

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED MAIL OPERATIONS CENTER

2004 JUL 20 P 12 13

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Alerted Democratic Majority

112 PE 4015

C O O 1 4 2 6 5 3 1 2 0 0 1 N 1 2 1 6 1 6

W i l l i a m W B a t o f f

ADDRESS (number and street) 1617 John F. Kennedy Blvd. Suite 1805 One Penn Plaza

Check if different than previously reported. (ACC)

P h i l a d e l p h i a P a 1 9 1 0 3

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0 0 1 4 2 6 5 3

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) Quarterly Reports:

April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 04/01/2004 through 06/30/2004

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

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

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 04 / 01 / 2004 To: 06 / 30 / 2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6 (a) Cash on Hand January 1, 2004 | | 13597978 |
| (b) Cash on Hand at Beginning of Reporting Period | 13734402 | |
| (c) Total Receipts (from Line 19) | 1371 | 502795 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 13735773 | 14100773 |
| 7. Total Disbursements (from Line 31) | 167119 | 532119 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 13568654 | 13568654 |
| 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 124)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FED Form 8X (Rev. 02/2005)

Write or Type Committee Name

Alerted Democratic Majority

Report Covering the Period: From: 04 / 01 / 2004 To: 06 / 30 / 2004

| 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 | 00 | 00 |
| (i) Itemized (use Schedule A) | 00 | 00 |
| (ii) Unitemized | 00 | 00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 00 | 500,000 |
| (b) Political Party Committees | 00 | 00 |
| (c) Other Political Committees (such as PACs) | 00 | 00 |
| (d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5) | 00 | 500,000 |
| 12. Transfers From Affiliated/Other Party Committees | 00 | 00 |
| 13. All Loans Received | 00 | 00 |
| 14. Loan Repayments Received | 00 | 00 |
| 15. Credits To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 00 | 00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 00 | 00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 1,371 | 2,795 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 00 | 00 |
| (b) Levin Funds (from Schedule H5) | 00 | 00 |
| (c) Total Transfers (add 18(a) and 18(b)) | 00 | 00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 1,371 | 502,795 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1,371 | 502,795 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 10000 | 40000 |
| 24. Independent Expenditures (see Schedule E) | 00 | 00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §41a(f)) (see 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 Lines 28(a), (b), and (c)) | 00 | 00 |
| 29. Other Disbursements | 67119 | 132119 |
| 30. Federal Election Activity (2 U.S.C. §431(2)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 00 | 00 |
| (ii) "Levin" Share | 00 | 00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 00 | 00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 00 | 00 |
| 31. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 167119 | 132119 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 167119 | 132119 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2008)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

| |
|----|
| 00 |
| 00 |
| 00 |
| 00 |
| 00 |
| 00 |

| |
|---------|
| 5000000 |
| 000 |
| 5000000 |
| 000 |
| 000 |
| 5000000 |

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"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Alerted Democratic Majority

| | |
|---|---|
| Full Name (Last, First, Middle Initial) A. Republic First Bank | Date of Receipt 04 20 2004 |
| Mailing Address 1608 Walnut Street | Amount of Each Receipt this Period 455 |
| City State Zip Code Philadelphia PA 19103 | |
| FEC ID number of contributing federal political committee C | |
| Name of Employer Interest Earned | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) B. Republic First Bank | Date of Receipt 05 20 2004 |
| Mailing Address 1608 Walnut Street | Amount of Each Receipt this Period 447 |
| City State Zip Code Philadelphia PA 19103 | |
| FEC ID number of contributing federal political committee C | |
| Name of Employer Interest Earned | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) C. Republic First Bank | Date of Receipt 06 21 2004 |
| Mailing Address 1608 Walnut Street | Amount of Each Receipt this Period 469 |
| City State Zip Code Philadelphia PA 19103 | |
| FEC ID number of contributing federal political committee C | |
| Name of Employer Interest Earned | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |

| | |
|---|-----|
| SUBTOTAL of Receipts This Page (optional) | 137 |
| 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 | <input type="checkbox"/> 30a | <input type="checkbox"/> 30b | |

