FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
	(See instruct	ions)		Office use only
NAME OF COMMITTEE (in a community community)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ARAMARK PO	LITICAL ACTION COMMITTEE	(ARAMARK PAC)(FKA AR	A PAC)	
ADDRESS (number and	street) 1101 Market Street		11111	11111111
_	ARAMARK Tower,	31,st ,FI,		
(Check if address is changed)	Philadelphia		PA L	19107 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)				
io onangoa,		111111111		11111111
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0 7	/ D D / Y Y Y Y Y Y Y 2009			
3. FEC IDENTIFICA	TION NUMBER	C C00157677		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my kr	nowledge and belief it is true. correct	and complete	
•	·	,	·	
Type or Print Name of	Treasurer Rick Martella			
Signature of Treasurer	Electronically Filed by Rick Man	rtella	Date 07	30 2009
NOTE: Submission of fal	se, erroneous, or incomplete information m		·	
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTE	D WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE (Check One) 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 t information below.)	he candidate
	Name Candid			
	Candid Party /	date Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comn		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association C	ooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	undra	alsing 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.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			EEC ID number C	

Write or Type Committee Name

. Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leac	dership PAC Sponsor
ARAMARK			
Mailing Address	1101 Market Street		
Mailing / Mail 000	ARAMARK Tower, 31st Fl.		
	Philadelphia	PA L	19107
	CITY▲	STATE 🛕	ZIP CODE
Relationship:	_		
X Connected Organization	on Affiliated Committee Joint F	Fundraising Representative	Leadership PAC Sponsor
possession of Committee Full Name Mailing Address			
Full Name			
Full Name		STATE &	ZIP CODE A
Full Name			ZIP CODE A
Full Name Mailing Address Title or Position ▼ Treasurer: List the name		STATE Telephone number f the treasurer of the comm	
Full Name Mailing Address Title or Position ▼ Treasurer: List the name name and address of a Full Name	CITY A e and address (phone number optional) o	STATE Telephone number f the treasurer of the comm	
Full Name	CITY A e and address (phone number optional) ony designated agent (e.g., assistant treasure	STATE Telephone number f the treasurer of the comm	
Full Name Mailing Address Title or Position ▼ Treasurer: List the name name and address of a Full Name of Treasurer Rick	CITY A e and address (phone number optional) on y designated agent (e.g., assistant treasure) Martella	STATE A Telephone number of the treasurer of the commer).	
Full Name Mailing Address Title or Position ▼ Treasurer: List the name name and address of a Full Name of Treasurer Rick	CITY A The and address (phone number optional) of any designated agent (e.g., assistant treasure) Martella 1101 Market Street	STATE A Telephone number of the treasurer of the commer).	
Full Name Mailing Address Title or Position ▼ Treasurer: List the name name and address of a Full Name of Treasurer Rick	CITY A ee and address (phone number optional) only designated agent (e.g., assistant treasure Martella 1101 Market Street ARAMARK Tower 31st Flo	STATE A Telephone number of the treasurer of the commer).	nittee; and the

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Full Name of Designated Agent	Erin Vaughan		
Mailing Address	2300 Warrenville Road		
	Downers Grove	IL	60515
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assista	ant Treasurer Telep	hone number 630	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	ommittee deposits funds, he	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds.		olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia NC8502		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia NC8502 PO Box 563966		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia NC8502 PO Box 563966 Charlotte CITY CI	NC NC	28262
safety deposit boxes or m Name of Bank, Depositor W Mailing Address	naintains funds. y, etc. achovia NC8502 PO Box 563966 Charlotte CITY CI	NC NC	28262
safety deposit boxes or m Name of Bank, Depositor W Mailing Address	naintains funds. y, etc. achovia NC8502 PO Box 563966 Charlotte CITY CI	NC STATE 4	28262 _ _ ZIP CODE
safety deposit boxes or m Name of Bank, Depositor With Mailing Address Name of Bank, Depositor	naintains funds. y, etc. ACHOVIA NC8502 PO Box 563966 Charlotte CITY y, etc.	NC STATE 4	28262
safety deposit boxes or m Name of Bank, Depositor With Mailing Address Name of Bank, Depositor	naintains funds. y, etc. ACHOVIA NC8502 PO Box 563966 Charlotte CITY y, etc.	NC STATE A	28262