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| <b>FORM</b> | - |
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| FORM 1                                |                               | ORGA  | ANIZAT   | TION  |   |  | Office No. Co                                | <b>.</b>   |          |
|---------------------------------------|-------------------------------|---|--|---|---|--|--|--|----------|
| NAME OF COMMITTEE (in                 | full)                         | (Check if is change   |  | Example:If typing, ty over the lines.   |   | FE4M5                                  | Office Use On                                |  |          |
| PiAiEiT;EC                            | H;O,L,D                       | :I:N:G: CO  | R P O R  | A <sub>I</sub> T <sub>I</sub> I <sub>I</sub> O <sub>I</sub> N <sub>I</sub> :P       | O <sub>I</sub> L <sub>I</sub> I <sub>I</sub> T  | <u> IIC A</u>                          | LIACT  | I IOIN I   | لـــ     |
| COMMITTT                              | E <sub>I</sub> E <sub>1</sub> | <u> </u>  | <u>نا انا</u>                                    | <u> </u>  | <del>                                      </del>   | <u> </u>                               |  | <del>                                     </del> | لــــا   |
| ADDRESS (number an                    | d street)                     | 6:0:01 WII  | L L O W  | B ;R   O ; O   K     O  | F <sub>1</sub> F <sub>1</sub> I <sub>1</sub> C  | E P                                    | $A_1R_1K_1$                                  |  | لــــــا |
| (Check if ad                          | dress                         |   | <del>                                     </del> |   | <del></del>   | ــــنـــــــــــــــــــــــــــــــــ | <u> </u>                                     | 1111   | لــــ    |
| is changed)                           |                               | $[\mathbf{F}_1\mathbf{A}_1\mathbf{I}_1\mathbf{R}_1\mathbf{P}_1\mathbf{C}$ | R;T!   |   | ı <u>n</u>  | Y                                      | 114141510                                    | <u>)</u> -L                                      | لــــا   |
| COMMITTEE'S E-MA                      | IL ADDRES                     | SS  | CIT  | Υ   | STA   | TE                                     | ZIP  | CODE   |          |
| <u> </u>                              | <u> </u>                      |   | <u> </u>   |   | 1-1-1-1   | <u> </u>                               | <del></del>                                  |  |          |
| <u> </u>                              | <u> </u>                      | <u> </u>  | <u> </u>   | <u> </u>  | 1111  |  | <u> </u>                                     |  | <u>!</u> |
| COMMITTEE'S WEB                       | PAGE ADD                      | RESS (URL)  |  |   |   |  |  |  |          |
| W.W.W.PAE                             | ·T·E·C·                       | .1C10:M1 ! .1   | 2 1 1 1 1  | <u> </u>  | 1.1.1.1   | 1 1 1 1 - 1 - 1                        | <u>                                     </u> | <u> </u>   |          |
| 1                                     |                               |   | : 1 ! !  |   |   |  | 1 : : : :                                    |  |          |
| hariand at the standard               | <del></del>                   |   | - <del></del>                                    | <u> </u>  | <del></del>   | <u></u>                                | <del></del>                                  | <del></del>                                      |          |
| COMMITTEE'S FAX                       | NUMBER                        |   |  |   |   |  |  |  |          |
| L                                     | ــــــــا- ل                  |   |  |   |   |  |  |  |          |
| , المراج<br>2. DATE : المراج          | W 1 / 1 6 T                   | Had I white more 4.   | <b>**</b>  |   |   |  |  |  |          |
| 3. FEC IDENTIFIC                      | CATION NU                     | MBER  | C  | ganners ive geranderada ingula negad<br>Bantandaria ikana Berestabaratikan          | 10 Mary<br>2<br>2<br>2<br>2<br>2<br>3<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4<br>4 |  |  |  |          |
| 4. IS THIS STATEM                     | MENT X                        | NEW (N)   | OR   | AMENDED   | ) (A)   |  |  |  |          |
| I certify that I have o               | xamined th                    | s Statement and t   | o the best of                                    | my knowledge and i  | belief it is tru  | ie, correc                             | t and complete                               | •  |          |
| Type or Print Name of                 | of Treasurer                  | TINA PO   | ver  | · · · · · · · · · · · · · · · · · · ·   |   |  |  |  |          |
| Signature of Treasure                 | r                             | Junato  | WUU  |   | Date  | Ď                                      | 5 19   | 20   | 8.0      |
| NOTE: Submission of f                 | -                             | •   |  | y subject the person s  | - •   |  |  | 1 2 U.S.C. §                                     | 437g.    |
| Office<br>Use<br>Only<br>FE3AN042.PDF |                               |   |  | For further Inform<br>Federal Election C<br>Toll Free 800-424-<br>Local 202-694-110 | Commission<br>9530  |  | FEC F  |  | _        |

