

2002 FEB 21 P 1:04

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street) CDD142653 121001 N 266
WILLIAM W BATOFF
ALERTED DEMOCRATIC MAJORITY
SUITE 1803 ONE PENN CENTER
1617 JOHN F KENNEDY BLVD
PHILADELPHIA PA 19103

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 0 0 1 4 2 6 5 3

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

MM/DD

MM/DD

MM/DD

In the State of

XX

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD

MM/DD

MM/DD

In the State of

XX

5. Covering Period

07

01

2001

through

12

31

2001

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

Type or Print Name of Treasurer

William W. Batoff

Signature of Treasurer

William W. Batoff

Date

01

29

2001

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		1 2 2 1 4 9 1 5
(b) Cash on Hand at Beginning of Reporting Period	1 1 8 7 1 8 6 9	
(c) Total Receipts (from Line 18)	1 6 9 4 8 3 2	1 7 2 3 1 2 4
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 3 5 6 6 7 0 1	1 3 9 3 8 0 3 9
7. Total Disbursements (from Line 8D)	2 3 0 0 0 0	6 0 1 3 3 8
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 3 3 3 6 7 0 1	1 3 3 3 6 7 0 1
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

07 01 2001

To:

12 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5 00 000	
(ii) Unitemized	00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	5 00 000	5 00 000
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	5 00 000	5 00 000
12. Transfers From Affiliated/Other Party Committees	00	00
13. All Loans Received	00	00
14. Loan Repayments Received	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00	00
17. Other Federal Receipts (Dividends, Interest, etc.)	1 1 9 4 8 3 2	1 2 2 3 1 2 4
18. Transfers from Nonfederal Account for Joint Activity	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1 6 9 4 8 3 2	1 7 2 3 1 2 4
20. Total Federal Receipts (subtract Line 18 from Line 19)	1 6 9 4 8 3 2	1 7 2 3 1 2 4

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4):		
(i) Federal Share	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	100000	100000
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 Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	130000	501338
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	230000	601338
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	230000	601338

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	500000	500000
33. Total Contribution Refunds (from Line 28(d))	00	00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	500000	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

2025-07-14 15:33:34

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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

A. Adelberg, Kenneth J.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 609 Longchamps Dr.
 City State Zip Code
 Devon PA 19333-1867
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Hi-Fi House Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 10 / 16 / 2001
 Amount of Each Receipt this Period
 5000.00

B. First Republic Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1608 Walnut Street
 City State Zip Code
 Philadelphia PA 19103
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Interest earned
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 07 / 22 / 2001
 Amount of Each Receipt this Period
 2457

C. First Republic Bank
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1608 Walnut Street
 City State Zip Code
 Philadelphia PA 19103
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Interest earned
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 08 / 20 / 2001
 Amount of Each Receipt this Period
 2204

SUBTOTAL of Receipts This Page (optional) 5,046.61
TOTAL This Period (last page this line number only) 5,046.61

RECEIVED FROM THE FEDERAL BUREAU OF INVESTIGATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17		

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial) A. First Republic Bank	Date of Receipt 09 / 20 / 2001
Mailing Address 1608 Walnut Street	Amount of Each Receipt this Period 2332
City Philadelphia State PA Zip Code 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. First Republic Bank	Date of Receipt 10 / 22 / 2001
Mailing Address 1608 Walnut Street	Amount of Each Receipt this Period 1924
City Philadelphia State PA Zip Code 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. First Republic Bank	Date of Receipt 11 / 20 / 2001
Mailing Address 1608 Walnut Street	Amount of Each Receipt this Period 1560
City Philadelphia State PA Zip Code 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)	5816
TOTAL This Period (last page this line number only)	510477

2001 RELEASE UNDER E.O. 14176

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial)
A. First Republic 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: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
DEC 12 2001

Amount of Each Receipt this Period
1293

Full Name (Last, First, Middle Initial)
B. First Republic 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: _____ Occupation: _____

Interest earned on CD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
08 16 2001

Amount of Each Receipt this Period
1183062

Full Name (Last, First, Middle Initial)
C.

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)	1184355
TOTAL This Period (last page this line number only)	1694832

**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"/> 29

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Date of Disbursement
07/03/2001

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

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

Date of Disbursement
07/11/2001

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

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

Date of Disbursement
07/18/2001

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

SUBTOTAL of Disbursements This Page (optional) 150.00

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

2001 RELEASE UNDER E.O. 14176

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

07/22/2001

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

08/01/2001

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Purpose of Disbursement

Clerical

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

08/08/2001

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

300.00

20010808 1040 Tasker Street

**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"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

A.

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 15 2001

Amount of Each Disbursement this Period
50 00

Category/Type

B.

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 22 2001

Amount of Each Disbursement this Period
50 00

Category/Type

C.

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

Mailing Address
1040 Tasker Street

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

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
08 29 2001

Amount of Each Disbursement this Period
50 00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ➔ **1 50 00**

TOTAL This Period (last page this line number only) ➔ **4 50 00**

112-03746-3002

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)

Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Doto, Patricia M.

Date of Disbursement

09 / 03 / 2001

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Doto, Patricia M.

Date of Disbursement

09 / 12 / 2001

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Doto, Patricia M.

