**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION		
1 Ottom 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example is changed) over the	le: If typying, type e lines 12FE4M5	
MCDERMOTT	WILL & EMERY LLP PAC		
ADDRESS (number and s	rreet) 600 Thirteenth Street, NW		
(Check if address			
is changed)	Washington	DC	20005   3096
	CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail address	s)	
(Check if address is changed)	mleland@mwe.com		
io onangoo,			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address			
is changed)			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	TION NUMBER C C0029	99701	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and b	pelief it is true, correct and complete	
	Matthew M. Laland		
Type or Print Name of <sup>7</sup>	reasurer Matthew M. Leland		
Signature of Treasurer	Electronically Filed by Matthew M. Leland	Date 0;	3 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the p		
Office Use Only	Fe	or further information contact: ederal Election Commission oll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)

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	COMMITTEE (Check One)  Committee:	
(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 t information below.)	he candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	Membership Organization Trade Association Co	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X		d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Cor	mmittees Participating in Joint Fundraiser	
	1. FEC ID number	
	2. FEC ID number <b>C</b>	
	3. FEC ID number	
	4   FEC ID number C	0 0 0

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W	rite or Type Committee Name  MCDERMOTT WILL & E	MEDVIID DAC				
	MODERMOTT WILL & E	MIENT LLF PAC				
6.	Name of Any Connected Org	ganization, Affiliated Committee, J	oint Fundraising Repres	sentative, or Leade	rship PAC Spon	sor
	NONE					
		1				1 1 1
	Mailing Address					
		CITY		STATE A	ZIP CODI	E 🛦
	Relationship:					
	Connected Organization	Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC	Sponsor
7.		entify by name, address, (phone	number optional),	and position of th	e person in	
	possession of Committee	books and records.  w M. Leland				,
	Full Name					
	Mailing Address	600 Thirteenth S	treet, NW			
		Washington		DC	20005 _	3096
	Title or Position ♥	CITY A		STATE	ZIP COD	E A
	Treasurer		Telephone n	umber <b>202</b>	- <u>756</u> -	8000
8.	name and address of any	and address (phone number designated agent (e.g., assista w M. Leland	ant treasurer).	rer of the commit	tee; and the	
	Mailing Address	600 Thirteenth S	treet, NW			
		Washington		_DC _	20005 _	3096
	Title or Position ♥	CITY A		STATE	ZIP COD	DE A
	Treasurer		Telephone r	umber	756	8000
			•			

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Telepho	one number	
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