PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DuPage Medical Group LTD PAC 1100 West 31ST Street ADDRESS (number and street) Suite 300 (Check if address is changed) **Downers Grove** 60515 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michael.mccormick@DuPageMD.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00435982 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. Michael K. McCormick Type or Print Name of Treasurer Michael K. McCormick [Electronically Filed] 01 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Compinformation below.)	lete the candidate
Nam Can	e of didate		
	didate / Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	D
(d)		, , , ,	Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

	FEC Form 1 (Revised (02/2009)	Page 3
V	Vrite or Type Committee Name		
[DuPage Medica	al Group LTD PAC	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
D	PuPage Medical Grou	p LTD	
L		1100 West 31ST Street	
	Mailing Address		
		Suite 300 Downers Grove JL 60515	
		CITY STATE ZI	P CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
' .	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Aimee Nice	ole Steel	ı
	Full Name	,800 17th Street, NW	
	Mailing Address	Suite 1100	
		Washington DC 20006	
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Records		8 - 1895
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Michael K. of Treasurer	McCormick	
	Mailing Address	1100 West 31st Street	
		Suite 300	.
		Downers Grove IL 60515	
	Title on De 't'	CITY STATE ZII	P CODE
	Title or Position Treasurer	Telephone number 630 – 87	6701

	Revised 02/2009)	Page 4
Full Name of Designated Mik Agent	xe Pacetti	
Mailing Address	1100 West 31st Street	
	Suite 300	
	Downers Grove IL CITY STATE	60515 ZIP CODE
Title or Position Assistant Treasurer		630 - 942 - 7917
safety deposit boxes of Name of Bank, Depos		s funds, holds accounts, rents
	₁ 5140 South Main Street	
Mailing Address		
		COEAE
	Downers Grove IL	60515
	Downers Grove IL STATE	60515 ZIP CODE
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
L	CITY STATE	
L	CITY STATE	