



**FORM
D-1**

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

STATE BOARD OF ELECTIONS
MAY 3 3:43

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

Illinois State Medical Society Political
Action Committee
20 North Michigan Avenue
Chicago, IL 60602

CHECK FOR ADDRESS CHANGE

POLITICAL COMMITTEE
IDENTIFICATION #

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY

E-MAIL ADDRESS:

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE

- 1 **NEW COMMITTEE** (MUST BE FILED WITHIN 10 DAYS OF CREATION, OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION)
- 1 **AMENDMENT** (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.)
- REACTIVATING**

2 **DATE COMMITTEE CREATED:**

3 **AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE:** \$ _____

POLITICAL COMMITTEE DESIGNATION (ALL COMMITTEES CHOOSE ONLY ONE)

- 4 **CANDIDATE POLITICAL COMMITTEE***
*For purposes of contribution limits and reporting requirements, a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the office currently sought.
This office is: _____
- POLITICAL ACTION COMMITTEE**
- POLITICAL PARTY COMMITTEE**
- BALLOT INITIATIVE COMMITTEE**
- INDEPENDENT EXPENDITURE COMMITTEE**

POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION

- 5 **A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS:**
(if operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.)

- B. POLITICAL PARTY AFFILIATION:** _____
- C. NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable):**

PURPOSE OF THE POLITICAL COMMITTEE

7 CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY
	<input type="checkbox"/>	<input type="checkbox"/>		

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

COMMITTEE NAME:	POLITICAL COMMITTEE ID #:
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8 REQUIRED COMMITTEE OFFICERS:		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIR		
TREASURER	J. Regan Thomas, MD	M/C6481855 West Taylor Street, Chicago, IL 61612-7242 (312)966-6584 regan.thomas@nm.org

9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)		
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS

10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS	
NAME	ADDRESS AND PHONE NUMBER

11	DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE	
	<input type="checkbox"/> RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS	
	<input type="checkbox"/> TRANSFER TO ANOTHER POLITICAL COMMITTEE: _____	
	<input type="checkbox"/> TRANSFER TO A CHARITABLE ORGANIZATION: _____	

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

VERIFICATION: BALLOT INITIATIVE COMMITTEE ONLY

I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY. ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR	DATE
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VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY

I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

Jere E. Freidheim

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR	Jere E. Freidheim, M.D.	DATE 5/10/19
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VERIFICATION: ALL POLITICAL COMMITTEES

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000.

J. Regan Thomas

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE	J. Regan Thomas, M.D.	DATE 5/10/19
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THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS
2329 S MacARTHUR BLVD
SPRINGFIELD, IL 62704-4503

FAX: 217-782-5959
E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)

STATE BOARD OF ELECTIONS
JAMES R THOMPSON CENTER
100 W RANDOLPH ST, STE 14-100
CHICAGO, IL 60601-3232

FAX: 312-814-6485
E-MAIL: D1@ELECTIONS.IL.GOV (D-1s ONLY)