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Revised 1/2001

Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL Alzheimer's Action PAC (b) Number and Street Address PO Box 65209 2. FEC IDENTIFICATION NUMBER C00430421 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Washington DC 20035-5209 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) THOMAS RICHARD HARKIN 06/12/2007 Senate 00 IΑ (ii) **CHRIS VAN HOLLEN** 09/24/2007 House MD 80 (iii) MARK ROBERT WARNER Senate VA 00 02/13/2008 (iv) HILLARY RODHAM CLINTON 00 03/24/2008 Presidential (v) ARLEN SPECTER PA 00 06/04/2008 Senate (b) Contributors: The committee received a contribution from its 51st contributor 09/16/2008 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/14/2006 (d) Qualification: The committee met the above requirements on: 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 DATE SIGNATURE OF TREASURER Electronically Filed by Mr. Craig Engle 09/16/2008 Mr. Craig Engle Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission, Washington, DC 20463 FEC FORM 1 M Toll-free 800-424-9530

Local 202-694-1100

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