

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

USAgainstAlzheimer's PAC

ADDRESS (number and street) PO Box 65209

Check if different than previously reported. (ACC)

Washington DC 20035-5209

2. **FEC IDENTIFICATION NUMBER** C00430421

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Dwyer

Signature of Treasurer Electronically Filed by John Dwyer Date 07 29 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only										<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
USAgainstAlzheimer's PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		52289.39
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	52289.39									
(c) Total Receipts (from Line 19) .....	73950.00	73950.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	126239.39	126239.39								
7. Total Disbursements (from Line 31) .....	20617.41	20617.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	105621.98	105621.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
USAgainstAlzheimer's PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	73650.00	73650.00
(ii) Unitemized .....	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	73950.00	73950.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	73950.00	73950.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	73950.00	73950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	73950.00	73950.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18617.41	18617.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18617.41	18617.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20617.41	20617.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20617.41	20617.41

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	73950.00	73950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73950.00	73950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18617.41	18617.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18617.41	18617.41

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
Laura L Beaty

Mailing Address 2019 Virginia Ave

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2011

**Transaction ID: C16364**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Ray Benton

Mailing Address 2875 Woodland Drive

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2011

**Transaction ID: C14857**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
J. Patrick Berry

Mailing Address 2019 Virginia Ave

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baker Botts Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2011

**Transaction ID: C16363**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Meryl Comer	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 9826 Connecticut Avnue	<b>Transaction ID: C14854</b>
	City State Zip Code Kensington MD 20895	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Anne P Constant	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 8200B Ocean Front Avenue	<b>Transaction ID: C14853</b>
	City State Zip Code Virginia Beach VA 23451	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Dwyer	Date of Receipt MM / DD / YYYY 03 / 09 / 2011
	Mailing Address 8904 Harness Trl	<b>Transaction ID: C16369</b>
	City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Arent Fox Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
Marshall Gelfand

Mailing Address PO Box 2202

City State Zip Code  
Palm Springs CA 92263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gelfand, Rennert & Feldman CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID: C16365**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
William J Kilberg

Mailing Address 6703 Wemberly Way

City State Zip Code  
Mc Lean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gibson and Dunn Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2011

**Transaction ID: C16368**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dana Morino

Mailing Address 19111 Detroit Road #305

City State Zip Code  
Rocky River OH 44116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
homemaker homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2011

**Transaction ID: C16371**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
Mario Morino

Mailing Address 19111 Detroit Road #305

City State Zip Code  
Rocky River OH 44116

FEC ID number of contributing federal political committee. **C**

Name of Employer Morino Ventures LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2011

**Transaction ID: C16370**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Stanley Pantowich

Mailing Address 75 Rockefeller Plaza 9th Floor

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer TAG Associates LLC Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2011

**Transaction ID: C14856**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Carole M Rogin

Mailing Address 50 East Road, #10E

City State Zip Code  
Delray Beach FL 33483

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2011

**Transaction ID: C14852**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
Victoria P Sant  
 Mailing Address 2929 North Street NW  
 City Washington State DC Zip Code 20007  
 Date of Receipt 02 / 17 / 2011  
**Transaction ID: C16362**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Summit Foundation Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Sheresky  
 Mailing Address 1852 Marcheeta Place  
 City Los Angeles State CA Zip Code 90069  
 Date of Receipt 03 / 02 / 2011  
**Transaction ID: C16366**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer United Talent Agency Occupation Talent Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Alissa L. Vradenburg  
 Mailing Address 1852 Marcheeta Place  
 City Los Angeles State CA Zip Code 90069  
 Date of Receipt 03 / 02 / 2011  
**Transaction ID: C16367**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Untitled Entertainment Occupation Talent Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
George Vradenburg

Mailing Address 2901 Woodland Drive, NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 01 / 14 / 2011  
**Transaction ID: C14850**  
 Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jeannine C. Vradenburg

Mailing Address 2141 W Bradley Pl

City Chicago State IL Zip Code 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 16 / 2011  
**Transaction ID: C16361**  
 Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia Vradenburg

Mailing Address 2901 Woodland Drive, NW

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 03 / 2011  
**Transaction ID: C14851**  
 Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.**

Full Name (Last, First, Middle Initial) Tyler Seth Vradenburg		Date of Receipt MM / DD / YYYY 02 / 16 / 2011
Mailing Address 2141 W Bradley Pl		<b>Transaction ID:</b> C16360
City Chicago	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Loyola Academy	Occupation Guidance Counselor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Alan Wurtzel		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 2134 R Street NW		<b>Transaction ID:</b> C20931
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3150.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	8150.00
<b>TOTAL</b> This Period (last page this line number only) .....	73650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

