

**M U C H S H E L I S T**

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FEDERAL ELECTION COMMISSION  
MARCH 19 2007

**ATTORNEYS AT LAW**  
191 N. WACKLER DRIVE  
SUITE 1800  
CHICAGO, IL 60606.1615

T 312.521.2200  
F 312.521.2200

March 19, 2007

[www.muchshelist.com](http://www.muchshelist.com)

**DIRECT DIAL:**  
312.521.2499  
[tshapira@muchshelist.com](mailto:tshapira@muchshelist.com)

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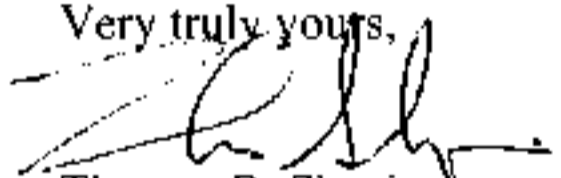
Federal Election Commission  
Reports Analysis Division  
999 E Street, N.W.  
Washington, DC 20463  
Attn: Julie A. Fleming

Re: **Illinois Bone and Joint Institute PAC**  
**ID No. C00431700**

Dear Ms. Fleming:

As a follow-up to our discussion and your correspondence of February 7, 2007, I have enclosed an original executed Statement of Organization for Illinois Bone and Joint Institute PAC, reflecting "None" under Sec. 6 – Connected Organization or Affiliated Committee. Please feel free to contact me with any questions.

Very truly yours,

  
Thomas B. Shapira

TBS/684204  
Enclosure

270 m e r 8 0 9 2 0 0

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

I L L I N G I S B O N E A N D J O I N T I N S T I T U T E P A C

A / K / A L B J I P A C

ADDRESS (number and street)

8 9 3 0 W A U K E G A N R O A D

(Check if address is changed)

S U I T E 2 0 0

M O R T O N G R O V E I L 6 0 0 5 3

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

D W O L D @ H E A L T H I N F O S E R V I C E . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

- -

2. DATE

0 3 / 1 6 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER ▶

C

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

Leon S. Benson, M.D.

Signature of Treasurer

Date

0 3 / 1 6 / 2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

27039404208

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

- (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

NONE

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

27039404209

Write or Type Committee Name

ILLINOIS BONE AND JOINT INSTITUTE PAC

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 | D A V I D | W O L D |

Mailing Address | 8 9 3 0 | W A U K E G A N | R O A D |

| S U I T E | 2 0 0 |

| M O R T O N | G R O V E | | I L | | 6 0 0 5 3 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| E X E C U T I V E | D I R E C T O R |

Telephone number | 8 4 7 | - | 3 2 4 | - | 3 9 8 4 |

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 | L E O N | S B E N S O N |

Mailing Address | 8 9 3 0 | W A U K E G A N | R O A D |

| S U I T E | 2 0 0 |

| M O R T O N | G R O V E | | I L | | 6 0 0 5 3 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T R E A S U R E R |

Telephone number | 8 4 7 | - | 3 2 4 | - | 3 9 8 4 |

Full Name of Designated Agent | M A T T H E W | J I M E N E Z |

Mailing Address | 8 9 3 0 | W A U K E G A N | R O A D |

| S U I T E | 2 0 0 |

| M O R T O N | G R O V E | | I L | | 6 0 0 5 3 | - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| A S S I S T A N T | T R E A S U R E R |

Telephone number | 8 4 7 | - | 3 2 4 | - | 3 9 8 4 |

27039404210

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.

L A S A L L E B A N K N A T I O N A L A S S O C I A T I O N

Mailing Address

2 3 5 5 S O U T H A R L I N G T O N H E I G H T S R O A D

A R L I N G T O N H E I G H T S I L 6 0 0 0 5 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039404211

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
3/19/07  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*3/20/07*  
 DATE PREPARED

27039404212