| F              | EC Fo             | orm 1 (Revised 12/2007)  | Page 2  |
|----------------|-------------------|--|---|
| TYPE           | OF C              | COMMITTEE  |   |
| Can            | didate            | e Committee:   |   |
| (a)            | 4                 | This committee is a principal campaign committee. (Complete the candidate information below.)  |   |
| (b)            | 1                 | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)  | ne candidate  |
| Name<br>Candi  |                   |  | Trimporti   |
| Candi<br>Party | date<br>Affiliati | tion Sought: House Senate President  | ate strict  |
| (c)            |                   | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
| Name<br>Candi  |                   |  |   |
| Part           | y Cor             | mmittee:   |   |
| (d)            | 1                 | This committee is a (National, State (Democratic of the Republic National) (National, State (Democratic of the Republic National) (National, State (Democratic of the Republic National) (National) (N | cratic,<br>ican, etc.) Party.   |
| Polit          | ical A            | Action Committee (PAC):  |   |
| (e)            | X                 | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected   | organization is a   |
|                |                   | Corporation Corporation w/o Capital Stock Labo   | r Organization  |
|                |                   | Membership Organization Trade Association Coop   | erative   |
| (f)            |                   | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)   | ed fund or party  |
|                |                   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |   |
| Joint          | Fund              | draising Representative:   |   |
| (g)            | Parker S          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.  | ore political   |
| (h)            |                   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.   | ore political   |
|                | Com               | nmittees Participating in Joint Fundraiser   |   |
|                | 1.                | FEC ID number  |   |
|                | 2.                | FEC ID number C  | in make make and  |
|                | 3.                | FEC ID number C  | ego so megmeno promonego esta espera<br>Banasen las esta balletas e de exercisa |
|                | 4.                | FEC ID number  | k de et een steere keerste kan verste keer<br>k                                 |
|                | 5.                | FEC ID number C  | and and and   |

| FEC Form 1 (Revised 12   | 2/2007)   | Page 3   |
|--|---|--|
| Write or Type Committee Name   |   |  |
| PAETEC HOLDING CORI  | PORATION POLITICAL ACTION COMMITTEE   |  |
| 6. Name of Any Connected O   | ganization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraisi   | ng Representative                                |
| IDIAIRITERIO ERIOITID  | I   N   G     C   O   R   P   O   R   A   T   I   O   N   | 1111111  |
| I . !   !   ! . !   !  |   |  |
|  |   | <u> </u>   |
| Mailing Address  | 6 0 0 WILLO WBROOK OFFICE PAR   | K  |
|  |   |  |
|  | FAIRPORT   LAS  | 5,5,0-   |
|  | CITY STATE  | ZIP CODE   |
| Relationship:  | Army Nove all the second  |  |
| XI Connected Organization  | Affiliated Committee Leadership PAC Sponsor Joint Fundrai   | sing Representative                              |
| books and records.   | ify by name, address (phone number optional) and position of the person in p $ \frac{1}{1+P} \cdot O_1W_1 \cdot E_1R_1 \cdot \frac{1}{1+P} \cdot O_1W_1 \cdot E_1R_1 \cdot \frac{1}{1+P} \cdot \frac{1}{1+P} \cdot O_1W_1 \cdot E_1R_1 \cdot \frac{1}{1+P} \cdot O_1W_1 \cdot O_1W$ | <i>د</i>   |
|  | 6,0,0, W,I,L,L,O,W,B,R,O,O,K, O,F,F,I,C,E, P,A,R,   | K  |
| Mailing Address  | 1   |  |
|  | F <sub>1</sub> A <sub>1</sub> I <sub>1</sub> R <sub>1</sub> P <sub>1</sub> O <sub>1</sub> R <sub>1</sub> T <sub>1</sub>   N <sub>1</sub> Y   1 <sub>1</sub> 4 <sub>1</sub>  | 4,5,0]-  |
|  | F A I K F O K I I I I I I I I I I I I I I I I I I   | 4 7 0 -(- - -                                    |
| Title or Position  | CITY STATE  | ZIP CODE   |
| $[\underline{\mathbf{T}_1}, \underline{\mathbf{R}_1}\underline{\mathbf{E}_1}, \underline{\mathbf{A}_1}, \underline{\mathbf{S}_1}\underline{\mathbf{U}_1}, \underline{\mathbf{R}_1}\underline{\mathbf{E}_1}, \underline{\mathbf{R}_1}]$ | Telephone number [5,8,5]-[  | 3,4,0]-[2,8,7,7                                  |
| 8. Treasurer: List the name and any designated agent (e.g., a  | address (phone number optional) of the treasurer of the committee; and the resistant treasurer).  | name and address of                              |
| Full Name of Treasurer $ \begin{array}{c c} T \cdot I \cdot N \cdot A \end{array} $  | . P.O.W.E.R   | <u> </u>   |
| Mailing Address  | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$   | <u> </u>   |
|  |   | <del>                                     </del> |
|  | [F, A, I, R, P, O, R, T, , , , , , , , , ] [N, Y] . [1, 4,4]  | 5.0-   |
| Title or Position  | CITY STATE  | ZIP CODE   |
|  |   | 3 4, 0 - 2,8,7,7                                 |

