FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Urgent Care Association Political Action Committee 1911 W. Wilson Street ADDRESS (number and street) Suite A437 (Check if address is changed) Batavia 60510 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address krastatter@urgentcareassociation.org is changed) Optional Second E-Mail Address Ihorwitz@urgentcareassociation.org COMMITTEE'S WEB PAGE ADDRESS (URL) https://urgentcareassociation.org/advocacy/urgent-care-pac/ (Check if address is changed) DATE 2023 C00689844 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. Type or Print Name of Treasurer Horwitz, Lou, Ellen, Mrs., Horwitz, Lou, Ellen, Mrs., 04 04 2024 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate	e information below.)				
(b) This committee is an authorized committee, and is NOT a principal campai information below.)	gn committee. (Complete the candidate				
Name of Candidate '''', ''', ''''', '''',''', '''', '''', '''', '''', '''', '''', '''', '''', '''','''					
Candidate Office Party Affiliation Sought: House Senate	State IL President District				
(c) This committee supports/opposes only one candidate, and is NOT an author	orized committee.				
Name of Candidate					
Party Committee:					
(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 connected					
Corporation Corporation w/o Capital Sto	ck Labor Organization				
Membership Organization X Trade Association	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative				
(f) This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate segregated 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.)				
(g) This committee is an independent expenditure-only political committee (Sup	er PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution	ribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser					
1.	C				

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CEO

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V	Vrite or Type Committee Name				
	Urgent Care Ass	sociation Political Action (Committee		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	Urgent Care Associa	ation 			
	Mailing Address	1911 W. Wilson Street			
		Suite A437			
		Batavia	<u> L</u>	60510	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	d Organization Affiliated Organization	Joint Fundraising Representativ	e Leadership PAC Sponso	
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number option	onal) and position of the person in	possession of committee	
		ou, Ellen, Mrs.,			
	Full Name	4044 W. Wilson Ct			
	Mailing Address	1911 W. Wilson St			
		Suite A437			
		Batavia		60510	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	CEO		Telephone number 630	0 - 657 - 6112	
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 Horwitz, L	ou, Ellen, Mrs.,			
	Mailing Address	1911 W. Wilson St		1 1 1 1 1 1 1 1 1 1	
		Suite A437			
		Batavia		60510	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				

Telephone number

6112

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D	Full Name of Designated Agent	Horwitz, Lou, Ellen, ,		
N	/lailing Address	1911 W. Wilson St		
		Suite A437		
		Batavia		60510
_	itle or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
L	lile of Position	Telephone	number 630	
		Depositories: List all banks or other depositories in which the comces or maintains funds.	mittee deposits fund	s, holds accounts, rents
N	lame of Bank, D	epository, etc.		
		Hinsdale Bank & Trust		
M	lailing Address	25 East First Street		
		Hinsdale	J LL L	60521
		CITY ▲	STATE ▲	ZIP CODE ▲
N	lame of Bank, D	epository, etc.		
M	lailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