PAGE 1 / 10

Image# 14961594374

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzea Committee	Office Use On	ly
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
USAgainstAlzheimer's	S PAC			
ADDRESS (number and street)	PO Box 65209			
Check if different than previously reported. (ACC)	Washington		DC 20035-5209	9 – []
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP	CODE A
C C00430421		S THIS X NEW (N) O	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Compared to the content of t	Report Due On: Mar Apr Q1) (c) 12-Day PRE-Election Report for the: Q3) YE) (d) 30-Day POST-Election Report for the:	General (30G)	6) Sep 20 (M9) C) Oct 20 (M10) General (12G) Special (12S) in the State of State	Special (30S)
5. Covering Period 0		through 06	M / D D / Y Y Y 30 2014	Y
I certify that I have examined the Type or Print Name of Treasure	•	my knowledge and belief it is	true, correct and complete.	
	ı Dwyer	[Electronically Filed]	Date 07 / 15	/ Y = Y = Y = Y = 2014
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signin	g this Report to the penalties of	2 U.S.C. §437g.
Office Use				ORM 3X 2/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name USAgainstAlzheimer's PAC 04 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 117572.14 January 1, 2014 (b) Cash on Hand at 131300.76 Beginning of Reporting Period..... 25000.00 5000.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 136300.76 142572.14 6(a) and 6(c) for Column B)..... 15686.44 21957.82 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 120614.32 120614.32 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

USAgainstAlzheimer's P.	AC
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Covering the Period: From: 04	01 2014 To:	06 30 2014 COLUMN B
I. Receipts	I. Receipts COLUMN A Total This Period	
tributions (other than loans) From:		
(i) Itemized (use Schedule A)	5000.00	25000.00
(ii) Unitemized	0.00	0.00
Lines 11(a)(i) and (ii)▶	5000.00	25000.00
Political Party Committees	0.00	0.00
Other Political Committees (such as PACs)	0.00	0.00
Total Contributions (add Lines		,
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00	25000.00
nsfers From Affiliated/Other by Committees	0.00	0.00
-	0.00	
Loans Received	0.00	0.00
n Repayments Received	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	5.55
idends, Interest, etc.)	0.00	0.00
nsfers from Non-Federal and Levin Funds	7	
Non-Federal Account		
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	tributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Allocated Federal/Non-Federal	10141 11110 1 01104	Odicinali Teal to Bate	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	7 7		
Expenditures	2186.44	2957.82	
(c) Total Operating Expenditures	2196 44	2057.92	
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	2186.44	2957.82	
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees			
and Other Political Committees	13500.00	19000.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
i i			
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
(I) Pulliford D. I. Consulting	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(I) Table Occident for D. Contr.			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
(add Lines 20(a), (b), and (c))			
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated 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	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15686.44	21957.82	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	15686.44	21957.82	

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	25000.00
Total Contribution Refunds (from Line 28(d))	0.00	0.00
6. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	25000.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2186.44	2957.82
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2186.44	2957.82

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

FOR LINE NUMBER: PAGE 6 OF 10 Use separate schedule(s) for each category of the (check only one) 11b

11a 11c 12 Detailed Summary Page

		13 14 15 16 17
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
USAgainstAlzheimer's PAC		
Full Name (Last, First, Middle Initial) Alan Wurtzel		Date of Receipt
Mailing Address 2134 R Street NW		Date of Receipt
City	State Zip Code	06 26 2014 Transaction ID : SA11AI 4817
Washington	DC 20008	Transaction ID : SA11AI.4817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	-
retired	retired	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)		Date of Recoint
Mailing Address		Date of Receipt
	Chair 7: C	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 1000ipt tills 1 6110u
Name of Employer	Occupation	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Passint this Built
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	-
SUBTOTAL of Receipts This Page (ontional)) .	5000.00
	<u> </u>	
OTAL This Period (last page this line numb	per only)	5000.00

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Use separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Detailed Summary Page Separate schedule(s) for each category of the Durbose of Dictions such committee to solicit contributions from such committee. Page Separate schedule(s) for each category of the page summary page and address of any political committee to solicit contributions from such committee. Date of Disbursement Date of D	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 7 OF 10	
Detailed Summary Pege	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
rry information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from ror 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 Full Name (Last, First, Middle Initial) Arent Fox LLP Mailing Address 1717 K Street NW City State Zip Code Disbursement FEC Campaign Reporting Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Transaction ID : SB21B.4837 Amount of Each Disbursement FEC Campaign Reporting Cardidate Initial) Arent Fox LLP Mailing Address 1717 K Street NW City State Zip Code Other (specify) Transaction ID : SB21B.4837 Date of Disbursement Fill Name (Last, First, Middle Initial) Date of Disbursement Fill Name (Last, First, Middle Initial) Date of Disbursement Fill Name (Last, First, Middle Initial) Date of Disbursement this Period Cardidate Name Card						
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Washington DC 20036 Transaction D: SB21B.4836	Mailing Address 1717 K Street NW					
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President Other (specify) ▼ State: District:			-			
State: District:		,				
2402.44		Other (specify) ▼				
SUBTOTAL of Disbursements This Page (optional)	Cidio.					
	SUBTOTAL of Disbursements This Page (optional)				2183.44	
2183.44					0400 44	

SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:	P/	AGE 8	OF 10
TEMIZED DISBURSEMENTS	for each cat	e schedule(s)	(check only	,			
	Detailed Sur		21b 27	22 X	23 24 28b 28c	25	26 30b
	<u> </u>						
Any information copied from such Reports and States or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)		7					
USAgainstAlzheimer's PAC							
Full Name (Last, First, Middle Initial)							
A. ALISON FOR KENTUCKY				Date of Di	sbursement		
Mailing Address 240 DEMOCRAT DDIVE				M M /	D D /	2014	Y
Mailing Address 340 DEMOCRAT DRIVE				05	27	2014	_
City	State Z	ip Code					
FRANKFORT	KY 4	0601		Transact	ion ID : SB23.4	4826	
Purpose of Disbursement							
				Amount of	Each Disburse	ement this	Period
Candidate Name			Category/			100	00.00
ALISON LUNDERGAN GRIMES Office Sought: House Disbursei	ment For: 201	4	Туре		7 7		
Senate		General					
President	Other (specify)						
State: KY District: 00		•					
Full Name (Last, First, Middle Initial)							
B. FRIENDS OF DON BEYER				Date of Di	sbursement		
				M = M /	D = D /	Y	Y
Mailing Address 801 DUKE STREET				05	13	2014	
City	State Z	ip Code					
					! ID ODGG	4000	
•		22314		Transact	ion ID : SB23.	4023	
ALEXANDRIA Purpose of Disbursement		•		Transact	ion ID : 5B23.	4023	
ALEXANDRIA Purpose of Disbursement		•			Each Disburse		Period
ALEXANDRIA Purpose of Disbursement Candidate Name		•	Category/			ement this	
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER	VA 2	22314	Category/ Type			ement this	Period
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ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial)	ment For: 201 Primary	22314 4 General		Amount of		ement this	
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ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial)	ment For: 201 Primary	22314 4 General		Amount of	Each Disburse	ement this	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310	ment For: 201 Primary Other (specify)	4 General		Amount of Date of Di	Each Disburse	ement this	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City	ment For: 201 Primary Other (specify)	4 General ip Code		Date of Di	Each Disburse	ement this 100	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310	ment For: 201 Primary Other (specify)	4 General		Date of Di	sbursement	ement this 100	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE	ment For: 201 Primary Other (specify)	4 General ip Code		Amount of Date of Di M M M / O5	sbursement	2014 4830	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name	ment For: 201 Primary Other (specify)	4 General ip Code	Type	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name GWEN GRAHAM	ment For: 201 Primary Other (specify)	4 General ip Code 2302		Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	00.00
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name GWEN GRAHAM Office Sought: House Disburse	ment For: 201 Primary Other (specify) State Z FL 3	4 General ip Code 2302	Type Category/	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name GWEN GRAHAM Office Sought: House Senate Disburser Disburser	ment For: 201 Primary Other (specify) State Z FL 3 ment For: 201 Primary	ip Code 2302	Type Category/	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President	ment For: 201 Primary Other (specify) State Z FL 3	ip Code 2302	Type Category/	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name GWEN GRAHAM Office Sought: House Senate Disburser Disburser	ment For: 201 Primary Other (specify) State Z FL 3 ment For: 201 Primary	ip Code 2302	Type Category/	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	Y Y Y 2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President	ment For: 201 Primary Other (specify) State Z FL 3 ment For: 201 Primary Other (specify)	ip Code 2302 4 General	Category/ Type	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	2014 4830 ement this	Period
ALEXANDRIA Purpose of Disbursement Candidate Name DONALD STERNOFF JR BEYER Office Sought: House Senate President State: VA District: 08 Full Name (Last, First, Middle Initial) C. GRAHAM FOR CONGRESS Mailing Address PO BOX 310 City TALLAHASSEE Purpose of Disbursement Candidate Name GWEN GRAHAM Office Sought: House Senate President State: FL District: 02	ment For: 201 Primary Other (specify) State Z FL 3 ment For: 201 Primary Other (specify)	ip Code 2302 4 General	Category/ Type	Amount of Date of Di M M M / O5	sbursement 27 ion ID : SB23.	2014 4830 ement this	Period 0.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 10			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)		
	Detailed Summary Page	21b	22 🗙 23 24 25 26		
Г		27	28a 28b 28c 29 30		
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
USAgainstAlzheimer's PAC					
Full Name (Last, First, Middle Initial)					
A. MIKULSKI FOR SENATE COMMI	TTEE		Date of Disbursement		
Mailing Address POB13147			05 27 2014		
•	State Zip Code		Transaction ID : SB23.4831		
BALTIMORE Purpose of Disbursement	MD 21203				
·			Amount of Each Disbursement this Period		
Candidate Name BARBARA MIKULSKI		Category/	2000.00		
	ment For: 2016	Туре			
Senate President	Primary General Other (specify) ▼				
State: MD District: 00					
Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONG		AITTEE	Date of Disbursement		
B. NATIONAL REPUBLICAN CONG	RESSIONAL COM	VIII I E E	M M / D D / Y Y Y Y		
Mailing Address 320 FIRST STREET SE			06 17 2014		
WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4834		
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	5000.00		
Senate	ment For: 2014 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) C. PENINSULA DEMOCRATIC COA	LITION		Date of Disbursement		
- I ENINOUEA DEMOCRATIO COA	LITION		M M / D D / Y Y Y Y		
Mailing Address 1360 EMERSON STREET			06 12 2014		
•	State Zip Code CA 94301		Transaction ID : SB23.4832		
PALO ALTO Purpose of Disbursement	CA 94301				
Candidate Name		Category/	Amount of Each Disbursement this Period 2500.00		
Office Sought: House Disburse	ment For: 2014	Туре	7		
Senate President	Primary General Other (specify)				
State: District:	· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			9500.00		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) USAgainstAlzheimer's PAC	nents may not be sold or used the and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. PETERS FOR MICHIGAN Mailing Address PO BOX 226			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S BLOOMFIELD HILLS Purpose of Disbursement	State Zip Code MI 48303		Transaction ID : SB23.4819
	nent For: 2014 Primary General	Category/ Type	Amount of Each Disbursement this Period 1000.00
State: MI District: 00 Full Name (Last, First, Middle Initial) B.	Other (specify) ▼		Date of Disbursement
Mailing Address City S	State Zip Code		
Purpose of Disbursement Candidate Name	[Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		············· >	1000.00
TOTAL This Period (last page this line number only)		>	13500.00