

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Alere, Inc. Good Government Committee

ADDRESS (number and street)

51 Sawyer Rd.

(Check if address is changed)

Waltham

CITY ▲

MA

STATE ▲

02453

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Peter.Doyle@alere.com

Optional Second E-Mail Address

slming@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
10 / 06 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00567909

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 Doyle, Peter, , ,

Signature of Treasurer Doyle, Peter, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 06 / 2017

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.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Alere, Inc. Good Government Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Alere, Inc.

Mailing Address

51 Sawyer Road

Walham

MA

02453

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

PAC Services, Comerica Bank, , ,

Mailing Address

P.O. Box 75000

MC2250

Detroit

MI

48275

Title or Position

CITY

STATE

ZIP CODE

Recordkeeper

Telephone number

248

371

7268

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

Doyle, Peter, , ,

Mailing Address

51 Sawyer Rd.

Waltham

MA

02453

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

781

314

4026

Full Name of Designated Agent: Ferguson, Anthony, , ,

Mailing Address: 30 South Keller Road
Suite 100
Orlando FL 32810
CITY STATE ZIP CODE

Title or Position: Asst Treasurer
Telephone number: 321 - 441 - 7310

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.

Comerica Bank

Mailing Address: PO Box 75000
MC2250
Detroit MI 48275-2250
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:

CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N
Transaction ID :

Adding Abbott Laboratories Employee PAC as a affiliated committee.

Form/Schedule:
Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Abbott Laboratories Employee Political Action Committee

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name
Mailing Address

 CITY ▲ STATE ▲ ZIP CODE ▲
TITLE OR POSITION ▼ Telephone Number --

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 ▲