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Patricia M. Doto | | Date of Disbursement 0 4 / 0 8 / 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Patricia M. Doto | | Date of Disbursement 0 4 / 1 4 / 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Patricia M. Doto | | Date of Disbursement 0 4 / 2 2 / 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 1 5 0 0 0 |
| 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"/> 21a <input type="checkbox"/> 27 | <input type="checkbox"/> 22 <input type="checkbox"/> 28a | <input type="checkbox"/> 23 <input type="checkbox"/> 28b | <input type="checkbox"/> 24 <input type="checkbox"/> 28c | <input type="checkbox"/> 25 <input type="checkbox"/> 29 | <input type="checkbox"/> 26 <input type="checkbox"/> 30b | | |

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

| | | |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Patricia M. Doto | | Date of Disbursement 0 4 2 8 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Patricia M. Doto | | Date of Disbursement 0 5 0 5 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Patricia M. Doto | | Date of Disbursement 0 5 1 3 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Candidate Name | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 1 5 0 0 0 |
| TOTAL This Period (last page this line number only) | 3 0 0 0 0 |

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (in Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Date of Disbursement

0 5 1 9 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia, PA

State

Zip Code

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement This Period

Candidate Name

Category/
Type

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Patricia M. Doto

Date of Disbursement

0 5 2 6 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

Zip Code

PA

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement This Period

Candidate Name

Category/
Type

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Patricia M. Doto

Date of Disbursement

0 6 0 2 2 0 0 4

Mailing Address

1040 Tasker Street

City

Philadelphia

State

Zip Code

PA

19148

Purpose of Disbursement

Clerical

Amount of Each Disbursement This Period

Candidate Name

Category/
Type

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

1 5 0 0 0

TOTAL This Period (last page this line number only)

4 5 0 0 0

**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"/> 28 | <input type="checkbox"/> 28 | <input type="checkbox"/> 30a | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (in full)
Alerted Democratic Majority

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Patricia M. Doto | | Date of Disbursement 0 6 - 0 9 - 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Patricia M. Doto | | Date of Disbursement 0 6 - 1 6 - 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Patricia M. Doto | | Date of Disbursement 0 6 - 2 3 - 2 0 0 4 |
| Mailing Address 1040 Tasker Street | | Amount of Each Disbursement this Period 5 0 0 0 |
| City Philadelphia, PA | State Zip Code PA 19148 | |
| Purpose of Disbursement Clerical | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 1 5 0 0 0 |
| TOTAL This Period (last page this line number only) | 6 0 0 0 0 |

**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 | <input type="checkbox"/> 30c |

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Patricia M. Doto

Mailing Address
1040 Lasker Street

City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/
Type

Date of Disbursement

06 / 30 / 2004

Amount of Each Disbursement this Period

5000

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ready for Congress

Mailing Address
P O Box 22471

City Philadelphia, State PA Zip Code 19110-2471

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Date of Disbursement

06 / 04 / 2004

Amount of Each Disbursement this Period

100000

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address

City Orden State UT Zip Code 84201-0039

Purpose of Disbursement

Candidate Name
Interest on Taxes

Category/
Type

Date of Disbursement

05 / 20 / 2004

Amount of Each Disbursement this Period

2119

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

107119

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

167119

SCHEDULE C (FEC Form 3X)

LOANS

| | | |
|---|------------------------|----|
| Use separate schedule(s) for each category of the Detailed Expenditure Page | PAGE | OF |
| | FOR LINE 13 OF FORM 3X | |

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial)
There were no loans.

