

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Aramark Services, Inc. PAC (Aramark PAC)

ADDRESS (number and street) 1101 Market Street
Check if different than previously reported. (ACC) Philadelphia PA 19107

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00157677 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y
11 / 29 / 2016 through 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Reynolds, Stephen, R. , ,
Type or Print Name of Treasurer

Signature of Treasurer Reynolds, Stephen, R. , , [Electronically Filed] Date 01 / 20 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Aramark Services, Inc. PAC (Aramark PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="98471.88"/>	<input type="text" value="98471.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="85887.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="805.50"/>	<input type="text" value="9099.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="86693.22"/>	<input type="text" value="107571.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29.95"/>	<input type="text" value="20908.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86663.27"/>	<input type="text" value="86663.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Aramark Services, Inc. PAC (Aramark PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	432.50	2963.00
(ii) Unitemized	373.00	6136.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	805.50	9099.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	805.50	9099.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	805.50	9099.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	805.50	9099.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	29.95	352.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	29.95	352.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	26.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	26.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	11030.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29.95	20908.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29.95	20908.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	805.50	9099.50
34. Total Contribution Refunds (from Line 28(d))	0.00	26.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	805.50	9073.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29.95	352.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29.95	352.11

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Connor, Jeffrey, P., ,

Mailing Address 1544 Fargo Blvd

City Geneva	State IL	Zip Code 60134-2977
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) Sales Vice President (Elc)
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : BADAEB3067C54E48B99F

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Connor, Jeffrey, P., ,

Mailing Address 1544 Fargo Blvd

City Geneva	State IL	Zip Code 60134-2977
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) Sales Vice President (Elc)
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : C66EB6B4510D4E99956D

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Connor, Jeffrey, P., ,

Mailing Address 1544 Fargo Blvd

City Geneva	State IL	Zip Code 60134-2977
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) Sales Vice President (Elc)
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : 43D5BCB3BB0A46698D33

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Crompton, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Westminster Ave
 City Haddonfield State NJ Zip Code 08033-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARAMARK Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 11 / 30 / 2016
Transaction ID : C65F89B393B642659A1D
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Crompton, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Westminster Ave
 City Haddonfield State NJ Zip Code 08033-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARAMARK Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 13 / 2016
Transaction ID : 41BFA056E5BD4118A64E
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Crompton, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Westminster Ave
 City Haddonfield State NJ Zip Code 08033-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ARAMARK Occupation (for Individual) EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 27 / 2016
Transaction ID : 15D0DC2F4BB04E729397
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLSLER, THERESA J, , ,

Mailing Address 4 Castle View Dr

City Mc Kees Rocks	State PA	Zip Code 15136-1892
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) DISTRICT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

Transaction ID : 13CD51265CA748F387C7

Amount of Each Receipt this Period
10.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ELLSLER, THERESA J, , ,

Mailing Address 4 Castle View Dr

City Mc Kees Rocks	State PA	Zip Code 15136-1892
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) DISTRICT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : EE9FE18EFC094D3F8B1B

Amount of Each Receipt this Period
10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grady, John, P., ,

Mailing Address 2059 Maidens Rd

City Maidens	State VA	Zip Code 23102-2215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) General Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : D6D08ED7A8934FB5AC99

Amount of Each Receipt this Period
7.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINDS, JAMES A, , ,

Mailing Address 39W894 LOUISA MAY

City ST. CHARLES	State IL	Zip Code 60175
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
643.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : 656187A1D5764F43B334

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINDS, JAMES A, , ,

Mailing Address 39W894 LOUISA MAY

City ST. CHARLES	State IL	Zip Code 60175
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
643.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : 73D336E86C714D0C8E4A

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINDS, JAMES A, , ,

Mailing Address 39W894 LOUISA MAY

City ST. CHARLES	State IL	Zip Code 60175
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
643.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : C2F7AEEEE7694AD8A53D

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN, DENISE M, , ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) VP, BUS. DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
781.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : D2C5580381684DC0803B

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN, DENISE M, , ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) VP, BUS. DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
781.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

Transaction ID : 55514C48605341478B87

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN, DENISE M, , ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) VP, BUS. DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
781.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : 6E56E6A7B8A84BAD8A37

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN, DENISE M, , ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) VP, BUS. DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
781.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : 6314534F275D4CF4A744

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'BRIEN, DENISE M, , ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) VP, BUS. DEVELOPMENT
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
781.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : DC52044277244F88B2F1

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROPER, RICHARD, , ,

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

Transaction ID : 575878AD050B4DE4BCF8

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. ROPER, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

Transaction ID : 56955A1F344A4DDBA69C

Amount of Each Receipt this Period
15.00

Memo Item

B. ROPER, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2016

Transaction ID : 19FF857F702D48418264

Amount of Each Receipt this Period
15.00

Memo Item

C. ROPER, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : AAE3332151204D71B0B1

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. ROPER, RICHARD, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) REGIONAL VICE PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : 02322B14C9D34EB48CF2

Amount of Each Receipt this Period
15.00

Memo Item

B. TOMKIEWICZ, TRACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Klaehn Ct

City Fort Wayne	State IN	Zip Code 46804-3850
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) OPERATIONS VP (NON ELC)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
376.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

Transaction ID : 97B7BEC4E8BD4540999F

Amount of Each Receipt this Period
15.00

Memo Item

C. TOMKIEWICZ, TRACY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1819 Klaehn Ct

City Fort Wayne	State IN	Zip Code 46804-3850
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) OPERATIONS VP (NON ELC)
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
376.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2016

Transaction ID : 2188C0ADE4434EDCA307

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	432.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. Box 6995

City
Portland

State
OR

Zip Code
97228-6995

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 64321D4C3E'
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