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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

P A E T E C H O L D I N G C O R P O R A T I O N P O L I T I C A L A C T I O N  
C O M M I T T E E

ADDRESS (number and street)

6 0 0 W I L L O W B R O O K O F F I C E P A R K

(Check if address  
is changed)

F A I R P O R T N Y 1 4 4 5 0

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

W W W . P A E T E C . C O M

COMMITTEE'S FAX NUMBER

2. DATE

0 5 1 9 2 0 0 8

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

TINA POWER

Signature of Treasurer

*Tina Power*

Date

0 5 1 9 2 0 0 8

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  
Use  
Only

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

FEC FORM 1  
(Revised 12/2007)

28039732306

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

- (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
- (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 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>
5.	_____	FEC ID number	<input type="checkbox"/>

28039732307

Write or Type Committee Name

PAETEC HOLDING CORPORATION POLITICAL ACTION COMMITTEE

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

P A E T E C H O L D I N G C O R P O R A T I O N

Mailing Address

6 0 0 W I L L O W B R O O K O F F I C E P A R K

F A I R P O R T N Y 1 4 5 5 0

CITY STATE ZIP CODE

Relationship:

- Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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

T I N A P O W E R

Mailing Address

6 0 0 W I L L O W B R O O K O F F I C E P A R K

F A I R P O R T N Y 1 4 4 5 0

CITY STATE ZIP CODE

Title or Position

T R E A S U R E R

Telephone number 5 8 5 - 3 4 0 - 2 8 7 7

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

T I N A P O W E R

Mailing Address

6 0 0 W I L L O W B R O O K O F F I C E P A R K

F A I R P O R T N Y 1 4 4 5 0

CITY STATE ZIP CODE

Title or Position

Telephone number 5 8 5 - 3 4 0 - 2 8 7 7

28039732308

Write or Type Committee Name

PAETEC HOLDING CORPORATION POLITICAL ACTION COMMITTEE

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

U S L E C C O R P O R A T I O N P O L I T I C A L A C T I O N C O M M I T T E E

Mailing Address

600 WILLOWBROOK OFFICE PARK FAIRPORT N.Y 14625 CITY STATE ZIP CODE

Relationship:

- Connected Organization [ ] Affiliated Committee [X] Leadership PAC Sponsor [ ] Joint Fundraising Representative [ ]

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

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

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

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

28039732309

Full Name of Designated Agent

MARY SMITH

Mailing Address

600 WILLOWBROOK OFFICE PARK

FAIRPORT

CITY

NY

STATE

14450

ZIP CODE

Title or Position

Telephone number

585-413-2421

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.

CITIZENS BANK

Mailing Address

5 EASTVIEW MALL

VICTOR

CITY

NY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039732310

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.

Hand Delivered Date of Receipt  
5/20/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 5/20/08  
**PREPARER** **DATE PREPARED**

28039732311