FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	Office use only											
1. NAME OF COMMITTEE (in	full)	Example: If typying, type over the lines	12FE4M5											
Boehringer In	gelheim Corporati	on Political Act	ion Committee											
ADDRESS (number and	street) 900 R	idgebury Road												
X (Check if address is changed)	ess Ridge	field		CT L	06877									
			CITY	STATE	ZIP CODE 📥									
committee's e-mai	Nworldnet.att.net				1									
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)												
COMMITTEE'S FAX N 203-791-6160	NUMBER	J												
2. DATE <b>M 1 2</b>		<sup>Y</sup> 2 0 0 7												
3. FEC IDENTIFICA	TION NUMBER	(	C C00420398											
4. IS THIS STATEM	IENT X NEW	(N) OR	AMENDED (A)											
I certify that I have exami	ned this Statement and	o the best of my know	vledge and belief it is true, correct a	and complete										
Type or Print Name of	Treasurer <b>F</b>	rank, Pomer												
Signature of Treasurer	Electronically Filed	by <b>Frank, Po</b> n	ner	Date 12 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
NOTE: Submission of fa		•	subject the person signing this Sta	·	2 U.S.C. \$437g.									
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530	ssion	FEC FORM 1 (Revised 02/2003)									

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5.	TYPE OF COMM	IITTEE (Check One)	
	(b) T	his committee is a principal campaign committee. (Complete the candidate information below.)  his committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State
	(c) Th	nis committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(e) X Th	(National, State (or subordinate) committee of the  nis committee is a separate segregated fund nis committee supports/opposes more than one Federal candidate, and is NOT a separate segregate semmittee.	(Democratic, Republican,etc.) Party. ed fund or party
6.	Name of Any Co	onnected Organization or Affiliated Committee	
L			
L			
	Mailing Address		
	Ü		
		CITY STATE A	ZIP CODE 🛕
	Relationship  Type of Connecte	ed Organization:	
	Corporat	ion Corporation w/o Capital Stock Labor Organ	nization
	Member	ship Organization Trade Association Cooperative	

FEC Form	<b>11</b> (Revised 02/2003)	)			Pa	age <b>3</b>
Write or Type Com	nmittee Name					
Boehringer	Ingelheim Corpo	ration Political Action Comn	nittee			
	Records: Identify I of Committee books	by name, address, (phone nuns and records.	nber optional), a	and position of th	e person in	
Full Name	Patrice, Tay	lor 				
Mailing Address	s	2901 28th Street, NW	1			
		Washington		DC	20008 _	
Title or Position	<b>∀</b>	CITY A		STATE	ZIP COI	DE A
	PAC Consultan	t	Telephone nu	<b>202</b> umber		0393
of Treasurer  Mailing Address	Frank, Pome	er 900 Ridgebury Rd				
		Ridgefield		СТ	06877	
Title or Position	<b>∀</b>	CITY A		STATE	ZIP CO	DE A
	Vice President	Тах	Telephone nu	mber <b>203</b>		5683
Full Name of Designated Agent						
Mailing Address	s					
Title or Position	<b>∀</b>	CITY A		STATE A	ZIP COL	DE A
			Telephone nu	ımber	. – –	

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9.	Banks or Other safety deposit box	xes or	main	tain		List Inds		ba	nks	or	oth	ner	de <sub>l</sub>	oos	itor	ies	in	wh	ich	the	e co	mr	nitte	e c	lepo	osit	s fu	nds	s, h	olds	ac	col	ınts	s, re	nts			
	Name of Bank, Do	eposit	ory, e	etc.																																		
										1				L	1	L																				L		_
	Mailing Address					Ш							L	L	1	L																						
						Ш							L	L	1	L																						
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