Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC) 1 South Wacker Drive ADDRESS (number and street) 36th Floor (Check if address is changed) **CHICAGO** 60606 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bwolfberg@plsemail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2013 C00450189 FEC IDENTIFICATION NUMBER > 3. X 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. Robert Wolfberg Type or Print Name of Treasurer Robert Wolfberg [Electronically Filed] 05 08 2013 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FF	C Form 1 (Revised 02/2009)	Page 2		
TYPE C	OF COMMITTEE	1 ago 2		
Candi	date 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 o Candida				
Candida Party Af		State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name o Candida				
Party	Committee:	(Damasan, 1)		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Politic	al Action Committee (PAC):			
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a		
	Corporation Corporation w/o Capital Stock	Labor Organization		
	Membership Organization Trade Association	Cooperative		
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party		
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint F	undraising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political		
(Committees Participating in Joint Fundraiser			
	. FEC ID number			
2	o. FEC ID number			
(B. FEC ID number			
4	I.			

I FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
PLS FINANCIAL SVCS IN	C GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD N	NEIGHBOR PAC)
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
PLS FINANCIAL SERV	/ICES, INC.	
I		
	1 South Wacker Drive	
Mailing Address	36th Floor	
	Chicago IL 60606	
	CITY STATE Z	IP CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
. Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in posso	ession of committee
Daniel Wol	fberg	
Mailing Address	1 South Wacker Drive	
Mailing Address	36th Floor	
	Chicago IL 60606	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records	Telephone number 312 - 49	91 7300
. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the names ssistant treasurer).	e and address of
Full Name Robert Wol	fberg	
Mailing Address	1 South Wacker Drive	
3	36th Floor	
	Chicago	. _
	CITY STATE ZI	IP CODE
Title or Position Treasurer	Telephone number 312 - 49	91 7300

FEC Fo	rm 1 (Revised 02/2009)		Page 4			
Full Name of Designated Agent	Daniel Wolfberg					
Mailing Address	1 South Wacker Drive					
	36th Floor					
	Chicago IL CITY STAT	60606 E Z	ZIP CODE			
Title or Position Assistant Trea		312 - 4	91 7300			
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. Republic Bank						
	₁ 2221 Camden St					
Mailing Addres						
	Oak Brook	L 60523				
	CITY STAT	ſE Z	ZIP CODE			
Name of Bank, Depository, etc.						
Mailing Address	s <u> </u>					