Image# 13962160935				05/03/2013 15 : 43
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 4
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Edwards Wildm	an PAC INC			
ADDRESS (number and street)	2800 Financial Plaza			
(Check if address	1			
is changed)	Providence		RI 02903	3
			L L⊥	
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address	jholthaus@edwardswil	dman.com		I
is changed)	Optional Second E-Mail Ad			
	jholthaus@edwards	wildman.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 05	03 / Y Y Y Y 2013			
3. FEC IDENTIFICATION	NUMBER ► C c	:00468009		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasu	rer John Holthaus			
Signature of Treasurer	in Holthaus	[Electronically Filed]	Date 05	D D / Y Y Y Y Y 03 2013
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ION SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 (Revised 06/2012)

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FE	C For	m 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	
Cand	idate	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. (Comple information below.)	te the candidate
Name Candid			
Candid Party A		on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candid			
Party	Com	mittee:	
(d)			emocratic, publican, etc.) Party
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 I	Fund	raising 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
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

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Write or Type Committee Name

Edwards Wildman PAC INC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Ľ					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising	Representative	eadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number o	ptional) and positi	ion of the person in p	oossession of committee
	Full Name				
	Mailing Address				
	Title or Position	CITY		STATE	ZIP CODE
			Telephone num	nber	
8.	Treasurer: List the name and any designated agent (e.g., as	l address (phone number optional) of th ssistant treasurer).	e treasurer of the	committee; and the	name and address of
	Full Name John Holtha of Treasurer	≀us 			
	Mailing Address	225 W. Wacker Drive			
		Chicago		LL 60606 STATE	ZIP CODE
	Title or Position Treasurer		Telephone num	10 12 - L	2012513

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Full Name of Designated Agent																								
Mailing Address																								
																	L							
					CI	TΥ								STA	ΤE				ZI	Р (COE	θE		
Title or Position																								
									Tele	eph	one	e ni	umt	ber										

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Sover	eign Bank		
Mailing Address	1 Financial Plaza		
	Providence	RI02903	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	