**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Alliance For Disabled Children PAC 15255 S 94th Ave. ADDRESS (number and street) (Check if address is changed) Orland Park 60462 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@americandisabledchildren.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) americandisabledchildren.org (Check if address is changed) DATE 2022 C00710160 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. Slutsky, Michael, , , Type or Print Name of Treasurer Slutsky, Michael, , , [Electronically Filed] 03 15 2022 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

Local 202-694-1100

| FF0 <b>=</b>                | 4 (Davided 00/0000)  | Dag - <b>0</b>                          |
|-----------------------------|--|---|
|                             | orm 1 (Revised 02/2009)  COMMITTEE   | Page <b>2</b>                           |
|                             | e 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. (Com information below.)   | plete the candidate                     |
| Name of<br>Candidate        |  |   |
| Candidate<br>Party Affiliat | ion Office Sought: House Senate President  | State                                   |
| (c)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
| Name of<br>Candidate        |  |   |
| Party Cor                   |  |   |
| (d)                         |  | (Democratic,<br>Republican, etc.) Party |
| Political A                 | Action Committee (PAC):  |   |
| (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con   | nected organization is                  |
|                             | Corporation Wo Capital Stock   | Labor Organization                      |
|                             | Membership Organization Trade Association  | Cooperative                             |
|                             | In addition, this committee is a Lobbyist/Registrant PAC.  |   |
| (f) <b>x</b>                | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)  | gregated 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                  | draising 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. | o 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.         | o or more political                     |
| Com                         | nmittees Participating in Joint Fundraiser   |   |
| 1.                          | FEC ID number  |   |
| 2.                          | FEC ID number  |   |
| 3.                          | FEC ID number  |   |
| 4.                          |  |   |

| FEC Form 1 (Revised 0                                      |  | Page 3   |
|--|--|--|
| Write or Type Committee Name                               |  |  |
| American Allian  | ce For Disabled Children PAC   |  |
| 6. Name of Any Connected O                                 | Organization, Affiliated Committee, Joint Fundraising Repre-                     | sentative, or Leadership PAC Sponsor   |
| NONE   |  |  |
|  |  |  |
| Mailing Address  |  |  |
|  |  |  |
|  |  |  |
|  | CITY   | STATE ZIP CODE   |
| Relationship: Connected                                    | d Organization Affiliated Committee Joint Fundraising R                          | Representative Leadership PAC Sponsor  |
| . Custodian of Records: Iden books and records.            | ntify by name, address (phone number optional) and position                      | n of the person in possession of committee   |
| Slutsky, Mi  | ichael,,,  |  |
| Full Name  | 15255 S 94th Ave.  |  |
| Mailing Address  | c/o American Disabled Children   |  |
|  | Orland Park  | IL 60462   |
| Title or Position  | CITY   | STATE ZIP CODE   |
| Treasurer  | Telephone numb   | er   |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the cassistant treasurer). | committee; and the name and address of   |
| Full Name Slutsky, Min                                     | chael, , ,   |  |
| Mailing Address  | 15255 S 94th Ave.  |  |
|  | c/o American Disabled Children   |  |
|  | Orland Park CITY   | IL 60462 – In Table 2 – In Tabl |
| Title or Position Treasurer                                |  | . 708 428 6427 .   |

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|--|--|----------|
|  |  |          |
| Full Name of   |  |          |
| Designated Agent   |  |          |
| Mailing Address  |  |          |
|  |  |          |
|  | CITY STATE   | ZIP CODE |
| Title or Position  | •  |          |
|  | Telephone number   |          |
|  |  |          |
| safety deposit boxes of Name of Bank, Depos  |  | <u> </u> |
| safety deposit boxes of Name of Bank, Depos  | or maintains funds. sitory, etc.  agle Bank 2001 K Street NW                       | 0006     |
| safety deposit boxes of Name of Bank, Depos  | or maintains funds. sitory, etc.  agle Bank 2001 K Street NW                       |          |
| safety deposit boxes of Name of Bank, Deposition Plank, Deposition | or maintains funds. sitory, etc.  agle Bank 2001 K Street NW Washington CITY STATE | 0006     |
| safety deposit boxes of Name of Bank, Deposition Plank, Deposition | or maintains funds. sitory, etc.  agle Bank 2001 K Street NW Washington CITY STATE | 0006     |
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| safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name  | or maintains funds. sitory, etc.  agle Bank 2001 K Street NW Washington CITY STATE | 0006     |

## : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A
Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees. This PAC occasionally operates using the following two project names: Childrens Cancer Coalition and American Coalition for Autistic Children. All messaging and fundraising materials also reference American Alliance for Disabled Children PAC to provide transparency.

Form/Schedule: Transaction ID: