

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 SEP -3 AM 9:00

OFFICE USE ONLY FEDERAL CENTER

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

AMERICAN TELESERVICES ASSOCIATION PAC

ADDRESS (number and street) 8500 KEYSTONE CROSSING

(Check if address is changed) SUITE 480

INDIANAPOLIS IN 46240 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) PHILLIP.GRUDZINSKI@PACEASSOCIATION.COM

Optional Second E-Mail Address SUSAN.BURT@PACEASSOCIATION.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 08 11 2014

3. FEC IDENTIFICATION NUMBER C 00397083

4. IS THIS STATEMENT NEW (N) OR X 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.

Type or Print Name of Treasurer PHILLIP J. GRUDZINSKI

Signature of Treasurer [Handwritten Signature] Date 08 11 2014

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.

Table with 5 columns and 1 row for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

FROM FRONT

Write or Type Committee Name

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

PROFESSIONAL ASSOCIATION FOR CUSTOMER ENGAGEMENT

Mailing Address

8500 KEYSTONE CROSSING

SUITE 480

INDIANAPOLIS IN 46240

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name PHILLIP J. GRUDZINSKI

Mailing Address 8500 KEYSTONE CROSSING

SUITE 480

INDIANAPOLIS IN 46240

Title or Position

CITY

STATE

ZIP CODE

PRESIDENT/CEO Telephone number 317 - 816 - 9336

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer PHILLIP J. GRUDZINSKI

Mailing Address 8500 KEYSTONE CROSSING

SUITE 480

INDIANAPOLIS IN 46240

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT/CEO Telephone number

Full Name of Designated Agent

SUSAN BURT

Mailing Address

8500 KEYSTONE CROSSING

SUITE 480

INDIANAPOLIS

CITY

IN

STATE

46240

ZIP CODE

Title or Position

MGR, ACCOUNTING/OPERATIONS

Telephone number

317

816

9336

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.

J. P. MORGAN CHASE AND CO. BANK

Mailing Address

8630 KEYSTONE CROSSING

INDIANAPOLIS

CITY

IN

STATE

46240

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

ORIGINAL FROM ORIGINAL

FROM FRONT

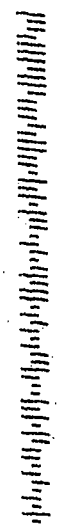
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Federal Election Commission
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Washington, DC 20463



20463



PACE


Professional
Association
for Customer
Engagement

8500 Keystone Crossing, Ste. 480
Indianapolis, IN 46240

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2014 SEP -3 AM 9:00
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

9/3/14
DATE PREPARED