

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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

BRANDED PHARMACEUTICAL ASSOCIATION PAC

ADDRESS (number and street) 6 OFFICE PARK CIRCLE SUITE 301

(Check if address is changed)

BIRMINGHAM AL 35223

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address is changed)

PCOLE@SPECIALTYPHARMA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

X (Check if address is changed)

NONE

2. DATE 10 / 07 / 2011

3. FEC IDENTIFICATION NUMBER C 00396242

4. IS THIS STATEMENT NEW (N) OR X 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 PERRY N. COLE

Signature of Treasurer Perry N. Cole

Date 10 / 07 / 2011

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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FEC FORM 1
(Revised 02/2009)

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Federal Election Commission
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John
 PREPARER
 (3/2005)

10/14/11
 DATE PREPARED

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