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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (as full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12P04MS

ALPHA PAC

ADDRESS (number and street)

855 South Wall Street

(Check if address
is changed)

Columbus

OH

43206

1921

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

linfo@alpha.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.alpha.org

COMMITTEE'S FAX NUMBER

614-444-2974

2. DATE

05 11 2004

3. FEC IDENTIFICATION NUMBER ▶

0

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 Robert L. Rouse, Jr.

Signature of Treasurer

Date

06 29 2004

NOTE: Submission of false, untruthful, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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

Association of Ohio Philanthropic Homes, Housing and Services
for the Aging

Mailing Address 1855 South Wall Street
Columbus OH 43206 - 1921
 CITY STATE ZIP CODE

Relationship Connected

- 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 P. John Alfano
 Mailing Address AOPHA
855 South Wall Street
Columbus OH 43206 1921
 Title or Position Assistant Treasurer Telephone number 614 444 2882
 CITY ▲ STATE ▲ ZIP CODE ▲

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 Robert L. Rouse, Jr.
 Mailing Address Wesley Glen/Methodist ElderCare
5155 North High Street
Columbus OH 43214
 Title or Position Treasurer Telephone number 614 388 7492
 CITY ▲ STATE ▲ ZIP CODE ▲

Full Name of Designated Agent Richard S. Louden
 Mailing Address Wexner Heritage Village
1151 College Avenue
Columbus OH 43209 2897
 Title or Position Chair Telephone number 614 231 4900
 CITY ▲ STATE ▲ ZIP CODE ▲

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.

Bank One (German Village)

Mailing Address

133 South High Street

Columbus OH 43206

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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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>ja</i> PREPARER (5/2004)	<i>7/9/04</i> DATE PREPARED