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FEC FORM 1

STATEMENT OF ORGANIZATION

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

ALFAPAC

ADDRESS (number and street) 1660 KING STREET

(Check if address is changed) SUITE 602

ALEXANDRIA VA 22314-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-894-1831

2. DATE 05 09 2006

3. FEC IDENTIFICATION NUMBER ▶ C00338020

4. IS THIS STATEMENT NEW (N) OR X 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 Maribeth Bersani

Signature of Treasurer Maribeth B Date 05 09 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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

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Write or Type Committee Name

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: MARIBETH BERSANI

Mailing Address: 1650 KING STREET
SUITE 602
ALEXANDRIA VA 22314-

Title or Position▼: VICE PRESIDENT ALFA | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 703-894-1805

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: MARIBETH BERSANI

Mailing Address: 1650 KING STREET
SUITE 602
ALEXANDRIA VA 22314-

Title or Position▼: VICE PRESIDENT ALFA | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 703-894-1805

Full Name of Designated Agent: PAUL WILLIAMS

Mailing Address: 1650 KING STREET
SUITE 602
ALEXANDRIA VA 22314-

Title or Position▼: DIRECTOR OF POLICY | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 703-894-1805

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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.

Mailing Address

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	5/10/06 DATE PREPARED

(3/2005)

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