

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2017] through [12] / [31] / [2017]

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] / [27] / [2018]

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="2017"/>		86663.27
(b) Cash on Hand at Beginning of Reporting Period.....	84009.97	
(c) Total Receipts (from Line 19)	3250.00	6665.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	87259.97	93328.27
7. Total Disbursements (from Line 31).....	5655.15	11723.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81604.82	81604.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	1610.50	2887.00
(ii) Unitemized	1639.50	3778.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3250.00	6665.00
(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)	3250.00	6665.00
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)).....▶	3250.00	6665.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3250.00	6665.00

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	155.15	323.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	155.15	323.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	5000.00
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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	4500.00	6400.00
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)) ..	5655.15	11723.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5655.15	11723.45

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)	3250.00	6665.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3250.00	6665.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	155.15	323.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	155.15	323.45

**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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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
Crompton, Gary, , ,

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 ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2017

Transaction ID : 27AEEAAA8F3D4629B388

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crompton, Gary, , ,

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 ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2017

Transaction ID : F2AF7BD844B3401F8135

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2017

Transaction ID : 81C41E0EA56840C9A012

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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 625.00

Date of Receipt
 08 / 22 / 2017
Transaction ID : 0BFE542483994047BBDA
 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 ▼ 625.00

Date of Receipt
 09 / 06 / 2017
Transaction ID : 68E3D51EAF4749F7AB16
 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 ▼ 625.00

Date of Receipt
 09 / 19 / 2017
Transaction ID : 101277D2ABF543CDAE58
 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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 625.00

Date of Receipt 09 / 19 / 2017
Transaction ID : F00941B35FBA45F3A10C
 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 ▼ 625.00

Date of Receipt 10 / 03 / 2017
Transaction ID : 2FE0FBC1B1054490A8ED
 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 ▼ 625.00

Date of Receipt 10 / 17 / 2017
Transaction ID : BA21B49461784109B93F
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	25.00
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: PAGE 9 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 625.00

Date of Receipt 10 / 31 / 2017
Transaction ID : B2262B00A0A44A058893
 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 ▼ 625.00

Date of Receipt 11 / 14 / 2017
Transaction ID : 78C86C4A6E83480FAE23
 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 ▼ 625.00

Date of Receipt 11 / 29 / 2017
Transaction ID : FC8ACC561B4C44B5B97B
 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 42
<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 ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : 7BD7BC8E2B484814B010

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 ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2017

Transaction ID : CDBCCDD81EC5419C96FB

Amount of Each Receipt this Period
25.00

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
--	---

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
10	/	10	/	2017

Transaction ID : F737A884920040DFB7B2

Amount of Each Receipt this Period
10.00

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 11 OF 42
<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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

Transaction ID : 2E2F8409CBD445319CAD

Amount of Each Receipt this Period
10.00

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
-----------------------	-------------	------------------------

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
11	/	07	/	2017

Transaction ID : 15A6A6783B7B43B5AD6E

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
--	---

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
11	/	21	/	2017

Transaction ID : DD71906B7FBE45A7B1D9

Amount of Each Receipt this Period
2.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	22.00
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 42
	<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 ▼ 252.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 709E2B9789E34F92AD8A
 Amount of Each Receipt this Period 10.00
 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
 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 12 / 19 / 2017
Transaction ID : 9E80BE66F95944C99065
 Amount of Each Receipt this Period 10.00
 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 ▼ 650.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 068F5F75802049C880B0
 Amount of Each Receipt this Period 25.00
 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 42
	<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. 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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

Transaction ID : B1C88FF2EFC74F6F975A

Amount of Each Receipt this Period
25.00

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : 0AB7C68C6C234D12A3FA

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : B331C4C927CD4C83BF79

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 14 OF 42
	<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. 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 ▼ 650.00

Date of Receipt 09 / 06 / 2017
Transaction ID : A0F372A8AE7440FB880A
 Amount of Each Receipt this Period 25.00
 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 ▼ 650.00

Date of Receipt 09 / 19 / 2017
Transaction ID : 1B5BDC4A46864D36BBCF
 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 ▼ 650.00

Date of Receipt 10 / 03 / 2017
Transaction ID : B13F12B828BA455AB3FC
 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 15 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. 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 ▼ 650.00

Date of Receipt 10 / 17 / 2017
Transaction ID : 29DFE648523747258829
 Amount of Each Receipt this Period 25.00
 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 ▼ 650.00

Date of Receipt 10 / 31 / 2017
Transaction ID : 965E293AF64A4097AA3A
 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 ▼ 650.00

Date of Receipt 11 / 14 / 2017
Transaction ID : BF448CBA27DD4A6C8210
 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 16 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Aramark Services, Inc. PAC (Aramark PAC)

