Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ARAMARK Corporation PAC (ARAMARK PAC) 1101 Market Street ADDRESS (number and street) (Check if address is changed) Philadelphia 19107 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gacompliance@aramark.com (Check if address is changed) Optional Second E-Mail Address |bbonnevi@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2013 C00157677 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. Stephen R. Reynolds Type or Print Name of Treasurer Stephen R. Reynolds [Electronically Filed] 06 2013 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

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	e Name			
ARAMARK	Corporation PAC (A	RAMARK PA	AC)	
6. Name of Any Conne	ected Organization, Affiliated Commi	tee, Joint Fundraising Re	epresentative, or Leade	ership PAC Sponsor
ARAMARK Corpo	oration			
Mailing Address	1101 Market Street			
	Philadelphia		PA 19107	
	CITY		STATE	ZIP CODE
Relationship: X Co	onnected Organization Affiliated Con	mittee Joint Fundraisi	ing Representative	Leadership PAC Sponsor
7. Custodian of Record books and records.	ds: Identify by name, address (phone r	umber optional) and po	sition of the person in p	possession of committee
I	chael Matekovic			
Full Name	,1101 Market Street			
Mailing Address	29th Floor			
				_
	Phildelphia		PA 19107	
Title or Position	CITY		STATE	ZIP CODE
Assistant Treasurer		Telephone n	215 –	238
Treasurer: List the na any designated agent	ame and address (phone number opi	ional) of the treasurer of t	the committee; and the	name and address of
Full Name Ste	ephen R. Reynolds			
Mailing Address	1101 Market Street			
Ü	31st Floor			
	Philadelphia		PA 19107	·
	CITY		STATE	ZIP CODE
Title or Position Chairman		Telephone n	umber 215 - [238 - 6846

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Full Name of Designated Agent	Michael Matekovic	
Mailing Address	1101 Market Street	
	29th Floor	
	Philadelphia PA 19107 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer Telephone number 215 –	238 3657
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.	s accounts, rents
	Wells Fargo	
Mailing Address	Wells Fargo P.O. Box 6995	
Mailing Address		995
Mailing Address	P.O. Box 6995	995
Mailing Address Name of Bank, D	P.O. Box 6995 Portland OR 97228-6 CITY STATE	
	P.O. Box 6995 Portland OR 97228-6 CITY STATE	
	P.O. Box 6995 Portland OR 97228-6 CITY STATE	
Name of Bank, D	P.O. Box 6995 Portland OR 97228-6 CITY STATE	
Name of Bank, D	P.O. Box 6995 Portland OR 97228-6 CITY STATE	