FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2010 AUG -2 AM 8: 36
		Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Middle Class America PAC

ADDRESS (number and street) **PO Box 521**

☐ (Check if address is changed)

Western Springs **IL** **60558**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

middleclasspac@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE **07 22 2010**

3. FEC IDENTIFICATION NUMBER **C**

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 **Miriam Tai**

Signature of Treasurer *Miriam Tai* Date **07 22 2010**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

1003040015 9

5. TYPE OF COMMITTEE

Candidate 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   Office
Party Affiliation   Sought: ☐ House   ☐ Senate   ☐ President   State

                                                                                              District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

                                   (National, State   (Democratic.
(d) ☐ This committee is a   or subordinate) committee of the   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 a:

   ☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

   ☐ 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 party 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____   FEC ID number C _____

2. _____   FEC ID number C _____

3. _____   FEC ID number C _____

4. _____   FEC ID number C _____

Write or Type Committee Name

Middle Class America PAC

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

Dan Lipinski for Congress

Mailing Address   **1000 W. Hillgrove**

Western Springs   **IL**   **60558**

| CITY | STATE | ZIP CODE |

Relationship: ☐ Connected Organization   ☐ Affiliated Committee   ☐ Joint Fundraising Representative   ☒ Leadership PAC Sponsor

---

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   **Elaine McCarthy**

Mailing Address   **PO Box 521**

Western Springs   **IL**   **60558**

Title or Position   CITY   STATE   ZIP CODE

Telephone number   **773** · **294**   **796**

---

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   **Miriam Tai**

Mailing Address   **PO Box 521**

Western Springs   **IL**   **60558**

CITY   STATE   ZIP CODE

Title or Position

Treasurer   Telephone number   **202** · **415**   **9703**

Full Name of
Designated
Agent

Michael McLaughlin

Mailing Address

PO Box 521

Western Springs   **IL**   **60558**

CITY   STATE   ZIP CODE

Title or Position

Telephone number   **312**   **285**   **8922**

---

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.

First National Bank of LaGrange

Mailing Address

620 Burlington Ave

LaGrange   **IL**   **60525**

CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY   STATE   ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the   icons and other instructions will not appear on your filing. Click the Printing Demo icon for more help.

Printing Demo

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.

☐ Hand Delivered	Date of Receipt	
☑ USPS First Class Mail	Postmarked **7/27/10**	
☐ USPS Registered/Certified	Postmarked (R/C)	
☐ USPS Priority Mail	Postmarked	
	Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked	
☐ Postmark Illegible		
☐ No Postmark		
☐ Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt	
☐ Received from Senate Public Records Office	Date of Receipt	
☐ Received from Electronic Filing Office	Date of Receipt	
☐ Other (Specify):	Date of Receipt or Postmarked	

PREPARER

DATE PREPARED 8/2/10

(3/2005)