

## Marathon Pharmaceuticals, LLC

RECEIVED FEC MAIL CENTER

2015 AUG 25 AM 9: 21

August 24, 2015

Via Overnight Delivery

Federal Election Commission Attn: PAC Filings Office 999 E Street, NW Washington, DC 20463

RE: Marathon Pharmaceuticals Political Action Committee

To whom it may concern:

Enclosed please find an originally executed copy of the initial statement of organization for Marathon Pharmaceuticals Political Action Committee. Please be advised that Marathon Pharmaceuticals PAC will be filing on a semi-annual basis for calendar year 2015. Please do not hesitate to contact me if you should require any additional information.

Sincerely,

Babar Ghias Treasurer

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FEC FORM 1

## STATEMENT OF ORGANIZATION

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2015 AUG 25 AM 9: 27

Office Use Onl

				Office Use Only
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
MARATHON PHARMACEUT	TICALS P	OLITICAL ACTIO	)N COMMITTEE	
		1411	<del>                                     </del>	
ADDRESS (number and street)	1033 5	SKOKIE BLVD		
☐ ◀ (Check if address is changed)		<del> </del>	<del>                                     </del>	
	NORT	HBROOK		IL 60062
	C	CITY A		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE				
☐ ◀ (Check if address is changed)	dparha	ad@marathonphar	ma.com	
	Optiona i bbonn	l Second E-Mail Ad evi@skadden.com	Idress	
			<u>i                                    </u>	<del></del>
COMMITTEE WED DAGE AD	DDE00 (1	(DL)		
COMMITTEE'S WEB PAGE ADI	I I	JHL)		ı
is changed)			<del></del>	<del></del>
<u>м</u> гм / о	<b></b>	<u> </u>		
2. DATE 08 17		2015		•
3. FEC IDENTIFICATION N	UMBER	<b>▶</b> C		
4. IS THIS STATEMENT	NEV	V (N) OR	AMENDED (A)	
I certify that I have examined the	his Statem	ient and to the bes	at of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er BA	ABAR GHIAS		
Signature of Treasurer	1	34		Date 0 3 4 4 30 / 3
NOTE: Submission of false, erron			n may subject the person signing aTION SHOULD BE REPORTED N	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530	CCL CUBIN I

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FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate		<u> </u>
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of	connected 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) X	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 Lobbvist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candida	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Co	mmittees Participating in Joint Fundraiser	
1.		
2.		
3.		
3.		
4.		

TREASURER

	•	
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	e	
MARATHON PHARMACE	UTICALS POLITICAL ACTION COMMITTEE	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
•		
	CITY STA	TE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	entify by name, address (phone number optional) and position of	the person in possession of committee
Full Name LLLL	I PARHAD	
Mailing Address	1033 SKOKIE BLVD.	
	NORTHBROOK	60062
Title or Position	CITY STAT	E ZIP CODE
CUSTODIAN OF RECO	RDS Telephone number	847 - 715 - 0580
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
Full Name BABA of Treasurer	R GHIAS	
Mailing Address	1033 SKOKIE BLVD.	
	NORTHBROOK II	[60062]
Title or Position	CITY STAT	E ZIP CODE

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Full Name of Designated PATRICI Agent PATRICI	( MORRIS	11111			
Mailing Address	1033 SKOKIE BLVD.				
•					
	NORTHBROOK	111	60062		
Title or Position	CITY	STATE	ZIP CODE		
SECRETARY		Telephone number	847 - 715 - 0606		
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.  THE PRIVATE BANK					
Mailing Address	120 S. LASALLE ST.				
	CHICAGO		60603		
	СІТҮ	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
لبنا		<u> </u>			
Mailing Address					
			<u> </u>		
	CITY	STATE	ZIP CODE		

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X-RAYED BY FEC SECURITY

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING IT The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ex  Next Business	Shipping Date 8/21/15 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):	ceipt or Postmarked
PREPARER	8/25/15 DATE PREPARED
(3/2015)	