Mailing Address

City State ZIP Code

Electoral:
 Primary
 General
 Other (specify) _____

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| | | |

| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
|-------|---------------|----------|---------------|--|
| | | | % (ap) | <input type="checkbox"/> Yes <input type="checkbox"/> 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 9, 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

Federal Election Commission, Washington, D.C. 20483

Supplementary for
 information found on
 Page _____ of Schedule C

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

| | | |
|--|---------------------------------------|--------------------------------|
| LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit. | Amount of Loan _____ | Interest Rate (APR) _____ % |
| Mailing Address _____ | Date Incurred or Established _____ | _____ |
| City _____ State _____ Zip Code _____ | Date Due _____ | _____ |

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

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 forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|---|---------------|
| AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____ | DATE _____ |
| Title _____ | _____ |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedules for each numbered line)

PAGE 3 OF 10 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full) Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

There are no debts or obligations.

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

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)

Summary area for totals and carry forward information.

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))
 (To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 26 OF FORM 3X

NAME OF COMMITTEE (In Full)
 Altered Democratic Majority

Check if
 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO
 If YES, name the designating committee:

Full Name of Subordinate Committee
 There are no itemized coordinated Party expenditures.

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)(4)1a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)(4)1a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)(4)1a-1)

SUBTOTAL of Expenditures This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

| | |
|-----------------------------|-----|
| NAME OF COMMITTEE (In Full) | n/a |
| Alerted Democratic Majority | |

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (38% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

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 %

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority n/a

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES 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. 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.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NON-FEDERAL % |
|--|--------------------|--------------------|
| ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <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 | _____ % _____ % | _____ % _____ % |

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full):
 Alerted Democratic Majority n/a

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
| | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

BREAKDOWN OF TRANSFER RECEIVED

| | |
|---|----------------------|
| i) Total Administrative | <input type="text"/> |
| ii) Generic Voter Drive | <input type="text"/> |
| iii) Exempt Activities | <input type="text"/> |
| iv) Direct Fundraising (List Activity or Event Identifier) | |
| a) _____ | <input type="text"/> |
| b) _____ | <input type="text"/> |
| c) Total Amount Transferred For Direct Fundraising | <input type="text"/> |
| v) Direct Candidate Support (List Activity or Event Identifier) | |
| a) _____ | <input type="text"/> |
| b) _____ | <input type="text"/> |
| c) Total Amount Transferred For Direct Candidate Support | <input type="text"/> |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

| | |
|--|----------------------|
| TOTAL This Period (Administrative) | <input type="text"/> |
| TOTAL This Period (Generic Voter Drive) | <input type="text"/> |
| TOTAL This Period (Exempt Activities) | <input type="text"/> |
| TOTAL This Period (Direct Fundraising) | <input type="text"/> |
| TOTAL This Period (Direct Candidate Support) | <input type="text"/> |
| TOTAL This Period (Total Amount Transferred) | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS OF ALLOCATED
FEDERAL/NON-FEDERAL ACTIVITY

PAGE OF
FOR LINE 21 OF FORM 3X

NAME OF COMMITTEE (in Full)
Alerted Democratic Majority n/a

| | | | |
|--|-------|--|---|
| A. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City | State | Zip Code | Associated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/Type | Date |
| Activity or Event Identifier: | | | |

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|--|-------|--|---|
| B. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City | State | Zip Code | Associated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/Type | Date |
| Activity or Event Identifier: | | | |

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|--|-------|--|---|
| C. Full Name (Last, First, Middle Initial) | | Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City | State | Zip Code | Associated Activity or Event Year-To-Date |
| Purpose of Disbursement: | | Category/Type | Date |
| Activity or Event Identifier: | | | |

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

SUBTOTAL of Associated Federal and Non-Federal Activity This Page

| | | | | |
|---------------|---|-------------------|---|--------------|
| FEDERAL SHARE | + | NON-FEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))

| | | | | |
|---------------|--|-------------------|--|--------------|
| FEDERAL SHARE | | NON-FEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

TOTAL This Period for the Non-Federal Share

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1
FOR LINE 16B OF FORM 3X

NAME OF COMMITTEE (In Full)

