FIRST TRUST/FIDAC MORTGAGE INCOME FUND Form 3 May 23, 2005 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> BOWEN JAMES A			2. Date of Event Requiring Statement (Month/Day/Year) 05/23/2005	3. Issuer Name and Ticker or Trading Symbol FIRST TRUST/FIDAC MORTGAGE INCOME FUND [FMY]					
(Last)	(First)	(Middle)	0372372005	4. Relationship of Reporting Person(s) to Issuer(Check all applicable)			5. If Amendment, Date Original Filed(Month/Day/Year)		
1001 WARI ROAD, S		Ξ							
LISLE, IL				 Other (specify below) 					
(City)	(State)	(Zip)	Table I - N				Reporting Person		
1.Title of Secu (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)	f Securities	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirect Beneficial		
Common Sh	nares		0		D	Â			
Reminder: Rep owned directly	or indirectly.		ach class of securities benefic	5	EC 1473 (7-02)			
	inforn requii	nation cont red to respo	ained in this form are not ond unless the form displ MB control number.	t					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Reporting Owners

Reporting Owners

Reporting Owner Name / Address

	Director	10% Owner	Officer	Other		
BOWEN JAMES A 1001 WARRENVILLE ROAD SUITE 300 LISLE, IL 60532	ÂX	Â	President	Â		
Signatures						
/s/ James A. Bowen, by W. Scot Attorney	t Jardine	, attorney-ir	n-fact, pursuan	t to a Power of 05/23/20		
**Signature of Reporting Person Date						
Explanation of Dev						

Relationships

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Date Expiration Exercisable Date

Amount or Security Number of Shares

or Indirect (I) (Instr. 5)

Direct (D)

2005