

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 Philadelphia PA 19107 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 08 2016 in the State of DC

5. Covering Period 10 20 2016 through 11 28 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 12 05 2016

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="87678.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="737.50"/>	<input type="text" value="8294.00"/>
(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="88416.21"/>	<input type="text" value="106765.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2528.49"/>	<input type="text" value="20878.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="85887.72"/>	<input type="text" value="85887.72"/>
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).....	390.00	2530.50
(ii) Unitemized	347.50	5763.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	737.50	8294.00
(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)	737.50	8294.00
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)).....▶	737.50	8294.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	737.50	8294.00

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	28.49	322.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28.49	322.16
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).....	2500.00	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)) ..	2528.49	20878.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2528.49	20878.16

DETAILED SUMMARY PAGE
of Disbursements

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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)	737.50	8294.00
34. Total Contribution Refunds (from Line 28(d))	0.00	26.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	737.50	8268.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28.49	322.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28.49	322.16

**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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Connor, Jeffrey, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (Eic)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 11 / 01 / 2016
Transaction ID : 8069F7C6AA3F4547A99E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Connor, Jeffrey, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (Eic)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 11 / 15 / 2016
Transaction ID : 1DA42BC5EDBD41CFB507
 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 ▼ 600.00

Date of Receipt
 11 / 01 / 2016
Transaction ID : 08F45C7B51994D31BF53
 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 15
	<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. 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
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : 530C7E211E5B4A88B294

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : C87E285B50EE4E479589

Amount of Each Receipt this Period
10.00

Memo Item

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

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
232.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : 59D0B7D9200D4EB883DA

Amount of Each Receipt this Period
10.00

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 8 OF 15
	<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. ELLSLER, THERESA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Castle View Dr
 City Mc Kees Rocks State PA Zip Code 15136-1892
 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 ▼ 232.00

Date of Receipt 11 / 22 / 2016
Transaction ID : 97AC5E7DE27843FD99A0
 Amount of Each Receipt this Period 10.00
 Memo Item

B. HINDS, JAMES A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39W894 LOUISA MAY
 City ST. CHARLES State IL Zip Code 60175
 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 ▼ 568.50

Date of Receipt 11 / 01 / 2016
Transaction ID : B04B6D4F1E5F4156BA1A
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HINDS, JAMES A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39W894 LOUISA MAY
 City ST. CHARLES State IL Zip Code 60175
 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 ▼ 568.50

Date of Receipt 11 / 15 / 2016
Transaction ID : D05B33771C714F609F8B
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 9 OF 15
	<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
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 ▼
706.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : B481E996011E44E7910B

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 ▼
706.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016

Transaction ID : 4E91A2022B71470A97E1

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
706.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2016

Transaction ID : E7ECCCB89B34020B207

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 10 OF 15
	<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 ▼
706.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2016

Transaction ID : 19926A6F4E484D0FB038

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 ▼
706.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

Transaction ID : CA847EB30F3645BF8A99

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Regan, Daniel, , ,

Mailing Address 2033 Lake Marshall Dr

City Gibsonia	State PA	Zip Code 15044-7426
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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 ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2016

Transaction ID : CD9FCB54EB8046D6BAA2

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 15
<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
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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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2016

Transaction ID : 865DAFFDF78B434A0D2

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
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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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2016

Transaction ID : E4D38C7AEFED4BE293BF

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
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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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

Transaction ID : 6F14CA36A9A842C68A1F

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 15
	<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 ▼ 720.00

Date of Receipt 11 / 15 / 2016
Transaction ID : A040137B61924C7DA89A
 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 ▼ 720.00

Date of Receipt 11 / 22 / 2016
Transaction ID : 40F9569214814776B829
 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 ▼ 346.00

Date of Receipt 10 / 25 / 2016
Transaction ID : 0A19A5CFBEE94ED5815C
 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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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
TOMKIEWICZ, TRACY, , ,

Mailing Address 1819 Klaehn Ct

City Fort Wayne	State IN	Zip Code 46804-3850
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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 ▼
346.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2016

Transaction ID : 07F9264AC2904C79995D

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address 1819 Klaehn Ct

City Fort Wayne	State IN	Zip Code 46804-3850
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARAMARK	Occupation (for Individual) OPERATIONS VP (NON ELC)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2016

Transaction ID : 2113F0FD88E140CA8693

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	390.00

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

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2016

FEC Identification Number
C

Transaction ID : D8CB6DA5Df

Amount of Each Disbursement this Period
28.49

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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number
C

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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

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

28.49
28.49

**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 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 checked="" 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. Dallas Baldwin for Sheriff		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 5990 E. Livingston Ave.			
City Columbus	State OH	Zip Code 43232	
Purpose of Disbursement Nonfederal Contribution		<input type="checkbox"/> 011	FEC Identification Number C
Candidate Name		Transaction ID : DE0F5FCB93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Amount of Each Disbursement this Period 1000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Franklin County Democratic Party (administrative account)		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address P.O. Box 1596			
City Columbus	State OH	Zip Code 43216	
Purpose of Disbursement Nonfederal Contribution		<input type="checkbox"/> 011	FEC Identification Number C
Candidate Name		Transaction ID : F1A50BE502f	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Amount of Each Disbursement this Period 1500.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<input type="checkbox"/>	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00