

FORM

D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

10 JUL 27 PH 12: 12

Full name and complete mailing address of Politidal Committee: Illinois Health Care Assn PAC S 908 07 1029 S 4th St Springfield, IL 62703-2224 POLITICAL COMMITTEE IDENTIFICATION No. E-MAIL ADDRESS: 353 CHECK HERE IF ADDRESS CHANGE SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE. AMOUNT OF FUNDS: AVAILABLE AS OF 188 1 DATE COMMITTEE CREATED: 10-1-1974 **CREATION DATE:\$** NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION.) 3. MAMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES.) REACTIVATING POLITICAL COMMITTEE'S DESIGNATION: 4. ALL COMMITTEES CHOOSE ONE: ALL NEW COMMITTEES MUST ALSO CHOOSE ONE: CANDIDATE POLITICAL COMMITTEE* STATE POLITICAL COMMITTEE POLITICAL ACTION COMMITTEE STATE & LOCAL POLITICAL COMMITTEE POLITICAL PARTY COMMITTEE . LOCAL POLITICAL COMMITTEE BALLOT INITIATIVE COMMITTEE *For purposes of contribution limits and reporting requirements a single Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the appropriate office. This office is: 5. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION. П, A: THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTY(IES) OR DISTRICT(S): (not applicable if operating statewide or supporting/opposing statewide candidates or ballot initiatives) N/AB. POLITICAL PARTY AFFILIATION: C. NAME AND ADDRESS OF EACH SPONSORING ENTITY: PURPOSE OF THE POLITICAL COMMITTEE. to support individuals who have indicated their commitment to the long term

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

OPPOSE

OFFICE

7.

health care in Illinois.

NAME AND ADDRESS

SUPPORT

PARTY AFFILIATION

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COMMITTEE NAME:				5-406			
Illinois Health Care Association -				- PAC	POLITICAL COMMITTEE IDENTIFICATION No.:		
8.	REQUIR	ED COMMITTEE OFFICERS.					
POSITION		NAME		MAILING ADDR	AILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS		
CHAIRMAN		Steve Wann macher		O. Box 1388, Bloomington, IL 61702 309) 828-4361 sjwann@heritageofcare.co			
TREASURER		David Voepel		1029 S. F (217) 52	029 S. Fourth St., Springfield, IL 6270 217) 528-6455 dvoepel@ihca.com		
9.	POSITIO	N, NAME & MAILING ADDRESS	OF EACH	CUSTODIAN	N OF THE COMMITTEE'S BOOKS AND ACCOUNTS		
POSITION		NAME		MAILING ADDRESS, DAYTIME PHONE NUMBER, AND E-MAIL ADDRESS			
Treasurer		David Voepel		same as	a bove,		
10.	LIST OF	F ALL FINANCIAL INSTITUTIONS NDING, LIST ALL AS OF TODAY'S D	S AND OT	HER REPOS	ITORIES OF THE COMMITTEE FUNDS.		
NAME			, , , , , , , , , , , , , , , , , , , ,	MAILING ADDRESS AND PHONE NUMBER			
Bank of Springfield 34			3400	W. Wabas (217)	sh Ave., Springfield, IL 62711 529-5555		
11.	DISPOS	SITION OF RESIDUAL FUNDS IN	THE EVE	NT OF DISSO	DLUTION OR TERMINATION OF THE COMMITTEE:		
	RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO ITALE TRANSFER TO ANOTHER POLITICAL COMMITTEE:			11 - 010			
	TRAI	NSFER TO A CHARITIBLE ORGANIZ	ATION:				
				EQUIRED, PLE	ASE ATTACH ADDITIONAL SHEETS.		
POLIC ORGA COMM NOMIN	Y, ALL CONT NIZATION, TH IITTEE DOES NATION FOR I	HIS <u>BALLOT INITIATIVE COMMITTEE</u> IS RIBUTIONS AND EXPENDITURES OF TH HE COMMITTEE MAY ACCEPT UNLIMITE NOT MAKE CONTRIBUTIONS OR EXPE	FORMED F HE COMMIT ED CONTRIE NDITURES I	OR THE PURPO TEE WILL BE US BUTIONS FROM IN SUPPORT OF	MMITTEES ONLY DISE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC SED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE FOR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR Y THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN		
"S+		Jannemache S	lum		remember 26 541/0		
PRIN	TED AND	WRITTEN SIGNATURE OF COM	WITTEE C	HAIRPERSO	N DATE		
BY ME REQUI	AND, TO THE	HIS STATEMENT OF ORGANIZATION (IN E BEST OF MY KNOWLEDGE AND BELIE	ICLUDING A EF, IS A TRU ERSTAND T	NY ACCOMPAN JE, CORRECT, A	BALLOT INITIATIVE COMMITTEES IYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED IND COMPLETE STATEMENT OF ORGANIZATION AS IT FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT		
e '	a	intlored DAVI	dA. Va	GERE!	7.26.2010		
		WRITTEN SIGNATURE OF TREA	SURER O	RCANDIDAT			
OUTLIN	ED UNDER PU	BLIC ACT 78-1183. WILLFUL FAILURE TO FILI ESS OFFENSE SUBJECT TO A FINE OF UP TO	E OR WILLFUI D \$5000. THIS	L HILING OF FALSI	HAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE A E OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHAL PLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.		
	STATE BOA			ARD OF ELEC			

STATE BOARD OF ELECTIONS
PO BOX 4187
JAMES R. THOMPSON CENTER
1020 S SPRING ST
100 W RANDOLPH ST, STE 14-100
SPRINGFIELD, IL 62708-4187
CHICAGO, IL. 60601-3232
fax: 217-557-5630
fax: 312-814-6485
e-mail: D1@ELECTIONS.IL.GOV(D-1s ONLY)

STATE & LOCAL POLITICAL COMMITTEES RETURN ORIGINAL TO: STATE BOARD OF ELECTIONS
AND A COPY TO EACH APPROPRIATE
COUNTY CLERK.