FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
	OLDINGS, INC. POLITICAL ACTION COMMITTEE	
ADDRESS (number and s	reet) 436 Walnut Street	
(Check if address)		
is changed)	Philadelphia	PA 19106
	CITY	STATE _ ZIP CODE _
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	karen.valanzano@acegroup.com	
is changed)		
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)	
2. DATE <b>0</b> 4	/ D D / Y Y Y Y 17 / 2009	
3. FEC IDENTIFICA	TION NUMBER C C00348938	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correct and	l complete
Type or Print Name of <sup>-</sup>	reasurer KAREN VALANZANO	
Signature of Treasurer	Electronically Filed by KAREN VALANZANO	Date 04 / 17 / Y Y Y Y <b>0</b> 4
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	FEC F	Form 1 (Revised 02/2009)	Page <b>2</b>
5.	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	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 Affiliati	on 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 Comm		
	(d)	This committee is a       (National, State         (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	tion Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
		X Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		X 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)	ed 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 Fundra	ising 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

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

(h)

1.	$\lfloor \ldots \ldots$	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## ACE GROUP HOLDINGS, INC. POLITICAL ACTION COMMITTEE

6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fundrai	sing Representative, or Leade	ership PAC Sponsor
	ACE Group Holdings, Inc	1		
	Mailing Address	436 Walnut Street		
		Philadelphia		19106   _ <b> </b>
		СІТҮ	STATE 🛦	ZIP CODE
	Relationship:	Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number books and records.	optional), and position of th	e person in
	Full Name			
	Mailing Address			
	Title or Position ♥	CITY 🛦	STATE 🛦	
			Telephone number	
8.	name and address of any Full Name	and address (phone number optional) of designated agent (e.g., assistant treasure		ttee; and the
	of Treasurer KAREN	VALANZANO		
	Mailing Address	901 F Street NW		
		Suite 550		
			50	00004

 Washington
 DC
 20004
 \_\_\_\_\_

 Title or Position ♥
 CITY ▲
 STATE ▲
 ZIP CODE ▲

 \_\_\_\_\_\_
 Telephone number
 \_\_\_\_\_\_
 \_\_\_\_\_\_
 7393

Full Name of Designated Agent	Sarah Brant		
Mailing Address	901 F Street NW		
	Suite 550		
	Washington	DC	20004 –
Title or Position ▼	CITY	STATE 🛦	ZIP CODE 🛦
	Те	lephone number	3477440
safety deposit boxes or n Name of Bank, Deposito	naintains funds.	e committee deposits funds, h	olds accounts, rents
Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor Bank, Depositor Mailing Address	naintains funds. ry, etc.	e committee deposits funds, h	
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