FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ANIZA See instructions		Office use only		
1. NAME OF COMMITTEE (in	full) (Cher	ck if name anged)	Example: If typying, type over the lines	12FE4M5		
Alzheimer's A	ction PAC	1111	11111111	1 1 1 1 1 1		
		1 1 1 1 1		1 1 1 1 1 1		
ADDRESS (number and	PO Box 6	5209 				
X (Check if address is changed)	ess Washingt	on		PC L	20035   5209	
		C	CITY_	STATE	ZIP CODE 📥	
COMMITTEE'S E-MAI					1	
1		1 1 1 1 1				
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
COMMITTEE'S FAX N 2028576395	IUMBER					
2. DATE M N	1 / D D / Y Y 20	0 6 °				
3. FEC IDENTIFICA	TION NUMBER	C	C00430421			
4. IS THIS STATEM	NEW (N)	OR	AMENDED (A)			
I certify that I have exami	ned this Statement and to the	best of my knowl	edge and belief it is true, correct a	nd complete		
Type or Print Name of	Treasurer Mr. C	raig Engle				
Signature of Treasurer	Electronically Filed by	Mr. Craig E	ngle	Date 12 <sup>M</sup>	01 YYYYY 2006	
NOTE: Submission of fal			subject the person signing this Sta		s of 2 U.S.C. S437g.	
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		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.)						
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate						
	Candidate Office House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
		Democratic, epublican,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 f committee.	und or party					
6.	Name of Any Connected Organization or Affiliated Committee						
L	None						
	Mailing Address						
	Mailing Address						
	CITY STATE A	ZIP CODE					
	Relationship						
	Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ition					
	Membership Organization Trade Association Cooperative						

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W	rite or Type Comm	ittee Name					
	Alzheimer's	Action PAC					
7.		cords: Identify by n Committee books an	ame, address, (phone num d records.	ber optional), and posi	tion of th	e person in	
	Full Name	Mr. Craig Engle					
	Mailing Address		PO Box 65209				
			Washington	DC	<u> </u>	20035	5209
	Title or Position \	,	CITY A	STAT	E▲	ZIP CO	DE A
		Treasurer		Telephone number	202	775	5791
	of Treasurer  Mailing Address	Mr. Craig Engle	PO Box 65209				
	Maining Address		Washington	DO		20035 _	5209
	Title or Position \	•	CITY A	STAT	_	ZIP CO	
		Treasurer		Telephone number	202	775 _	5791
	Full Name of Designated						
	Agent	Patricia Doty					
	Agent Mailing Address	Patricia Doty	PO Box 65209				
	-	Patricia Doty	PO Box 65209 Washington			20035_	5209
	-			DC		20035 – ZIP COD	
	Mailing Address  Title or Position		Washington				

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
	Mailing Address	Wachovia  1100 Connecticut Avenue, NW			
		Washington DC 20	0036   -		
		CITY △ STATE △ Z	IP CODE △		