Date of Disbursement

09 / 20 / 2001

Mailing Address

1040 Tasker Street

City

Philadelphia,

State

PA

Zip Code

19148

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Clerical

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00
600.00

030023 2001 09 03

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

Full Name (Last, First, Middle Initial)

A. Doto, Patricia M.

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

09 26 2001

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Doto, Patricia M.

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 03 2001

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Doto, Patricia M.

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 10 2001

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

75.00

11-03-746-3344

**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"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 18 2001

Amount of Each Disbursement this Period
50.00

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

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 24 2001

Amount of Each Disbursement this Period
50.00

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

Mailing Address
1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
50.00

SUBTOTAL of Disbursements This Page (optional)	150.00
TOTAL This Period (last page this line number only)	900.00

FORM 3X (REV. 10-2000)

**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 purpose, 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)

Date of Disbursement

11/08/2001

A. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

State

Zip Code

Philadelphia, PA 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

11/14/2001

B. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

State

Zip Code

Philadelphia, PA 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

11/21/2001

C. Doto, Patricia M.

Mailing Address

1040 Tasker Street

City

State

Zip Code

Philadelphia, PA 19148

Purpose of Disbursement

Clerical

Candidate Name

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

150.00

105.00

2001-11-21-3996

**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"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

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

Mailing Address
1040 Tasker Street
City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
01 28 2001

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street
City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
02 05 2001

Amount of Each Disbursement this Period
50.00

Category/Type

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

Mailing Address
1040 Tasker Street
City Philadelphia, State PA Zip Code 19148

Purpose of Disbursement
Clerical

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
02 12 2001

Amount of Each Disbursement this Period
50.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 150.00

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

11-03-2001 12:00:00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<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

Full Name (Last, First, Middle Initial)

A. Doto, Patricia M.

Date of Disbursement

MONTH	DAY	YEAR
12	19	2001

Mailing Address

1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Amount of Each Disbursement this Period

\$	50	00	00
----	----	----	----

Purpose of Disbursement
Clerical

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Doto, Patricia M.

Date of Disbursement

MONTH	DAY	YEAR
12	26	2001

Mailing Address

1040 Tasker Street

City State Zip Code
Philadelphia, PA 19148

Amount of Each Disbursement this Period

\$	50	00	00
----	----	----	----

Purpose of Disbursement
Clerical

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Lynne Abraham

Date of Disbursement

MONTH	DAY	YEAR
10	09	2001

Mailing Address

PMB 106 - 8500 Henry Ave.

City State Zip Code
Philadelphia PA 19128

Amount of Each Disbursement this Period

\$	1	00	00
----	---	----	----

Purpose of Disbursement
Clerical

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

\$	1	00	00
----	---	----	----

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

\$	2	30	00
----	---	----	----

2001-03-01 14:00:00

SCHEDULE C (FEC Form 3X)
LOANS

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

LOAN SOURCE Full Name (Last, First, Middle Initial) There are no loans.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	<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)	00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2025 RELEASE UNDER E.O. 14176

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
information found on
Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Alerted Democratic Majority		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">C</div>	
LENDING INSTITUTION (LENDER) Full Name There are no loans or lines of credit.	Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: center;">%</div>	
Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	City	State Zip Code
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
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		DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Title			

122 . 03 . 746 . 4000

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

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) ▶

22 FEB 24 2001

**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 ▼ C00142653
---	---

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	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

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

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

Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

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

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

Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
------	--------	--

(a) SUBTOTAL of Itemized Independent Expenditures	[]
(b) SUBTOTAL of Unitemized Independent Expenditures	[]
(c) TOTAL Independent Expenditures	[00]

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 or dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

William W. Roach
 Signature _____
 Date [] [] []

Subscribed and sworn to before me this **29** day of **01**, **2002**

[Signature]
 My Commission Expires _____

12 24 2005
 NOTARIAL SEAL
 Notary Public
 City of Philadelphia, Philadelphia County
 My Commission Expires December 24, 2005

22:03:46

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. §441a(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?
 YES 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	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate	Amount	

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

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Aggregate General Election Expenditure for this Candidate	Amount	00

SUBTOTAL of Expenditures This Page (optional)	
TOTAL This Period (last page this line number only)	00

2025 RELEASE UNDER E.O. 14176

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)
 Altered 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 %
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 % [] %
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 % [n/a] %

20250307 11:34:45

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

- a) _____
- b) _____
- c) _____
- d) _____
- e) Total Amount Transferred For Direct Fundraising ..

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

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

- a) _____
- b) _____
- c) _____
- d) _____
- e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative/Voter Drive Amount)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Exempt Activity/Direct Candidate Support)	
TOTAL This Period (Total Amount Transferred)	n/a

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

NAME OF COMMITTEE (In Full)
Alerted Democratic Majority

A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
			Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT				

B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
			Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT				

C. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:			Event Year-To-Date	
Description:			Category/Type	
			Date	
FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT				

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			TOTAL AMOUNT	
FEDERAL SHARE + NON-FEDERAL SHARE =				
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(iii)			TOTAL AMOUNT	
FEDERAL SHARE				
NON-FEDERAL SHARE				
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			n/a	

FORM 3X 1/01 22

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) <p style="text-align: center;">Alerted Democratic Majority</p>		
NAME OF ACCOUNT	Coverage Period From: <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/>	
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"/> n/a

2025 RELEASE UNDER E.O. 14176

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-28-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>dm10</i> PREPARER	<i>2-21-02</i> DATE PREPARED

2002年03月24日 14:03:33