A. 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 ▼ 650.00

Date of Receipt **11 / 29 / 2017**
Transaction ID : E112470EB6264FA392D6
 Amount of Each Receipt this Period 25.00
 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 ▼ 650.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : 0F98B5CEFD524FA2AA02
 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 ▼ 650.00

Date of Receipt **12 / 26 / 2017**
Transaction ID : 75905D7ED29048ACAF99
 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 17 OF 42
	<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. 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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2017

Transaction ID : 7D42AAF00FFD4B68B5C1

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2017

Transaction ID : B1FAE1CE09CC49C8BBE7

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2017

Transaction ID : B52CD16B494D4B8DA8B2

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 18 OF 42
	<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. 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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

Transaction ID : C56F70AF16964C52B0B0

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2017

Transaction ID : 7F9FC76821DC406197C8

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2017

Transaction ID : 4A4AC7D8F7484F9D9566

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 19 OF 42
	<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. 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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2017

Transaction ID : C7159150CD0A41B8B144

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2017

Transaction ID : 3DFCD85EC62942989D95

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2017

Transaction ID : 82204418C5DE42E7BD8F

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 20 OF 42
	<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. 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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

Transaction ID : CE4E17AC68A1400E99CA

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2017

Transaction ID : E6ED8C721D494A46B75C

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

Transaction ID : 45EAD68A4FB84466B05C

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 21 OF 42
	<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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017

Transaction ID : AD556FEA486D4029888E

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2017

Transaction ID : 2CF01E187CB540C39808

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2017

Transaction ID : 79A1316BE47B4D5AA4A0

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 22 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2017

Transaction ID : F15A10F9A1D5459A8A81

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2017

Transaction ID : 7A05EF3454D642A382E0

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : 310D67F025D94FC3B57E

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 23 OF 42
	<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
O'Brien, Denise, M, ,

Mailing Address 67 Katie Dr

City Langhorne	State PA	Zip Code 19047-2335
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017

Transaction ID : 73C1B8610AEF43009C94

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2017

Transaction ID : 19897B1910F64359B86E

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2017

Transaction ID : 2EC8C2385A634F2DA8E6

Amount of Each Receipt this Period
1.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.00
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 24 OF 42
	<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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017

Transaction ID : A8756310E25F4ECD94C8

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2017

Transaction ID : 7AC3271F5D014500A38C

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
-------------------	-------------	------------------------

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 ▼
766.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2017

Transaction ID : 5B080002575F47E88890

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 25 OF 42
	<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	

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. O'Brien, Denise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Katie Dr
 City Langhorne State PA Zip Code 19047-2335
 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 ▼ 766.00

Date of Receipt 12 / 19 / 2017
Transaction ID : BA58138EC16D46BDAFAC
 Amount of Each Receipt this Period 15.00
 Memo Item

B. O'Brien, Denise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 Katie Dr
 City Langhorne State PA Zip Code 19047-2335
 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 ▼ 766.00

Date of Receipt 12 / 26 / 2017
Transaction ID : 0B2918E13C6746BCA26B
 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 ▼ 767.00

Date of Receipt 07 / 04 / 2017
Transaction ID : 8B08CE9C415840708F3B
 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 26 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 ▼ 767.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2017
Transaction ID : 505873B113E047E084FC
 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 ▼ 767.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017
Transaction ID : 7117D4D3121447D9A5B4
 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 ▼ 767.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2017
Transaction ID : E3F994D9CA9E4A6F899A
 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 27 OF 42
	<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. 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 ▼ 767.00

Date of Receipt 08 / 01 / 2017
Transaction ID : 3EC64D07491B4A6D9365
 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 ▼ 767.00

Date of Receipt 08 / 08 / 2017
Transaction ID : 559E3CF4D0DA4E5F94CE
 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 ▼ 767.00

Date of Receipt 08 / 15 / 2017
Transaction ID : DB992339C9C6465FA364
 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 28 OF 42
	<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. 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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2017

Transaction ID : 3C2DFE403A154A2EBCB2

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : 334FE2B730514F67B868

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2017

Transaction ID : 0A5C6130879A44A2876E

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 29 OF 42
	<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. 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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2017

Transaction ID : 17F8A3C49134430C93D3

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2017

Transaction ID : E5407796207D4C1FA630

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2017

Transaction ID : 041247AEFDEA42819398

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 30 OF 42
	<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. 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
------------------	-------------	------------------------

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

Transaction ID : 832E67A144084277822A

Amount of Each Receipt this Period
15.00

Memo Item

B. 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
------------------	-------------	------------------------

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

Transaction ID : D579A6DD6BF04731B760

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
------------------	-------------	------------------------

