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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

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTE (AAGP-PAC)

ADDRESS (number and street) 7910 WOODMONT AVENUE
SUITE 1050
☐ (Check if address is changed)
BETHESDA MD 20814 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

301 - 654 - 4137

2. DATE 05 27 2004

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 JOEL E STREIM

Signature of Treasurer Joel E. Streim Date 05 28 2004

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)

FE3A8042.PDF

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

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY

Mailing Address 7910 WOODMONT AVENUE
SUITE 1050
BETHESDA MD 20814

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
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY 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: CHRISTINE M DEVRIES

Mailing Address: 7910 WOODMONT AVENUE
SUITE 1050
BETHESDA | MD | 20814 -

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 301 - 654 - 7850

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: JOEL E STREIM

Mailing Address: SECTION ON GERIATRIC PSYCHIATRY
3535 MARKET STREET ROOM 3055
PHILADELPHIA | PA | 19104 - 3309

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 215 - 615 - 3086

Full Name of Designated Agent: CHRISTINE M DEVRIES

Mailing Address: 7910 WOODMONT AVENUE
SUITE 1050
BETHESDA | MD | 20814 -

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 301 - 654 - 7850

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 BANK NA

Mailing Address

1753 PINNACLE DRIVE

3RD FLOOR

MCLEAN | VA | 22102 -

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

6-2-04
DATE PREPARED

(5/2004)