FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ONGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: over the line)	If typying, type nes 12FE4M5
Embarq Corp	oration Employees' Political Action Committe	3e
ADDRESS (number and	150 Fayettville Street Mall	
(Check if add	Suite 2810	
is changed)	Raleigh	NC 27601 - 1
COMMITTEE'S E-M/	CITY.	STATE▲ ZIP CODE ▲
	@embarq.com	
COMMITTEE'S WEE	PAGE ADDRESS (URL)	
	AU MADED	
COMMITTEE'S FAX	NUMBER I	
2. DATE M	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$	
3. FEC IDENTIFIC	ATION NUMBER C C00419	911
4. IS THIS STATE	MENT X NEW (N) OR	AMENDED (A)
I certify that I have exam	nined this Statement and to the best of my knowledge and beli	ef it is true, correct and complete
T. D N	Treasurer Mr Larry Mathiot	
Type or Print Name o	reasurer matmot	
Signature of Treasure	Electronically Filed by Mr Larry Mathiot	Date 05 / 24 / Y Y Y O 6
NOTE: Submission of f	alse, erroneous, or incomplete information may subject the per	rson signing this Statement to the penalties of 2 U.S.C. S437g. DBE REPORTED WITHIN 10 DAYS
Office Use Only	Fede Toll F	further information contact: eral Election Commission Free 800-424-9530 (Revised 02/2003) I 202-694-1100

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the call information below.)	andidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, publican,etc.) Party. and or party
ô.	Name of Any Connected Organization or Affiliated Committee	
	Embarq Corporation	
L		
	Mailing Address 5450 W. 110 Ave.	
	Overland Park KS KS	211
	CITY≜ STATE ♣ Z	ZIP CODE 🛦
	Relationship parent entity	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

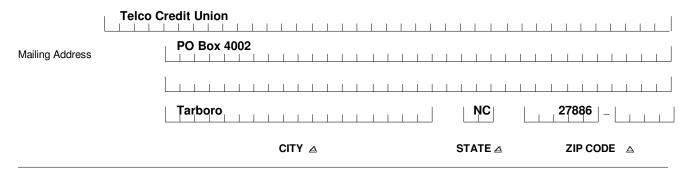
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Write or Type Committee Name			
Embarq Corporation Emp	ployees' Political Action Committee		
 Custodian of Records: Iden possession of Committee b 	ntify by name, address, (phone number pooks and records.	optional), and position of the	ne person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Telephone number	
3. Treasurer: List the name a name and address of any d	nd address (phone number optional) designated agent (e.g., assistant treasu	of the treasurer of the commi	ittee; and the
name and address of any d	nd address (phone number optional) designated agent (e.g., assistant treasu	of the treasurer of the commi rer).	ittee; and the
name and address of any d	designated agent (e.g., assistant treasu	rer).	ittee; and the
name and address of any d Full Name of Treasurer Mr Larry	designated agent (e.g., assistant treasu	rer).	ittee; and the
name and address of any d Full Name of Treasurer Mr Larry	designated agent (e.g., assistant treasu Mathiot 150 Fayettville Street Ma	rer).	27601
name and address of any d Full Name of Treasurer Mr Larry	designated agent (e.g., assistant treasure Mathiot 150 Fayettville Street Ma Suite 2810	il	
name and address of any d Full Name of Treasurer Mailing Address	/ Mathiot 150 Fayettville Street Ma Suite 2810 Raleigh	II	27601
name and address of any d Full Name of Treasurer Mailing Address Title or Position ▼	/ Mathiot 150 Fayettville Street Ma Suite 2810 Raleigh	II NC	27601
name and address of any d Full Name of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated	/ Mathiot 150 Fayettville Street Ma Suite 2810 Raleigh	II NC	27601
name and address of any d Full Name of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	/ Mathiot 150 Fayettville Street Ma Suite 2810 Raleigh	II NC	27601

Telephone number

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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.



Membership Organization

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Banks or Other Depositorie safety deposit boxes or mainta Name of Bank, Depository, et	ains funds.		ds accounts, rents
Mailing Address			
	CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected O	rganization or Affiliated Committee		[ADDITIONAL]
Sprint Nextel Corporati	on Mid-Atlantic Region Telecom PAC		
Mailing Address	150 Fayetteville Street Mall		
, and the second	Suite 2810		
	Raleigh	NC	27601 _
	CITY▲	STATE A	ZIP CODE 🛕
Relationship affilia	ted committee		
Type of Connected Organiza			
Corporation	Corporation w/o Capital Stock	Labor Or	ganization

Trade Association

Cooperative

Designated Agent			[ADDITIONAL]
Full Name			
Title or Position ♥	CITY A	STATE	ZIP CODE A
	т	elephone number	

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Banks or Other Deposito safety deposit boxes or mai	ntains funds.	other depositories in which the comm		s accounts, rents ADDITIONAL]
Name of Bank, Depository,	etc.		L	ADDITIONAL J
Mailing Address				
		OITV .	CTATE -	710.0005
		CITY 🛆	STATE △	ZIP CODE △
Name of Any Connected	Organization or Affilia	ited Committee	Г	ADDITIONAL]
				•
Sprint United Telepho	one Company of Oh	io Political Leadership Progra	IM PAC	
Mailing Address				
		CITY A	STATE A	ZIP CODE A
Relationship affil	iated committee			
Type of Connected Organi	zation:			
Corporation		Corporation w/o Capital Stock	Labor Org	anization
Membership Orga	anization	Trade Association	Cooperati	ve

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number

Image# 26930152246

Image# 26930152	246		
Form/Schedule: F1N Transaction ID:	This amends a previously filed report.	Two PACs have been added as affiliated PACs.	
*******	*******	***************************************	****