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FEC FORM 1	ORGAI	MENT OF NIZATION astructions)	Office use only
1. NAME OF COMMITTEE (in 1	ull) (Check if na is changed)		12FE4M5
AON Corporati	on Political Action Comm	ittee	
ADDRESS (number and s	treet) 200 East Rand	lolph Drive	
(Check if address is changed)	SS Chicago		LIL 60601
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAI			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 312-381-6060			
2. DATE M M M	/ D D / Y Y Y Y 24 2008		
3. FEC IDENTIFICA	TION NUMBER	C C00211250	7
4. IS THIS STATEM	ENT X NEW (N)	OR AMENDED (A)	
I certify that I have examin	ned this Statement and to the best o	f my knowledge and belief it is true, correct a	and complete
Type or Print Name of	Treasurer Paul Hagy		
Signature of Treasurer	Electronically Filed by Pau	I Hagy	Date 11' 24' 2008
NOTE: Submission of fal		ation may subject the person signing this Sta FORMATION SHOULD BE REPORTED	
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	

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FEC	Form 1 (Revised 12/2007)	Page 2
5. TYPE OF C	OMMITTEE (Check One)	
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 information below.)	the candidate
Name of Candidate		
Candidate Party Affilia	tion 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 Com	mittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	tion Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	X Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association	Cooperative
(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	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or 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.	or more political

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
5	FEC ID number	C

FEC Form 1 (Revised 12	2/20	07)																												P	age	:3		
Write or Type Committee Name																																		
AON Corporation Politic	cal	Ac	tic	on (Со	mı	mi	tte	е																									
6. Name of Any Connected Org	gani	iza	tior	n, A	ffil	iate	ed	Co	mn	nitt	ee,	Lea	ade	erst	nip	PAG	cs	ро	nso	or o	r Jo	oin	t Fi	unc	drai	sin	g F	Rep	res	ent	ativ	/e		
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Relationship:																								_										
Connected Organization					Affi	liate	ed	Cor	nm	itte	е			Le	ade	rshi	ip P	AC	; Sp	oon	sor		L	_	Joi	nt F	und	drai	sing	g Re	epre	ser	ntativ	e

Full Name	Ralsky		
Mailing Address	200 E. Randolph Street		
-	4th Floor		
-	Chicago	<u>IL</u>	60601 _
Title or Position ▼		STATE	
		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).

Treasure	r	Telephone number	3812210
Title or Position ♥	CITY 🛦	STATE	ZIP CODE 🛦
	Chicago	IL	60601
	4th Floor		
Mailing Address	200 East Randolph D	rive	
Full Name of Treasurer Paul I	Hagy		

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FEC Form 1 (Revis	ed 12/2007)		Page 4
Full Name of Designated Agent	Carol Adamitis		
Mailing Address	200 E. Randolph street		
	4th Floor		
	Chicago	IL	60601
Title or Position ▼	CITY A	STATE 🛓	ZIP CODE 🛦
Directo	r of Treasury	Telephone number	2
	aintains funds. /, etc. i Bank	h the committee deposits fun	ds, holds accounts, rents
safety deposit boxes or ma Name of Bank, Depository	aintains funds. , etc. iBank 339 Park Avenue		
safety deposit boxes or ma Name of Bank, Depository	aintains funds. /, etc. i Bank	h the committee deposits fun	ds, holds accounts, rents
safety deposit boxes or ma Name of Bank, Depository	aintains funds. , etc. iBank 339 Park Avenue UNEW York		
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safety deposit boxes or ma Name of Bank, Depository	aintains funds. <i>i</i> , etc. iBank 339 Park Avenue 339 Park Avenue New York CITY A <i>i</i> , etc.		
safety deposit boxes or ma Name of Bank, Depository	aintains funds. <i>i</i> , etc. iBank 339 Park Avenue 339 Park Avenue New York CITY A <i>i</i> , etc.		
safety deposit boxes or ma Name of Bank, Depository	aintains funds. , etc. iBank 339 Park Avenue 339 Park Avenue ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		L I I I I I I I I I I I I I I I I I I I

Form/Schedule:**F1N** Transaction ID: Appointment of new Treasurer, Designated Agent and Record Keeper. Filing 'new' as this is the first Form 1 we will submit electronically. Previous (original and amended) Statements of Organization were produced and submitted manually.