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. McDonald Hopkins LLC PAC 600 Superior Avenue ADDRESS (number and street) Suite 2100 (Check if address is changed) Cleveland 44114 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@mcdonaldhopkins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2010 C00394460 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. Mr. David M. Kall Esq. Type or Print Name of Treasurer Mr. David M. Kall Esq. [Electronically Filed] 09 10 2012 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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		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. (Complete the candidate information below.)				
Nam Can	e of didate					
	didate y Affiliati	on Office 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)		· · · · · · · · · · · · · · · · · · ·	emocratic, epublican, etc.) Party.			
Poli	itical A	action Committee (PAC):				
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a			
		X Corporation Corporation w/o Capital Stock	_abor 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 segregated fund or party committee. (i.e., nonconnected committee)				
		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	Iraising 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.	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 C				
	2.	FEC ID number				
	3.	FEC ID number				
	Δ					

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Write or Type Committee Name		r age c
McDonald Hopl		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
-		
McDonald Hopkins LL	<u> </u>	
Mailing Address	600 Superor Avenue	
	Suite 2100	
	Cleveland OH	44114
	CITY STATE	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representat	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the pe	ison in possession or committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Mr. David I	M. Kall Esq.	
of Treasurer		
Mailing Address	1190 West Parkway Bl	
	Aurora	44202
Title or Position	CITY STATE	ZIP CODE
Attorney	Telephone number	6 348 5400

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Full Name of Designated Agent					
Mailing Address					
uming Mudiess					
	CITY STATE	ZIP CODE			
Title or Position	CITI STATE	ZII CODE			
	Telephone number				
Name of Bank, Mailing Address	Name of Bank, Depository, etc. JP Morgan Chase Bank 1300 East Ninth Street Mailing Address				
-	Suite 1300				
	Cleveland OH 44'	114			
	CITY STATE	ZIP CODE			
Name of Bank,	Depository, etc.				
Mailing Address					