

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

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

SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

ADDRESS (Number and street)

633 N. St. Clair St.

24th Floor

X (Check if address is changed)

Chicago

IL

60611

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3122025007

2. DATE M M / D D / Y Y Y Y  
07 / 13 / 2004

3. FEC IDENTIFICATION NUMBER C C00381459

4. IS THIS STATEMENT X 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 Dr. Robert Zwolak

Signature of Treasurer Electronically Filed by Dr. Robert Zwolak

Date M M / D D / Y Y Y Y  
07 / 13 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

(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.)

[illegible]

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

Name of Candidate \_\_\_\_\_

(d)	This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
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(c) ☒ This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

[illegible]

Mailing Address | | | | 638 N. St. Clair St. | | | | | | | | | | | | | | | | | | | | | |

24th Floor

Chicago	IL	60611	-
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CITY &amp;

STATE▲

**ZIP CODE** 

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Type of Connected Organization:

Corporation

Corporation who Capital Stock

### Labor Organization

### Membership Organization

X

Trade Association

Cooperative

Write or Type Committee Name

**SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

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 **Rebecca Maron**

Mailing Address **633 N. St. Clair St.**

**24th Floor**

**Chicago IL 60611**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Executive Director** Telephone number **312 202 5601**

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 **Dr. Robert Zwolak**

Mailing Address **359 Dogford Road**

**Etna NH 03750**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Treasurer** Telephone number **603 650 4662**

Full Name of Designated Agent **Rebecca Maron**

Mailing Address **633 N. St. Clair St.**

**24th Floor**

**Chicago IL 60611**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

**Executive Director** Telephone number **312 202 5601**

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.

**Bank One**

Mailing Address

111 E. Busse Ave.

Mt. Prospect

IL

60056

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CITY ▲

STATE ▲

ZIP CODE ▲