| 12010001  |   |              |
|---|---|--------------|
| Write or Type Committee Nar   | ame   |              |
| PAETEC HOLDING CON  | PRPORATION POLITICAL ACTION COMMITTEE   |              |
| 6. Name of Any Connected  | d Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Repres          | entative     |
| U S   L E C   C O R   | R   P   O   R   A   T   I   O   N     P   O   L   I   T   I   C   A   L     A   C   T   I   O   N |              |
| COMMITTEE   |   |              |
| Mailing Address   | 600 WILLOWBROOK OFFICE PARK   |              |
| •   |   |              |
|   | [F A I R P O R T  |              |
|   | CITY STATE ZIP COL  |              |
| Relationship:   |   |              |
| Connected Organization  | ion X Affiliated Committee Leadership PAC Sponsor Joint Fundraising Repres                        | sentative    |
| <ol> <li>Custodian of Records: Id<br/>books and records.</li> </ol> | dentify by name, address (phone number optional) and position of the person in possession of      | of committee |
| Full Name   |   | لحسب         |
| Mailing Address   |   | لبيب         |
|   |   | لببي         |
|   | <u> </u>  | لــــــا     |
| Title or Position   | CITY STATE ZIP COD  | Œ            |
|   | Telephone number  | لـــــا      |
| 8. Treasurer: List the name a any designated agent (e.g.            | and address (phone number optional) of the treasurer of the committee; and the name and a         | address of   |
| Full Name of Treasurer  | <del></del>   | لببيا        |
| Mailing Address   |   | لتسب         |
|   |   | لــــــا     |
|   | CITY STATE ZIP COD  | E            |
| Title or Position   |   |              |
| <u> </u>  | Telephone number  | للللا        |

| FEC FOIL                                      | n 1 (Revised 12/2007)  | Page 4  |
|---|--|---|
|   |  |   |
| Full Name of<br>Designated<br>Agent           | $M_1A_1R_1Y_1$ , $S_1M_1I_1T_1H_1$ , $I_1I_1I_1I_1$  |   |
| Mailing Address                               | $[6_{1}0_{1}0_{1}  _{i}W_{1}I_{1}L_{1}L_{1}O_{1}W_{1}B_{1}R_{1}O_{1}O_{1}K_{1}  _{i}O_{1}F_{1}F_{1}I_{1}C_{1}E_{1}  _{i}P_{1}I_{1}C_{1}E_{1}]$ | A R K L L L L L L L L L L L L L L L L L L       |
|   |  |   |
|   | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$  | 1,4,4,5,0 - 1 ! !   ZIP CODE                    |
| Title or Position                             |  |   |
|   | Telephone number 5.8   | 15 - 4 11 3 - 2 4 2 1                           |
| safety deposit b                              | oxes or maintains funds.   |   |
| Name of Bank,                                 | Depository, etc.    C   I   T   I   Z   E   N   S  | 1 <u>,1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u> |
| • •   | Depository, etc.  C_I_I:T_I_Z_E_IN_IS:B_IA_IN_IK   |   |
| Name of Bank,                                 | Depository, etc.    C   I   T   I   Z   E   N   S  |   |
| Name of Bank,                                 | Depository, etc.    C   I   T   I   Z   E   N   S     B   A   N   K  | ZIP CODE  |
| Name of Bank,                                 | Depository, etc.  \[ \begin{align*} \C_1 \I : T_1 \I_2 \E_1 \N_1 \S_1 & \B_1 \A_1 \N_1 \K_1 & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \            | ZIP CODE  |
| Name of Bank, Mailing Address                 | Depository, etc.  \[ \begin{align*} \C_1 \I : T_1 \I_2 \E_1 \N_1 \S_1 & \B_1 \A_1 \N_1 \K_1 & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \            | ZIP CODE  |
| Name of Bank, Mailing Address                 | Depository, etc.    C_I : T_I   Z_I E_I N_I S_I : B_I A_I N_I K_I  | ZIP CODE  |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.    C_I : T_I   Z_I E_I N_I S_I : B_I A_I N_I K_I  | ZIP CODE  |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.    C_I : T_I   Z_I E_I N_I S_I : B_I A_I N_I K_I  | ZIP CODE  |

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