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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. Sidley Austin LLP Good Government Fund One South Dearborn ADDRESS (number and street) (Check if address is changed) Chicago 60603 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nkevin@sidley.com (Check if address is changed) Optional Second E-Mail Address hcurtin@sidley.com COMMITTEE'S WEB PAGE ADDRESS (URL) Not Applicable (Check if address is changed) DATE 2019 C00351270 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. Kevin, Nancy, , , Type or Print Name of Treasurer Kevin, Nancy, , , [Electronically Filed] 03 26 2019 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

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|--------------------------------|--|-------------------------|--|--|--|
| TYPE OF C | OMMITTEE c 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 | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candidate | | | | | |
| Party Con | nmittee: (National, State | (Democratic, | | | |
| (d) | This committee is a or subordinate) committee of the | Republican, etc.) Party | | | |
| Political A | ction Committee (PAC): | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nnected organization is | | | |
| | Corporation W/o Capital Stock | Labor Organization | | | |
| | Membership Organization Trade Association | Cooperative | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Fund | Iraising Representative: | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to | vo 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 committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political | | | |
| Com | mittees Participating in Joint Fundraiser | | | | |
| | The state of the s | | | | |
| 1. | FEC ID number C | | | | |
| 1. 2. | FEC ID number C | | | | |
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| Write or Type Committee Name | | | . ago 🐱 |
| Sidley Austin LLP Goo | d Government Fu | und | |
| 6. Name of Any Connected Organization, | | | ive, or Leadership PAC Sponsor |
| NONE | | | |
| | <u> </u> | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected Organization | Affiliated Committee Joint | Fundraising Represo | entative Leadership PAC Sponsor |
| Custodian of Records: Identify by name, books and records. | address (phone number optiona | ıl) and position of th | e person in possession of committee |
| Kevin, Nancy, , , | | | |
| Mailing Address One South [| Dearborn | | |
| ividility Address | | | |
| Chicago | | l IL | 60603 |
| | | | |
| Title or Position | CITY | STATE | ZIP CODE |
| Assistant Treasurer | Te | lephone number | 312 - 456 - 8464 |
| 3. Treasurer: List the name and address (ph any designated agent (e.g., assistant treas | | surer of the commit | tee; and the name and address of |
| Full Name Nemeroff, Michael, , , of Treasurer | | | |
| Mailing Address 7706 Radno | r Road | | |
| | | | |
| Bethesda | | , , MD | 20817 |
| | CITY | STATE | ZIP CODE |
| Title or Position Treasurer | | ephone number | 202 736 8235 |

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| | | |
| Full Name of Designated Agent | Kevin, Nancy, , , | , , , , , , , , , , , , , , , , , , , |
| Mailing Address | One South Dearborn | |
| | Chicago IL 60603 | |
| Title or Position | ırer | CODE 8464 |
| 13333111000 | Telephone number | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. Citibank, N.A. P.O. Box 6201 | ccounts, rents |
| | Sioux Falls SD 57117-6201 | |
| | CITY STATE ZIF | P CODE |
| Name of Bank, [| Depository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE ZIE | CODE |