Bally Total Fitness Corporation
8700 W. Bryn Mawr Avenue
Chicago, Illinois 60631-1236
www.ballyfitness.com

DATE: 10/17/07

FAX: 202-219-0174

Facsimile Direct Line
Local: (773) 399-1517

TO: FEC

FROM: Tom Massimino
Senior Vice President, Operations

Number of Pages (including this cover sheet):

For questions or comments regarding transmission, please call Ann Ali at (773)399-7608.

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

DICK VERSACE FOR CONGRESS

ADDRESS (number and street) P.O. BOX 961

☐ (Check if address is changed)

PEORIA | IL | 61612-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@dickversace.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.dickversace.com

COMMITTEE'S FAX NUMBER

309-789-2732

2. DATE 10 / 15 / 2007

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 THOMAS MASSIMINO

Signature of Treasurer [signature] Date 10 / 16 / 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.

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 COMMITTEE (Check One)

(a) [X] 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: RICHARD VERSACE

Candidate Party Affiliation: DEM

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

State: IL

District: 18

(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) [ ] 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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[ ] 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: RICHARD UERSACE

Mailing Address: P.O. BOX 9611

PEORIA | IL | 61612-

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

CANDIDATE | Telephone number

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: THOMAS MASSIMINO

Mailing Address: 17169 BRIDGEWATER COURT

LAKE BARRINGTON | IL | 60010-

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

TREASURER | Telephone number

Full Name of Designated Agent:

Mailing Address:

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

Telephone number

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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.

SOUTH SIDE BANK

Mailing Address 8919 N. KNOXVILLE

PEORIA IL 61615-

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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