A.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D448 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="1040.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D449 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="2834.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D269 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="7160.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11035.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

A.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D360 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="5670.40"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D452 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="580.50"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Arent Fox LLP	Transaction ID: D458 Date of Disbursement
	Mailing Address 1050 Connecticut Avenue, NW	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting/admin fees	<input type="text" value="1181.58"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7432.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18468.21"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

A.	Full Name (Last, First, Middle Initial) <b>BEN CARDIN FOR SENATE</b>	<b>Transaction ID: D455</b> Date of Disbursement 06 / 20 / 2011
	Mailing Address P.O. BOX 21093	
	City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name Sen. BENJAMIN L L. CARDIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B.	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR HARKIN</b>	<b>Transaction ID: D450</b> Date of Disbursement 05 / 17 / 2011
	Mailing Address P O BOX 811	
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C.	Full Name (Last, First, Middle Initial) <b>CLEAVER FOR CONGRESS</b>	<b>Transaction ID: D361</b> Date of Disbursement 03 / 22 / 2011
	Mailing Address 4801 Main Street, Stuite 1000	
	City Kansas City State MO Zip Code 64112	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name Rep. Emanuel Cleaver Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b>	<b>Transaction ID:</b> D451 Date of Disbursement 05 / 23 / 2011	
	Mailing Address 5915 EASTMAN AVE. SUITE 100		
	City MIDLAND State MI Zip Code 48640		Amount of Each Disbursement this Period
	Purpose of Disbursement contribution		1000.00
	Candidate Name Rep. Dave Camp	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 04		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS</b>	<b>Transaction ID:</b> D460 Date of Disbursement 02 / 22 / 2011	
	Mailing Address 5915 EASTMAN AVE. SUITE 100		
	City MIDLAND State MI Zip Code 48640		Amount of Each Disbursement this Period
	Purpose of Disbursement Stop Payment: Original Disbursement 10-26-10		-1500.00
	Candidate Name Rep. Dave Camp	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 04		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DUFFY FOR CONGRESS</b>	<b>Transaction ID:</b> D464 Date of Disbursement 02 / 22 / 2011	
	Mailing Address PO BOX 538		
	City Wausau State WI Zip Code 54402		Amount of Each Disbursement this Period
	Purpose of Disbursement Stop Payment: Original Disbursement 10-26-10		-1000.00
	Candidate Name SEAN DUFFY	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement contribution

Candidate Name  
Sen. Sherrrod Brown

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

Transaction ID: D454

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
MORAN FOR CONGRESS

Mailing Address 311 North Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement contribution

Candidate Name  
Rep. James P. Moran

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Transaction ID: D457

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PAT MEEHAN FOR CONGRESS

Mailing Address 50 S PROVIDENCE ROAD

City Media State PA Zip Code 19063

Purpose of Disbursement  
Stop Payment: Original Disbursement 10-26-10

Candidate Name  
Patrick L Meehan

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Transaction ID: D463

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

**A.** Full Name (Last, First, Middle Initial)  
STABENOW FOR US SENATE

Mailing Address PO BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement  
contribution

Candidate Name  
Sen. Debbie A. Stabenow

Office Sought:  House  
 Senate  
 President

State: MI District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: D456

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Stop Payment: Original Disbursement 10-26-10

Candidate Name  
Steve Stivers

Office Sought:  House  
 Senate  
 President

State: OH District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D462

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

-1000.00

**C.** Full Name (Last, First, Middle Initial)  
UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Stop Payment: Original Disbursement 10-26-10

Candidate Name  
Rep. Fred Upton

Office Sought:  House  
 Senate  
 President

State: MI District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D461

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

-1500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

-1500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
USAgainstAlzheimer's PAC

A.

Full Name (Last, First, Middle Initial)  
WHITEHOUSE FOR SENATE

Transaction ID: D453

Date of Disbursement

Mailing Address P.O. BOX 40280

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

City PROVIDENCE State RI Zip Code 02940

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement contribution

Category/  
Type

Candidate Name  
Sen. Sheldon Whitehouse

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 00

SUBTOTAL of Disbursements This Page (optional) ..... ►

1000.00
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TOTAL This Period (last page this line number only) ..... ►

2000.00
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