FEC FORM 1	STATEMEI ORGANIZ		Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	poration PAC (A			
ADDRESS (number and street)	1101 Market Street			
(Check if address	ARAMARK Tower, 31st Fl.			
is changed)	Philadelphia		PA 1910	
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE				
✓ (Check if address)	gacompliance@aramark.co	om 		
(Check if address is changed)				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)				
2. DATE 10 / 1	9 / Y Y Y Y 2011			
3. FEC IDENTIFICATION N	UMBER C C	00157677		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined t	his Statement and to the best	t of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasure	er Rick Martella			
	lartella	[Electronically Filed]	Date 10	19 / Y Y Y Y Y 19 2011
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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I	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	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 Cano	le 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 Canc	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
		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 part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for a committees/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 t 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.	EC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ARAMARK Corporation PAC (ARAMARK PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

ARAMARK Co	rporatio	on 						
			et					
Mailing Address		ARAMARK Towe	er, 31st Fl.					
		Philadelphia				PA	19107	
			CITY			STATE	ZII	P CODE
Relationship: 🗙	Connecte	d Organization	Affiliated Commit	tee Jo	int Fundraising	Representativ	e Leade	rship PAC Sponso
7. Custodian of Re books and record		ntify by name, add	ress (phone num	ber optic	onal) and positi	on of the pers	on in posses	ssion of committee
Full Name								
Mailing Address								
Title or Position			CITY			STATE	ZIF	P CODE
					Telephone num	iber		
 Treasurer: List th any designated ag 	e name ar gent (e.g.,	id address (phone assistant treasurer)	number option	al) of the t	reasurer of the	committee; ar	nd the name	and address of
Full Name	Rick Marte	ella						
of Treasurer		1101 Market Stre	et					
Mailing Address								
		Philadelphia					10107	
			CITY			STATE	19107 7IF	CODE
Title or Position Treasurer	1 1 1 1				Telephone num	1 215		

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Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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.
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Wells F	- argo		
Mailing Address	P.O. Box 6995		
			97228-6995
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE