FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	(See instruction		N					Office	use only				
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyii the lines	ng, type	12	PFE4	M5	Office	use only				-
PAETEC Hold	ing Corporation F	Polițical Acțion C	oṃmit	tee, , ,						1 1				ı
														J
	/ 1 000 i	Willowbrook Offic	 ce Parl	 										J I
ADDRESS (number and	street)						1				Ш			L
(Check if address is changed)	ess Fairp	oort					NY	 		1445(<u> </u>	<u> </u>	<u> </u>	<u>ا</u> [
			CITY▲			STA	\TE _	•		ZIP	CODE	<u> </u>		
COMMITTEE'S E-MAI														
PAC@paetec.o	com 						щ		ш					
							ш		ш		ш		щ	ļ
COMMITTEE'S WEB	PAGE ADDRESS (U	IRL)												
www.paetec.d	om								Ш		ш			
					111									J
COMMITTEE'S FAX N	NUMBER													
با لبنا	سيا لي													
2. DATE 0.7	1 / D D / Y	2008												
3. FEC IDENTIFICA	TION NUMBER	C	C00	450510										
4. IS THIS STATEM	MENT X NEW	V (N) OR		AMEN	DED (A)									
I certify that I have exami	ned this Statement and	I to the best of my know	/ledge an	d belief it is tr	ue, correct	and con	nplete							_
Time or Drint Name of	T	Γina Power												
Type or Print Name of	reasurer													_
Signature of Treasurer	Electronically File	d by Tina Powe	<u>r</u>			Date		0 7	/	0 9	/ Y	2	0 0 8	
NOTE: Submission of fa		nplete information may								U.S.C	S437	g.		-
Office Use Only				For further Federal Elec Toll Free 80 Local 202-69	tion Commi 0-424-9530	ission	ct:			EC F				-

FE3AN042.PDF

	FEC	C Form 1 (Revised 12/2007)	Page 2
5.		F COMMITTEE (Check One) ate 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 information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affi		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Co	ommittee:	
	(d)	(National, State This committee is a (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	d organization is a:
		X Corporation Corporation w/o Capital Stock Lat	oor Organization
		Membership Organization Trade Association Co	operative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fun	ndraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	С	Committees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3 FEC ID number C	
		4 FEC ID number C	
		E FEC ID number C	

	FEC Form 1 (Revised 12)	(2007)		Page 3			
W	rite or Type Committee Name						
	PAETEC Holding Corpor	ration Political Action Committee					
6.	Name of Any Connected Org	anization, Affiliated Committee, Leade	ership PAC Sponsor or Joint Fundra	aising Representative			
L	PAETEC Holding Corpora	tion					
ı		<u> </u>					
	Mailing Address	600 Willowbrook Off	ice Park				
		Fairport	NY NY	14450			
		CITY	STATE ▲	ZIP CODE			
	Relationship:						
	X Connected Organization	Affiliated Committee	Leadership PAC Sponsor Jo	oint Fundraising Representative			
7.	Custodian of Records: Ide possession of Committee Full Name Tina Po			the person in			
		Fairport	NY	14450			
	Title or Position ▼ Treasurer	CITY A	STATE A Telephone number	ZIP CODE A			
8.		and address (phone number option designated agent (e.g., assistant to		nittee; and the			
	Full Name of Treasurer Tina Po	wer					
	Mailing Address	600 Wilowbrook Office Park					
		Fairport	NY	14450			
	Title or Position ♥	CITY 🛦	STATE	ZIP CODE A			
	Treasurer		Telephone number 585	_ 340 _ 2877			
	-		- Copriorio Harriboi	_			

FEC Form 1 (Revis	ed 12/2007)		Page 4					
Full Name of Designated Agent	Mary Smith							
Mailing Address	600 Willowbrook Office I	600 Willowbrook Office Park						
	Fairport	<u>NY</u>	14450 –					
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A					
Assista	nt Treasurer	Telephone number 585	_ 413 2421					
Banks or Other Deposite safety deposit boxes or management of Bank, Depository Ba	aintains funds. /, etc. nk of America	ch the committee deposits funds, ho	lds accounts, rents					
safety deposit boxes or ma Name of Bank, Depository	aintains funds. /, etc.	ch the committee deposits funds, ho	Ids accounts, rents					
safety deposit boxes or ma Name of Bank, Depository	aintains funds. /, etc. nk of America	ch the committee deposits funds, ho	lds accounts, rents					
safety deposit boxes or ma Name of Bank, Depository	aintains funds.							
safety deposit boxes or ma Name of Bank, Depository	aintains funds. /, etc. nk of America 58 South Main Street Fairport CITY CITY	NY NY	14450 _					
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address	aintains funds. /, etc. nk of America 58 South Main Street Fairport CITY CITY	NY NY	14450 _					
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address	aintains funds. /, etc. nk of America 58 South Main Street Fairport CITY CITY	NY STATE 2	14450 ZIP CODE					
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address Name of Bank, Depository	aintains funds. /, etc. nk of America 58 South Main Street Fairport CITY /, etc.	NY STATE 2	14450 ZIP CODE					
safety deposit boxes or ma Name of Bank, Depository Ba Mailing Address Name of Bank, Depository	aintains funds. /, etc. nk of America 58 South Main Street Fairport CITY /, etc.	NY STATE 2	14450 ZIP CODE					

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee of funds	deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponsor o	or Joint Fundrais	[ADDITIONAL] sing Representative
	600 Willowbrook Office Park		
Mailing Address			
	Fairport	NY	14625
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Sponsor	Joint Fur	ndraising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Ü			
			_
Title or Position ▼	CITY A	STATE. 	ZIP CODE A
	Telephone n	number	
Joint Fundraiser Participant			[ADDITIONAL]
<u> </u>	FEC ID	number C	

Image# 28932134334

Form/Schedule: **F1A**Transaction ID: **F1A**

This amendment discloses the PAC's new bank account information and also provides a contact e-mail address in response to the Commission's Request for Additional Information, dated 06/11/2008.