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09627/072

September 22, 2006

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: HeartCare Midwest, S.C. PAC

Ladies and Gentlemen:

Enclosed please find FEC Form D-1 Statement of Organization for HeartCare Midwest, S.C. PAC. We have also enclosed a copy of the form. Please file-stamp the copy and return it to me. I have enclosed a self-addressed stamped envelope.

If you have any questions, or require additional information, please contact the undersigned.

Very truly yours,


Brian J. Meginnes

BJM/mn
Enclosures
108-2360

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FEC MAIL
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2006 SEP 27 A 8:26

2503919158A

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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2006 SEP 27 A 8:26

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

H e a r t C a r e M i d w e s t S . C . P A C

ADDRESS (number and street)

5 4 0 5 N . K n o x v i l l e A v e n u e

(Check if address is changed)

P e o r i a I L 6 1 6 1 4

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

j w s @ h e a r t c a r e m w . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

w w w . h e a r t c a r e m w . c o m

COMMITTEE'S FAX NUMBER

3 0 9 - 5 8 9 - 2 8 2 8

2. DATE

0 9 / 1 8 / 2 0 0 6

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 Jeffrey W. Shelton

Signature of Treasurer

Jeffrey W. Shelton

Date

0 9 / 2 2 / 2 0 0 6

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

200309101585

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

Heart Care Midwest, S.C.

Mailing Address 5405 N. Knoxville Avenue

Peoria ILL 61614

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship connected

Type of Connected Organization:

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

26039191585

Write or Type Committee Name

HeartCare Midwest, S.C. 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 | J e f f r e y W. S h e l t o n |

Mailing Address | 5 4 0 5 N. K n o x v i l l e A v e n u e |

| |

| P e o r i a | | I L | | 6 1 6 1 4 - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T r e a s u r e r | Telephone number | 3 0 9 | - | 5 8 9 | - | 6 5 0 8 |

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 | J e f f r e y W. S h e l t o n |

Mailing Address | 5 4 0 5 N. K n o x v i l l e A v e n u e |

| |

| P e o r i a | | I L | | 6 1 6 1 4 - |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

| T r e a s u r e r | Telephone number | 3 0 9 | - | 5 8 9 | - | 6 5 0 8 |

Full Name of Designated Agent | J a n e E. T h u r m o n d |

Mailing Address | 5 4 0 5 N. K n o x v i l l e A v e n u e |

| |

| P e o r i a | | I L | | 6 1 6 1 4 - |

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 | 3 0 9 | - | 5 8 9 | - | 6 5 0 9 |

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.

N a t i o n a l C i t y B a n k o f t h e M i d w e s t

Mailing Address

3 0 1 S W A d a m s S t r e e t

P e o r i a I L 6 1 6 1 4 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

250391583

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JCI
 PREPARER

9/27/06
 DATE PREPARED

200610101032