Alerted Democratic Majority n/a

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | | |

BREAKDOWN OF THIS TRANSFER

| | VOTER REGISTRATION | VOTER ID | GOTV | GENERIC CAMPAIGN ACTIVITY |
|---|--------------------|----------|------|---------------------------|
| i) Voter Registration Total Amount Transferred for Voter Registration | | | | |
| ii) Voter ID Total Amount Transferred for Voter ID | | | | |
| iii) GOTV Total Amount Transferred for GOTV | | | | |
| iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity | | | | |

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|-----------------|--------------------------|
| | | |

BREAKDOWN OF THIS TRANSFER

| | VOTER REGISTRATION | VOTER ID | GOTV | GENERIC CAMPAIGN ACTIVITY |
|---|--------------------|----------|------|---------------------------|
| i) Voter Registration Total Amount Transferred for Voter Registration | | | | |
| ii) Voter ID Total Amount Transferred for Voter ID | | | | |
| iii) GOTV Total Amount Transferred for GOTV | | | | |
| iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity | | | | |

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

| | |
|--|--|
| TOTAL This Period (Voter Registration) | |
| TOTAL This Period (Voter ID) | |
| TOTAL This Period (GOTV) | |
| TOTAL This Period (Generic Campaign Activity) | |
| TOTAL This Period (Total Amount of Transfers Received) | |

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority n/a

| | | | |
|---|--|---|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| Category/Type | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
|---------------|---|-------------|---|--------------|

| | | | |
|---|--|---|---|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| Category/Type | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
|---------------|---|-------------|---|--------------|

| | | | |
|---|--|---|---|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: | |
| Mailing Address | | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> GOTV |
| City State Zip Code | | <input type="checkbox"/> Voter ID | <input type="checkbox"/> Generic Campaign |
| Purpose of Disbursement | | Allocated Activity or Event Year-To-Date | |
| Category/Type | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
|---------------|---|-------------|---|--------------|

| | | | | |
|--|---|-------------|---|--------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | | |
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| TOTAL This Period (last page for each line only) (Federal share to 30(a)(4) and Levin share to 30(a)(5)) | | | | |
| FEDERAL SHARE | | LEVIN SHARE | | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | | |

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

| NAME OF COMMITTEE (in Full) | | |
|---|-------------------------------|--------------------------|
| Alerted Democratic Majority n/a | | |
| NAME OF ACCOUNT | | |
| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (See Schedule L-2) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS (Add Lines 1c and 2) | | |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-3) | | |
| (a) Voter Registration | | |
| (b) Voter ID | | |
| (c) GOTV | | |
| (d) Generic Campaign | | |
| (e) Total | | |
| 5. OTHER DISBURSEMENTS | | |
| 6. TOTAL DISBURSEMENTS (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND (For Column B use cash as of January 1st) | | |
| 8. RECEIPTS (Not line 3) | | |
| 9. SUBTOTAL (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS (From Line 6) | | |
| 11. ENDING CASH ON HAND (Subtract Line 10 From Line 9) | | |

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

1a

2

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 n/a

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____ | | Date of Receipt _____ / _____ / _____ Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____ |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____ | | Date of Receipt _____ / _____ / _____ Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____ |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____ | | Date of Receipt _____ / _____ / _____ Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____ |
| D. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Name of Employer or Principal Place of Business _____ Occupation _____ | | Date of Receipt _____ / _____ / _____ Amount of Each Receipt this Period _____ Aggregate Year-to-Date _____ |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | _____ |
| TOTAL This Period (last page this line number only)..... ▶ | | _____ |

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority n/a

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

B. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

C. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

D. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

E. Full Name (Last, First, Middle Initial) / Full Organization Name
Date of Disbursement
M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Amount of Each Disbursement this Period
Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|---------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i> | Shipping Date <i>7-19-04</i> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>[Signature]</i> PREPARER | <i>7-20-04</i> DATE PREPARED |