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

Transaction ID : D01986CF64F94513AE90

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 31 OF 42
	<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. 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 ▼ 767.00

Date of Receipt 10 / 24 / 2017
Transaction ID : C5DAD4BDDAA44C2E8DE
 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 ▼ 767.00

Date of Receipt 10 / 31 / 2017
Transaction ID : B2D322F8602A45D4B0B3
 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 ▼ 767.00

Date of Receipt 11 / 07 / 2017
Transaction ID : 0D6A8CD3BEAD4220ADFA
 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 32 OF 42
	<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. 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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : 059D2E1E50AB4E7586C9

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : A048BF2D85BE46C88117

Amount of Each Receipt this Period
2.00

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 ▼
767.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2017

Transaction ID : DC44EA77534F4E1EBB1E

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.00
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 33 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. 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 ▼ 767.00

Date of Receipt 12 / 05 / 2017
Transaction ID : 0C8DAB38EAB44EBCB6C
 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 ▼ 767.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 42F5F05CACF64EA9A4CD
 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 ▼ 767.00

Date of Receipt 12 / 19 / 2017
Transaction ID : BBA94D4C6CA94B1C865A
 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 34 OF 42
	<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. 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 ▼ 767.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2017
Transaction ID : 91A568008A194355A897
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2017
Transaction ID : 293F63932A0D41C697A3
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017
Transaction ID : 00134C562B534E77914F
 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 35 OF 42
	<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. 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) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2017

Transaction ID : 84956DED1BEA40B09B3C

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) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2017

Transaction ID : 83B8218A312848FBAAA2

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) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2017

Transaction ID : A3C6815A6D9D4236913A

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 36 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt
 09 / 12 / 2017
Transaction ID : 48F6E0060EB84279B769
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt
 09 / 26 / 2017
Transaction ID : F04C26E3557048F5AE93
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt
 10 / 10 / 2017
Transaction ID : 6B42FA4F9AC045929B06
 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 37 OF 42
	<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. 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt 10 / 24 / 2017
Transaction ID : F7C799D4511D410496F0
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt 11 / 07 / 2017
Transaction ID : EFC2120EF38D49E1A397
 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) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt 11 / 21 / 2017
Transaction ID : F7ECE4C765FD43D4B9BE
 Amount of Each Receipt this Period 0.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.50
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: PAGE 38 OF 42
(check only one)

<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
Tomkiewicz, Tracy, , ,

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) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2017

Transaction ID : 22DEE164AAE34746BEA6

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
--------------------	-------------	------------------------

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 ▼
375.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

Transaction ID : 73808F4475E24CE58034

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
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D 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).....	1610.50

**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 Fee

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 : 220BDFE42D
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228-6995

Purpose of Disbursement
Bank Fee

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 : 41D632AE842
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228-6995

Purpose of Disbursement
Bank Fee

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 : 94C99F4F131
Amount of Each Disbursement this Period

Memo Item

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

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

**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 Fee

Category/Type:

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address P.O. Box 6995

City: Portland State: OR Zip Code: 97228-6995

Purpose of Disbursement: Bank Fee

Category/Type:

Candidate Name

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

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

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)..... ▶

**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 checked="" 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

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. Ken Calvert For Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 78376

City Corona State CA Zip Code 92877

Purpose of Disbursement 2018 Primary

Candidate Name **Calvert, Kenneth, S., ,**

Office Sought: House Senate President
State: CA District: 42

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement: 09 / 25 / 2017

FEC Identification Number: C00257337
Transaction ID : E29F8657369

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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 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

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)

Full Name (Last, First, Middle Initial) A. Daniel Valenzuela for Phoenix		Date of Disbursement MM / DD / YYYY 11 / 03 / 2017	
Mailing Address 3831 N. 14th Avenue		FEC Identification Number C [REDACTED] Transaction ID : 8F18F32609F Amount of Each Disbursement this Period 1500.00	
City Phoenix	State AZ	Zip Code 85013	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. Laura Pastor 4 City Council		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017	
Mailing Address PO Box 1988		FEC Identification Number C [REDACTED] Transaction ID : D642441D244 Amount of Each Disbursement this Period 1000.00	
City Phoenix	State AZ	Zip Code 85001	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. Rand Henderson Campaign		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address P.O. Box 1678		FEC Identification Number C [REDACTED] Transaction ID : 89DED6D292 Amount of Each Disbursement this Period 2000.00	
City Conroe	State TX	Zip Code 77305	Category/ Type 011
Purpose of Disbursement Nonfederal Contribution			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00