



5. TYPE OF COMMITTEE (Check One)

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 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 \_\_\_\_\_

Party Committee:

- (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 a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (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 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	<input type="text"/>
2. _____	FEC ID number	<input type="text"/>
3. _____	FEC ID number	<input type="text"/>
4. _____	FEC ID number	<input type="text"/>

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

0

Mailing Address 0

0

0 0 0 -

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 **Glenn Werner**

Mailing Address **2099 Pennsylvania Avenue N.W.**

**Washington DC 20006** -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Custodian of Records**

Telephone number **202 - 955 - 3000**

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 **Mary Goldsher**

Mailing Address **1100 West 31ST Street**

**Suite 300**

**Downers Grove IL 60515** -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer**

Telephone number **630 - 545 - 3612**

Full Name of Designated Agent

Mike Pacetti

Mailing Address

1100 West 31st Street

Suite 300

Downers Grove

IL

60515

Title or Position

CITY

STATE

ZIP CODE

Telephone number

630

942

7917

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.

Downers Grove National Bank

Mailing Address

5140 South Main Street

Downers Grove

IL

60515

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE