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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)  (Check if name is changed) Exempt: If type 2, type over the line.  12 FEB 4MS

Autism Epidemic Awareness Fund

ADDRESS (number and street) 1101 30th Street, NW, Suite 220

(Check if address is changed) Washington, DC 20007  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)  
N/A

COMMITTEE'S FAX NUMBER  
202-337-6660

2. DATE 05 24 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 Craig Snyder

Signature of Treasurer *Craig Snyder* Date 05 24 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.

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

NA \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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 Craig Snyder

Mailing Address 1101 30th Street, NW, Suite 220  
Washington, DC 20007

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 202 - 337 - 6600

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 Craig Snyder

Mailing Address 1101 30th Street, NW, Suite 220  
Washington, DC 20007

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 202 - 337 - 6600

Full Name of Designated Agent Corrin McKay

Mailing Address 1101 30th Street, NW, Suite 220  
Washington, DC 20007

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Assistant Treasurer Telephone number 202 - 337 - 6600

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.

BB & T

Mailing Address

1909 K Street, NW

Washington, DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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