#### Edgar Filing: FIRST TRUST/FIDAC MORTGAGE INCOME FUND - Form 3

#### 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

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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)

•	St DE (N	tatement Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol FIRST TRUST/FIDAC MORTGAGE INCOME FUND [FMY]						
rst) (Mi		312312003	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
VILLE 300			(Check a		, , , , , , , , , , , , , , , , , , ,				
eet)			_X_ Director Officer (give title below	r Other		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting			
532						Person Form filed by More than One Reporting Person			
ite) (Z	Zip)	Table I - N	lon-Derivati	ve Securitio	es Ber	s Beneficially Owned			
			Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owner (Instr.	*			
		0		D	Â				
Persons w informatio required to	vho respon on contain o respond	nd to the collection of led in this form are not I unless the form displ	SI	EC 1473 (7-02)					
	a separate li irectly.  Persons v informatic required t	ASICHARD E (1) (Middle)  WILLE (1) (Middle)  WILLE (1)  St) (Middle)  WILLE (1)  St) (Middle)  WILLE (1)  WILLE (1)  St) (Middle)  WILLE (1)  St) (Middle)	Statement (Month/Day/Year) 05/23/2005  St) (Middle)  VILLE 300  eet)  Table I - N  2. Amount of Beneficially (Instr. 4)  0  a separate line for each class of securities beneficitirectly.  Persons who respond to the collection of information contained in this form are not	Statement (Month/Day/Year) (FMY]  st) (Middle) (Month/Day/Year) (FMY]  st) (Middle) (Check at 2 and 2	Statement (Month/Day/Year) 05/23/2005  st) (Middle)  (Middle)  (Middle)  (Middle)  (Middle)  (Middle)  (Middle)  (Middle)  (Middle)  (Check all applicable)  (Give title below)  (Specify below)  (Specify below)  (Table I - Non-Derivative Securities and Beneficially Owned (Instr. 4)  (Instr. 4)  (Instr. 5)  (Instr. 5)	Statement (Month/Day/Year) 05/23/2005  St) (Middle)  Statement (Month/Day/Year) 05/23/2005  St) (Middle)  Statement (Month/Day/Year) 05/23/2005  St) (Middle)  St) (Check all applicable)  St) (Check all applicable)  St) (Check all applicable)  St) (Check all applicable)  St) (Specify below)  St) (Specify below)  St) (Specify below)  St) (Specify below)  St) (Instr. 4)  St) (Instr. 4)  St) (Instr. 5)  O  D  A  A separate line for each class of securities beneficially irrectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a			

 $Table\ II\ -\ Derivative\ Securities\ Beneficially\ Owned\ (\textit{e.g.}, puts, calls, warrants, options, convertible\ securities)$ 

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	<ol><li>Nature of Indirect</li></ol>
(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:	

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Date Expiration Amount or Security Direct (D)

Exercisable Date Number of or Indirect
Shares (I)

(Instr. 5)

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

ERICKSON RICHARD E

1001 WARRENVILLE ROAD SUITE 300

LISLE, ILÂ 60532

## **Signatures**

/s/ Richard E. Erickson, by W. Scott
Jardine, attorney-in-fact, pursuant to a
Power of Attorney

05/23/2005

\*\*Signature of Reporting Person

Date

## **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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