Image# 12972240128				09/20/2012 13 : 20
			1	PAGE 1 / 4
	STATEMEN	NT OF		I
FEC	ORGANIZ	ΔΤΙΟΝ		
FORM 1				
			0	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
DuPage Modical		`		
DuPage Medical				
1				
	1100 West 31ST Street			
ADDRESS (number and street)				
(Check if address is changed)	Suite 300			
lo onaligouy	Downers Grove		IL 60	515
			STATE ▲	
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	michael.mccormick@D	PuPageMD.com		
U ,	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AD	JRESS (URL)			
is changed)				
	1			
2. DATE 09 20				
3. FEC IDENTIFICATION N	JMBER ► C C	00435982		
_		_		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
Leartify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true correct on	d complete
I certify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true, conect and	a complete.
Type or Print Name of Treasure	r Michael K. McCormick			
Signature of Treasurer Micha	ael K. McCormick	[Electronically Filed]	Date 09	/ D D / Y Y Y Y 20 2012
·				
NOTE: Submission of false, errone				e penalties of 2 U.S.C. §437g.
Office	ANY CHANGE IN INFORMATIO			
Office Use		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)
Only		Local 202-694-1100		(······)

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FEC	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	ate 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 the candidate information below.)
Name of Candidate	
Candidate Party Affili	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party
Political	Action Committee (PAC):
(e) 🔀	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fu	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Сс	ommittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

DuPage Medical Group LTD PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

D	uPage Medical Group	א LTD			
	Mailing Address	1100 West 31ST Street			
		Suite 300			
		Downers Grove			60515
		CITY		STATE	ZIP CODE
	Relationship: X Connected	Organization Affiliated Committee Joint Fu	ndraising	Representative	e Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	ify by name, address (phone number optional) a	and positio	on of the perso	on in possession of committee
	Glenn Wer	1er			
	Mailing Address	800 17th Street, NW Suite 1100			
		Washington			20006
	Title or Position	CITY		STATE	ZIP CODE
	Custodian of Records	Teleph	none num	ber 202	955 - 3000
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasur ssistant treasurer).	rer of the	committee; an	d the name and address of

Full Name of Treasurer	Michael K. McCormick		
Mailing Address	1100 West 31st Street		
	Suite 300		
	Downers Grove	I	60515
	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	

Full Name of Designated Agent	Mike Pacett	i 																	
Mailing Address		1100 West 31st Street																	
		Suite 300																	
		Downers Grove											60	515					
			CITY						S	TATE	Ξ				ZIP	COL	DE		
Title or Position	urer				Te	elepł	none	nu	mb	er		63	0	- [_	942			791	7

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.

BankF	nancial		
Mailing Address	5140 South Main Street		
	Downers Grove	L [60515] - [] - []	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	