

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Aramark Services, Inc. PAC (Aramark PAC)

ADDRESS (number and street) 1101 Market Street

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00157677 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stephen R. Reynolds

Signature of Treasurer Stephen R. Reynolds [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Aramark Services, Inc. PAC (Aramark PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="98471.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92341.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="760.50"/>	<input type="text" value="6377.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="93101.51"/>	<input type="text" value="104849.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2025.21"/>	<input type="text" value="13773.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91076.30"/>	<input type="text" value="91076.30"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	353.00	1543.00
(ii) Unitemized	407.50	4834.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	760.50	6377.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	760.50	6377.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	760.50	6377.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	760.50	6377.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	25.21	217.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25.21	217.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	8500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	26.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	26.00
29. Other Disbursements	1000.00	5030.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2025.21	13773.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2025.21	13773.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	760.50	6377.50
34. Total Contribution Refunds (from Line 28(d))	0.00	26.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	760.50	6351.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25.21	217.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.21	217.08

**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 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Jeffrey P. Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 Fargo Blvd
 City Geneva State IL Zip Code 60134-2977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARAMARK Occupation Sales Vice President (Elc)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 09 / 2016
Transaction ID : 6EFF53DCFFCC40E8B52B
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jeffrey P. Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 Fargo Blvd
 City Geneva State IL Zip Code 60134-2977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARAMARK Occupation Sales Vice President (Elc)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2016
Transaction ID : 003099625C8446ADB87B
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Gary Crompton
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 09 / 2016
Transaction ID : CCB27AA3265E4A25999F
 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 16
	<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. Gary Crompton
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation EXECUTIVE VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2016
Transaction ID : OCC5E6A6165D4BD2B972
 Amount of Each Receipt this Period 25.00
 Memo Item

B. JAMES A HINDS
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation REGIONAL VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt 08 / 02 / 2016
Transaction ID : A6590DF8DF2D46A2BA9D
 Amount of Each Receipt this Period 25.00
 Memo Item

C. JAMES A HINDS
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation REGIONAL VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt 08 / 16 / 2016
Transaction ID : 1DB6A764DA5240FA8BFD
 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 16
	<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)

Full Name (Last, First, Middle Initial)
A. JAMES A HINDS

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 ARAMARK Occupation REGIONAL VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
431.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : F8ED44D1B5D9493DB6CD

Amount of Each Receipt this Period
 6.00

Memo Item

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

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 ARAMARK Occupation VP, BUS. DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 115A78F0982740A8A224

Amount of Each Receipt this Period
 15.00

Memo Item

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

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 ARAMARK Occupation VP, BUS. DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016
Transaction ID : 29672CEEA46E4604B779

Amount of Each Receipt this Period
 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<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. DENISE M O'BRIEN
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation VP, BUS. DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016
Transaction ID : 3997AD27E16E416BBB6A
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. DENISE M O'BRIEN
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation VP, BUS. DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : 4851935AFB914E35B90E
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. DENISE M O'BRIEN
 Full Name (Last, First, Middle Initial)
 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 ARAMARK Occupation VP, BUS. DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : 929EBE65BF7A4FDF9C0C
 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 10 OF 16
	<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. Daniel Regan
Full Name (Last, First, Middle Initial)

Mailing Address 2033 Lake Marshall Dr

City Gibsonia State PA Zip Code 15044-7426

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

Name of Employer ARAMARK Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 09 / 2016
Transaction ID : 1D5651C4DF254620892A

Amount of Each Receipt this Period 15.00

Memo Item

B. Daniel Regan
Full Name (Last, First, Middle Initial)

Mailing Address 2033 Lake Marshall Dr

City Gibsonia State PA Zip Code 15044-7426

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

Name of Employer ARAMARK Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 23 / 2016
Transaction ID : EC1126ED302446DAB71B

Amount of Each Receipt this Period 15.00

Memo Item

C. RICHARD ROPER
Full Name (Last, First, Middle Initial)

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 ARAMARK Occupation REGIONAL VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 02 / 2016
Transaction ID : F51395B779544D3FB969

Amount of Each Receipt this Period 15.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<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. RICHARD ROPER
Full Name (Last, First, Middle Initial)

Mailing Address 2 Towne Hill Rd

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

Name of Employer ARAMARK	Occupation REGIONAL VICE PRESIDENT
-----------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016
Transaction ID : F5AF292F92D64088AC9A

Amount of Each Receipt this Period
 15.00

Memo Item

B. RICHARD ROPER
Full Name (Last, First, Middle Initial)

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 ARAMARK	Occupation REGIONAL VICE PRESIDENT
-----------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016
Transaction ID : 32F951C27C3C4606AFBB

Amount of Each Receipt this Period
 15.00

Memo Item

C. RICHARD ROPER
Full Name (Last, First, Middle Initial)

Mailing Address 2 Towne Hill Rd

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

Name of Employer ARAMARK	Occupation REGIONAL VICE PRESIDENT
-----------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016
Transaction ID : EEF3EAD2F25847CDBADO

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: PAGE 12 OF 16
(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. RICHARD ROPER
Full Name (Last, First, Middle Initial)
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 ARAMARK Occupation REGIONAL VICE PRESIDENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **540.00**

Date of Receipt 08 / 30 / 2016
Transaction ID : 927A1B7B51BA4C8FA133
Amount of Each Receipt this Period 15.00
 Memo Item

B. TRACY TOMKIEWICZ
Full Name (Last, First, Middle Initial)
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 ARAMARK Occupation OPERATIONS VP (NON ELC)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **256.00**

Date of Receipt 08 / 02 / 2016
Transaction ID : 59962C36A0874F1CBA2C
Amount of Each Receipt this Period 15.00
 Memo Item

C. TRACY TOMKIEWICZ
Full Name (Last, First, Middle Initial)
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 ARAMARK Occupation OPERATIONS VP (NON ELC)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **256.00**

Date of Receipt 08 / 16 / 2016
Transaction ID : ED54FE927E6B4444A5B4
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: PAGE 13 OF 16
(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. TRACY TOMKIEWICZ
Full Name (Last, First, Middle Initial)
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 ARAMARK Occupation OPERATIONS VP (NON ELC)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 256.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 58D1B21F0B61495CA6CC
Amount of Each Receipt this Period 1.00
 Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.00
TOTAL This Period (last page this line number only).....	353.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228-6995

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E64BF9B4A70AB6F27D5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

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"/> 24	<input type="checkbox"/> 25	<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. McClintock for Congress

Mailing Address 2150 River Plaza Dr. #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Thomas M. McClintock

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : 3D2044F95CF61745D67

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Phil Plummer for Sheriff

Mailing Address P.O. Box 924

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Nonfederal Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : EBE9B876433FF5F79C1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

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