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FEC FORM 1

STATEMENT OF ORGANIZATION

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

National Specialty Hospitals Inc. PAC

NSH PAC

ADDRESS (number and street) ▼ [ ] (Check if address is changed)

30 S Wacker Drive

Suite 2302

Chicago | IL | 60606 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nshpac@nshinc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nshinc.com

COMMITTEE'S FAX NUMBER

312 - 474 - 1950

2. DATE 01 17 2007

3. FEC IDENTIFICATION NUMBER ▶ C00435453

4. IS THIS STATEMENT [ ] NEW (N) OR [X] 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 Bryan S. Fisher

Signature of Treasurer Bryan S. Fisher Date 01 17 2007

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(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 Affiliation

Office Sought: [ ] House [ ] Senate [ ] President

State

District

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

Name of Candidate

(d) [ ] This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) [X] 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.

6. Name of Any Connected Organization or Affiliated Committee

National Specialty Hospitals, Inc.

Mailing Address

30 S Wacker Drive

Suite 2302

Chicago IL 60606 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected

Type of Connected Organization:

[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

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Write or Type Committee Name

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: Scott Clark

Mailing Address: 30 S Wacker Drive
Suite 2302
Chicago IL 60606 -

Title or Position ▼: Bookkeeper

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 312 - 627 - 8400

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: Bryan Fisher

Mailing Address: 30 S Wacker Drive
Suite 2302
Chicago IL 60606 -

Title or Position ▼: Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 312 - 627 - 8400

Full Name of Designated Agent: Scott Clark

Mailing Address: 30 S Wacker Drive
Suite 2302
Chicago IL 60606 -

Title or Position ▼: Assistant Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 312 - 627 - 8400

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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.

Chase

Mailing Address 30 S Wacker Drive

Chicago IL 60606 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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PREPARER	DATE PREPARED

(3/2005)

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