Image# 28993937445		
	I	

FEC FORM 1	ORGAN	MENT OF IIZATION tructions)	Office use only
1. NAME OF COMMITTEE (in 1	full) (Check if nar is changed)	ne Example: If typying, type over the lines	12FE4M5
AON Corporat	ion Political Action Commit	tee 	
ADDRESS (number and s	street) 200 East Rando	Iph Drive	
(Check if addre	ess LIIII		
is changed)	Chicago		
COMMITTEE'S E-MAI	LADDRESS	CITY	STATE ZIP CODE
aonpac@aon.c	om		
			· · · · · · · · · · · · · · · · · · ·
	PAGE ADDRESS (URL)		
	AGE ADDITESS (UTL)		
COMMITTEE'S FAX N 312-381-6060	UMBER		
2. DATE 1 1	/ D D / Y Y Y Y 24 2008		
3. FEC IDENTIFICA	TION NUMBER	C C00211250	1
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 r	ny knowledge and belief it is true, correct ar	nd complete
Type or Print Name of	Treasurer Paul Hagy		
Signature of Treasurer	Electronically Filed by Paul	Наду	Date 12 / 12 / Y Y Y Y Y
NOTE: Submission of fal		ion may subject the person signing this Stat	
Office		For further information	

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)
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FE	C Form 1 (Revised 12/2007)	Page 2
5. TYPE OF	COMMITTEE (Check One)	
Candida	te 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 th information below.)	e candidate
Name of Candidat	e	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e	
Party Co	mmittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political	Action Committee (PAC):	
(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	X Corporation Corporation w/o Capital Stock Lab	or 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) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	fund or party
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political

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	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
5.	<u> </u>	FEC ID number	C

(h)

FEC Form 1 (Revis	ed 12/2007)		Page 3
Write or Type Committee Na	me		
AON Corporation P	olitical Action Committee		
6. Name of Any Connecte	d Organization, Affiliated Committee, Leadership PAC Spor	nsor or Joint Fundrais	sing Representative
Aon Corporation			
Mailing Address	200 E. Randolph Street		
	Chicago		60601 <u> </u>
	CITY	STATE 🛦	ZIP CODE 🔺
Relationship:	ation Affiliated Committee Leadership PAC		
X Connected Organiza		Sponsor	t Fundraising Representativ
 Custodian of Records: possession of Comm 	Identify by name, address, (phone number optiona ittee books and records.		
7. Custodian of Records: possession of Comm Full Name	Identify by name, address, (phone number optiona ittee books and records.		t Fundraising Representativ
7. Custodian of Records: possession of Comm	Identify by name, address, (phone number optiona ittee books and records. chael Ralsky		
7. Custodian of Records: possession of Comm Full Name	Identify by name, address, (phone number optiona ittee books and records. chael Ralsky 200 E. Randolph Street		
7. Custodian of Records: possession of Comm Full Name	Identify by name, address, (phone number optiona ittee books and records. chael Ralsky 200 E. Randolph Street 4th Floor	I), and position of th	ne person in
Custodian of Records: possession of Comm Full Name	Identify by name, address, (phone number optiona ittee books and records. chael Ralsky 200 E. Randolph Street 4th Floor Chicago CITY ▲	I), and position of th	ne person in
Custodian of Records: possession of Comm Full Name Mailing Address Title or Position ♥ 	Identify by name, address, (phone number optiona ittee books and records. chael Ralsky 200 E. Randolph Street 4th Floor Chicago CITY ▲	II), and position of th	e person in 60601 ZIP CODE &
Custodian of Records: possession of Comm Full Name Mailing Address Title or Position ▼ . Treasurer: List the na name and address or Full Name	Identify by name, address, (phone number optional ittee books and records. chael Ralsky 200 E. Randolph Street 4th Floor Chicago CITY A Telephor	II), and position of th	e person in 60601 ZIP CODE &
7. Custodian of Records: possession of Comm Full NameMin Mailing Address Title or Position ▼ 8. Treasurer: List the na name and address or Full Name	Identify by name, address, (phone number optional ittee books and records. chael Ralsky 200 E. Randolph Street 4th Floor Chicago CITY A Telephor ame and address (phone number optional) of the treat if any designated agent (e.g., assistant treasurer).	II), and position of th	e person in 60601 ZIP CODE &

Chicago <u>IL</u> 60601 -Title or Position ¥ STATE ZIP CODE 🛦 312 381 2210 Treasurer Telephone number

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	or of Treasury Teleph	hone number	
	naintains funds. y, etc. t iBank	ommittee deposits funds, h	olds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	ommittee deposits funds, h	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. t iBank	Immittee deposits funds, h	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. tiBank 339 Park Avenue		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. 1iBank 339 Park Avenue 111 New York CITY A		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. 1iBank 339 Park Avenue 111 New York CITY A		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. 1iBank 339 Park Avenue 111 New York CITY A		
Safety deposit boxes or m Name of Bank, Depository Mailing Address	naintains funds. y, etc. 1iBank 339 Park Avenue 111 New York CITY A		
safety deposit boxes or m Name of Bank, Depository Mailing Address	naintains funds. y, etc. 11Bank 339 Park Avenue 339 Park Avenue New York CITY y, etc.		10043] _ [

Form/Schedule:**F1A** Transaction ID: Amended to include information under Line 6, name and address of 'connected organization.'