

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

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

NovaMed, Inc. Political Action Committee

ADDRESS (number and street) 980 North Michigan Avenue  
Suite 1620  
(Check if address is changed) Chicago IL 60611  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

smacomber@novamed.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

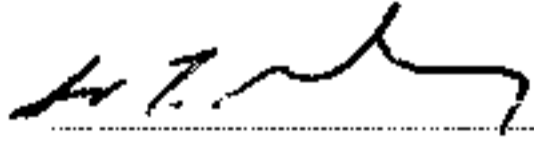
2. DATE 03 27 2007

3. FEC IDENTIFICATION NUMBER C 00428086

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 Scott T. Macomber

Signature of Treasurer  Date 03 27 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) 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
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- (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

Novamed, Inc. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 980 North Michigan Avenue  
 Suite 1620  
 Chicago \_\_\_\_\_ IL \_\_\_\_\_ 60611 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected \_\_\_\_\_

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

NovaMed, Inc. Political Action Committee

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 | John W. Lawrence, Jr. |

Mailing Address | 980 North Michigan Avenue |

| Suite 1620 |

| Chicago | | IL | | 60611 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Bookkeeper | Telephone number | 312 | | 664 | | 4100 |

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 | Scott T. Macomber |

Mailing Address | 980 North Michigan Avenue |

| Suite 1620 |

| Chicago | | IL | | 60611 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Treasurer | Telephone number | 312 | | 664 | | 4100 |

Full Name of Designated Agent | John P. Hart |

Mailing Address | 980 North Michigan Avenue |

| Suite 1620 |

| Chicago | | IL | | 60611 | |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| Assistant Treasurer | Telephone number | 312 | | 664 | | 4100 |

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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.

National City Bank

Mailing Address

One North Franklin

Suite 3600

Chicago IL 80606

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*  
**PREPARER**  
 (3/2005)

4/10/07  
**DATE PREPARED**

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