FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only						
1. NAME OF COMMITTEE (in t	ull) (Check if name Example: If typying, type over the lines	12FE4M5						
McDonald Hor	McDonald Hopkins LLC PAC							
ADDRESS (number and s	treet)							
(Check if address)	Suite 2100							
is changed)	Cleveland	OH 44114 _						
COMMITTEE'S E-MAI		STATE ZIP CODE						
politicalaction	committee@mcdonaldhopkins.com							
	PAGE ADDRESS (URL)							
COMMITTEE'S FAX N	UMBER							
2. DATE 01 / 07 / 2007								
3. FEC IDENTIFICATION NUMBER C C00394460								
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 Mr. Charles B. Zellmer, Esq.								
Signature of Treasurer Electronically Filed by Mr. Charles B. Zellmer, Esq. Date Date Date Date Date Date Date Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
Office								

Office Use Only					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 COMMITTI	E (Check One)			
	(a) This c	ommittee is a principal campaign comr	nittee. (Complete the candidate info	ormation below.)	
	(b) This c inform	ommittee. (Complete the candidate			
	Name of Candidate				
	Candidate Party Affiliation	Office Sought:	House Senate	President District	
	(c) This co	ommittee supports/opposes only one ca	andidate, and is NOT an authorized	d committee.	
	Name of Candidate				
			National, State or subordinate) committee of the	(Democratic, Republican,etc.) Party	
	(e) X This co	ommittee is a separate segregated fund	I		
	(f) This commi	ommittee supports/opposes more than tee.	one Federal candidate, and is NOT	a separate segregated fund or party	
6.		cted Organization or Affiliated Com	mittee		
	McDonald Hopkin	s LLC			
	Mailing Address	600 Supero	r Avenue		
		Suite 2100			
		Cleveland	<u>, , , , , , , , ,]</u>	OH 1 44114 1	
		СП	ΓY ≜	STATE ZIP CODE	
	Relationship				
	Type of Connected O	ganization:			
	X Corporation	Согрс	oration w/o Capital Stock	Labor Organization	
	Membership	Organization Trade	Association	Cooperative	

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Write or Type Comr	nittee Name			
McDonald H	opkins LLC I	PAC		
		tify by name, address, (phone number ooks and records.	- optional), and positic	on of the person in
Full Name				
Mailing Address				
Title or Position	-			
The or Position	•	CITY A	STATE	ZIP CODE
			Telephone number	
3. Treasurer: Lis	t the name a	nd address (phone number optional) esignated agent (e.g., assistant treasur	of the treasurer of the o	committee; and the
name and add Full Name				
name and add		les B. Zellmer, Esq. 2724 Inverness Road		
name and add Full Name of Treasurer		les B. Zellmer, Esq.	OH	44122
name and add Full Name of Treasurer	Mr. Char	les B. Zellmer, Esq. 2724 Inverness Road		44122
name and add Full Name of Treasurer Mailing Address	Mr. Char	les B. Zellmer, Esq. 2724 Inverness Road Shaker Heights	<u>OH</u> 	44122
name and add Full Name of Treasurer Mailing Address	Mr. Char	les B. Zellmer, Esq. 2724 Inverness Road Shaker Heights	<u>OH</u> State	
name and add Full Name of Treasurer Mailing Address Title or Position 	Mr. Char	les B. Zellmer, Esq. 2724 Inverness Road Shaker Heights	<u>OH</u> State	
name and add Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent	Mr. Char	les B. Zellmer, Esq. 2724 Inverness Road Shaker Heights	<u>OH</u> State	
name and add Full Name of Treasurer Mailing Address Title or Position Full Name of Designated Agent	<u>Mr. Char</u>	les B. Zellmer, Esq. 2724 Inverness Road Shaker Heights	<u>OH</u> State	

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 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.

	JP Morgan Chase Bank		
Mailing Address	1300 East Ninth Street		
	Suite 1300		
	Cleveland	OH	44114
	CITY 🛆	STATE 🛆	ZIP CODE 🛆