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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ZLB BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ ☐ (Check if address is changed)

1020 FIRST AVENUE
P.O. BOX 61501

KING OF PRUSSIA | PA | 19406-0901

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ZLBBEHRINGEPAC@ZLBBEHRING.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

610-878-4584

2. DATE 04 / 04 / 2006

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 PATRICK COLLINS

Signature of Treasurer Patrick Collins Date 04 / 04 / 2006

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.

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

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(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

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

(e) ☒ This committee is a separate segregated fund.

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

6. **Name of Any Connected Organization or Affiliated Committee**

ZLB BEHRING

Mailing Address 1020 FIRST AVENUE

PO BOX 61501

KING OF PRUSSIA PA 19406-0901

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

2LB BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE

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: PATRICK COLLINS

Mailing Address: 1020 FIRST AVENUE
PO BOX 61501
KING OF PRUSSIA PA 19406-0901

Title or Position ▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 610-878-4311

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: PATRICK COLLINS

Mailing Address: 1020 FIRST AVENUE
PO BOX 61501
KING OF PRUSSIA PA 19406-0901

Title or Position ▼: TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 610-878-4311

Full Name of Designated Agent: DENNIS JACKMAN

Mailing Address: 1020 FIRST AVENUE
PO BOX 61501
KING OF PRUSSIA PA 19406-0901

Title or Position ▼: ASSISTANT TREASURER | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 610-878-4583

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.

WACHOVIA

Mailing Address 694 WEST DEKALB PIKE

PA 57 25

KING OF PRUSSIA | PA | 19406-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER	4/10/06 DATE PREPARED

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