Image# 10991226679

STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	
1. NAME OF COMMITTEE (in f	(Check if name Example: If typying, type	Office use only
Association of on Committee ADDRESS (number and some of the committee) (Check if address is changed)	Sujte.900	DC 20036 _
	CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) RobbeDB@career.org	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00213066	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, corre TreasurerRobert Herzog	ct and complete
Signature of Treasurer	Electronically Filed by Robert Herzog	Date 09 / DD / YYYYY
NOTE: Submission of fall	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	,
Office Use Only	For further informat Federal Election Com Toll Free 800-424-95	mission FEC FORM 1

	F	FEC F	Form 1 (Revised 02/2009)	Page 2					
5.			DMMITTEE (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 information below.)	the candidate					
	Name Candi								
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Candi								
	Party	Comm							
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	Politic	cal Act	ion Committee (PAC):						
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:					
			Corporation Corporation w/o Capital Stock La	abor Organization					
			Membership Organization X Trade Association C	ooperative					
			χ 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.)						
	loint E	Eundra	ising Representative:						
		unura							
	(g)	Ш	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 or more politic committees/organizations, none of which is an authorized committee of a federal candidate.									
		Com	mittees Participating in Joint Fundraiser						
			1. FEC ID number C						
			2. FEC ID number C						
			3. FEC ID number C						
			EEC ID number C						

	FEC Form 1 (Revised 02	/2009)		Page 3
W	rite or Type Committee Name			
	Association of Private S	ector Colleges and Universities P	olitical Action Committee	
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint F	undraising Representative, or I	eadership PAC Sponsor
Ш	Association of Private Se	ector Colleges and Universities		
	Mailing Address	1101 Connecticut Ave	enue, NW	
		Suite 900		
		Washington	рс рс	20036
		CITY	STATE A	ZIP CODE
	Relationship:			
	X Connected Organization	Affiliated Committee .	Joint Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	ntify by name, address, (phone num books and records.	ber optional), and position	of the person in
	Mailing Address	1101 Connecticut Ave	enue, NW	
	ag / taa. eee	Suite 900		
		Washington	DC	20036 _
	Title or Position ♥ Govt. Ritne	CITY A	STATE A Telephone number 20	ZIP CODE A 2 - 336 - 6746
8.		and address (phone number optior designated agent (e.g., assistant tre	•	mmittee; and the
	Full Name of Treasurer Robert	Herzog		
	Mailing Address	4411 North Illinois		
		Indianapolis	<u>IN</u>	46208
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	CFO		Telephone number	7 _ 264 _ 5656

FEC Form	1 (1100300 02	./2009)				Page	
Full Name of Designated Agent	_	Jonathan Liel	bman				
Mailing Addres	ss _	1990	00 West Nine Mile	Road			
		Sou	ıthfield		_MI_	48075	
Title or Position ▼	,		CITY A		STATE A	ZIP CODE	A
	Chairman a	nd CEO		Telephone nu	mber	358	9000
9. Banks or Other safety deposit bo Name of Bank, D	oxes or maintai Depository, etc.	ns funds.	or other depositories in		·		
safety deposit bo	oxes or maintai Depository, etc.	ns funds.	111111				
safety deposit bo Name of Bank, D	oxes or maintai Depository, etc.	via Bank, N.A.	111111				
safety deposit bo Name of Bank, D	oxes or maintai Depository, etc.	via Bank, N.A.	111111		NC NC	28262	3966
safety deposit bo Name of Bank, D	oxes or maintai Depository, etc.	via Bank, N.A. P.O. Box 563	111111			28262	
safety deposit bo Name of Bank, D	exes or maintain depository, etc	via Bank, N.A. P.O. Box 563	3966		NC NC		
safety deposit bo Name of Bank, D Mailing Address	exes or maintain depository, etc	via Bank, N.A. P.O. Box 563	3966		NC NC		
safety deposit bo Name of Bank, D Mailing Address	exes or maintain depository, etc	via Bank, N.A. P.O. Box 563	3966		NC NC		
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	exes or maintain depository, etc	via Bank, N.A. P.O. Box 563	3966		NC NC		
safety deposit bo Name of Bank, D Mailing Address Name of Bank, D	exes or maintain depository, etc	via Bank, N.A. P.O. Box 563	3966 CITY		NC NC		