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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PharmAthene Inc Political Action Committee

ADDRESS (number and street)

One Park Place

(Check if address  
is changed)

Suite 450

Annapolis

MD

21401

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

PIPAC@pharmathene.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

12 07 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

Charles A. Reinhart III

Signature of Treasurer

Charles A. Reinhart III

Date

12 07 2009

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29030201254

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative
- In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

- In addition, this committee is a Lobbyist/Registrant PAC.
- In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

29030201255

Write or Type Committee Name

PharmAthene Inc. Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

PharmAthene Inc

Mailing Address

One Park Place  
Suite 450  
Annapolis MD 21401

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Francesca Cook

Mailing Address

One Park Place  
Suite 450  
Annapolis MD 21401

Title or Position

CITY

STATE

ZIP CODE

VP Policy & Govt. Rel

Telephone number

410-269-2515

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Charles Reinhart

Mailing Address

One Park Place  
Suite 450  
Annapolis MD 21401

Title or Position

SVP & CFO

Telephone number

410-269-2590

29030201256

Full Name of Designated Agent

Patricia Greig

Mailing Address

One Park Place

Suite 450

Annapolis MD 21401

CITY

STATE

ZIP CODE

Title or Position

Director of Accounting

Telephone number 410-269-2565

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC Bank

Mailing Address

1835 West Street

Annapolis MD 21401

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030201257

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

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

12/14/09  
DATE PREPARED

29030201258