Line 30)	30000	1153575
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13027528	13027528
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	00	

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

For further information contact:

Federal Election Commission
899 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:

1 1 2 6 2 0 0 2

To:

1 2 3 1 2 0 0 2

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	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	0 0	3 5 0 0 0 0
(b) Political Party Committees	0 0	0 0
(c) Other Political Committees (such as PACs)	0 0	3 5 0 0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	0 0	3 5 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.)	6 0 9	4 9 4 4 0 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)	6 0 9	8 4 4 4 0 2
20. Total Federal Receipts (subtract Line 18 from Line 19)	6 0 9	8 4 4 4 0 2

DETAILED SUMMARY PAGE
of Disbursements

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	00	00
(ii) Non-Federal Share	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	00
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees	00	500000
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	00	00
26. Loan Repayments Made	00	00
27. Loans Made	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contribution Refunds (add Line 28(a), (b), and (c))	00	00
29. Other Disbursements	30000	653575
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	30000	1153575
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	30000	1153575
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	00	500000
33. Total Contribution Refunds (from Line 28(d))	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	00	500000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	00
36. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	00	00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 13	<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 11b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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. Republic First Bank

Mailing Address

1608 Walnut Street

City

Philadelphia

State

PA

Zip Code

19103

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 ▼

Date of Receipt

12 / 22 / 2002

Amount of Each Receipt this Period

6.09

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

6.09

6.09

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

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. Patricia M. Doto

Date of Disbursement
11 / 27 / 2002

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:

Amount of Each Disbursement this Period
5000

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

Date of Disbursement
12 / 06 / 2002

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:

Amount of Each Disbursement this Period
5000

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

Date of Disbursement
12 / 11 / 2002

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:

Amount of Each Disbursement this Period
5000

SUBTOTAL of Disbursements This Page (optional) 15000

TOTAL This Period (last page this line number only)

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

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

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
12 19 2002

Amount of Each Disbursement this Period
500.00

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
12 23 2002

Amount of Each Disbursement this Period
500.00

Category/Type

C.

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

Mailing Address
1040 Tasker Street
City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
12 31 2002

Amount of Each Disbursement this Period
500.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) 1500.00

TOTAL This Period (last page this line number only) 3000.00

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 18 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 Payments 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: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)> []

TOTALS This Period (last page in this line only)> []

Carry outstanding balance only to LINE 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) There are no loans or lines of credit	FEC IDENTIFICATION NUMBER C
--	--------------------------------

LENDING INSTITUTION (LENDER) Full Name	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 G.)

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 collaterals? 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 OF

FOR LINE NUMBER: (check only one)

9 10

NAME OF COMMITTEE (in full)
Alerted Democratic Majority

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)
2) TOTALS This Period (last page this line number only)
3) TOTAL OUTSTANDING LOANS from Schedule 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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full)
Alerted Democratic Majority
FEC IDENTIFICATION NUMBER
C 0 0 1 4 2 6 5 3

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

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

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

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

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

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support Oppose

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

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

Date Amount
Office Sought: House Senate Presidential
State: District:
Check One: Support 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 23 day of Oct 2002
My Commission expires: 12 24 2005
Signature
Date
KIMBERLY ROZCJA, Notary Public
City of Philadelphia, Philadelphia County
My Commission Expires December 24, 2005

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

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) Alerted Democratic Majority	FEC IDENTIFICATION NUMBER C 0 0 1 4 2 6 5 3
---	---

Full Name (Last, First, Middle Initial) of Payee There are no itemized independent expenditures.		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date M / D / O B I T Y Y Y	Amount	Office Sought: House Senate Presidential State: _____ District: _____	Check One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date M / D / O B I T Y Y Y	Amount	Office Sought: House Senate Presidential State: _____ District: _____	Check One: Support Oppose
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date M / D / O B I T Y Y Y	Amount	Office Sought: House Senate Presidential State: _____ District: _____	Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	0 0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee.

Date M / D / O B I T Y Y Y

Signature

SCHEDULE F. (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §461a(d))**

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

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee There are no itemized coordinated expenditures.		
	Mailing Address		
	City	State	ZIP Code

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

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

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

SUBTOTAL of Expenditures This Page (optional) ▶	<input type="text"/>
TOTAL This Period (last page lists line number only) ▶	00

SCHEDULE H1 (FEC Form 3X)

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

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) [] %

Presidential Year (95%)
 All Other Years (60%)

B. 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.

C. 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 [] %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

- | | | | |
|---|--------------------------|-----------------------|-----|
| 1. President | <input type="checkbox"/> | (1 Point) | [] |
| 2. U.S. Senate | <input type="checkbox"/> | (1 Point) | [] |
| 3. U.S. Congress | <input type="checkbox"/> | (1 Point) | [] |
| 4. SUBTOTAL -- Federal (ADD 1, 2, AND 3) | | | |
| 5. Governor | <input type="checkbox"/> | (1 Point) | [] |
| 6. Other Statewide Office(s) | <input type="checkbox"/> | (1 or 2 Points) | [] |
| 7. State Senate | <input type="checkbox"/> | (1 Point) | [] |
| 8. State Representative | <input type="checkbox"/> | (1 Point) | [] |
| 9. Local Candidates | <input type="checkbox"/> | (1 or 2 Points) | [] |
| 10. Extra Non-Federal Point | <input type="checkbox"/> | (1 Point) | [] |
| 11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10) | | | |
| 12. TOTAL POINTS (Line 4 plus Line 11) | | | |

NUMBER OF POINTS

[] %

FEDERAL ALLOCATION = Line 4 divided by Line 12

**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 _____ 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 % _____%	NON-FEDERAL % _____%
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	FEDERAL % _____%	NON-FEDERAL % _____%
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	FEDERAL % _____%	NON-FEDERAL % _____%
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	FEDERAL % _____%	NON-FEDERAL % _____%
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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	FEDERAL % _____%	NON-FEDERAL % N A %

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

PAGE _____ OF _____
FOR LINE 18 OF FORM 3X

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	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 ..

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

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 Candidates Support) ..

TOTAL This Period (Total Amount Transferred) .. n/A

**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:		Category/Type	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:		Category/Type	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:		Category/Type	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)(1) and non-Federal share to 21(a)(2))

FEDERAL SHARE TOTAL AMOUNT N/A

NON-FEDERAL SHARE

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input type="text"/>	<input type="text"/>
3. Transfers to State/Local Party Organizations	<input type="text"/>	<input type="text"/>
4. Direct State/Local Candidate Support	<input type="text"/>	<input type="text"/>
5. Other Disbursements	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input type="text"/>	<input type="text"/>

SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input type="text"/>	<input type="text"/>
8. RECEIPTS (from Line 1)	<input type="text"/>	<input type="text"/>
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
10. DISBURSEMENTS (from Line 6)	<input type="text"/>	<input type="text"/>
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1/30/03</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (RC)
<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>ja</i> PREPARER	<i>1/30/03</i> DATE PREPARED