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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Aramark Services, Inc. PAC (Aramark PAC) 2400 Market Street ADDRESS (number and street) (Check if address is changed) Philadelphia 19103 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gacompliance@aramark.com (Check if address is changed) Optional Second E-Mail Address brien.bonneville@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2019 C00157677 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Fast, Tamsin, , , Type or Print Name of Treasurer Fast, Tamsin, , , [Electronically Filed] 07 30 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|--------------|-----------------------|---|--|
| | | OMMITTEE | raye z |
| Can | didate | Committee: | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | nplete the candidate |
| Nam Cand | e of didate | | |
| | didate / Affiliati | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of didate | | |
| Par | ty Con | nmittee: | (D |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | × | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FFO Farms 4 (Davis and 6 | 20/2000) | Daw 2 |
|---|---|-----------------------------------|
| FEC Form 1 (Revised 0 Write or Type Committee Name | | Page 3 |
| • | | |
| | es, Inc. PAC (Aramark PAC) | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative | e, or Leadership PAC Sponsor |
| Aramark Services, Inc. | · <u> </u> | |
| | | |
| Mailing Address | 2400 Market Street | |
| | | |
| | Philadelphia | 19103 |
| | CITY STATE | ZIP CODE |
| Relationship: x Connected | d Organization Affiliated Committee Joint Fundraising Represent | tative Leadership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the p | person in possession of committee |
| | Mikkelsen, Deborah, , , | |
| Full Name | ,2400 Market Street | |
| Mailing Address | | |
| | | .19103 |
| | Philadelphia PA | 19103 |
| Title or Position | CITY STATE | ZIP CODE |
| Assistant Treasurer | Telephone number | 215 - 238 - 3094 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee assistant treasurer). | e; and the name and address of |
| Full Name Fast, Tams | sin, , , | ı |
| of Treasurer | VOACO Martine Charact | |
| Mailing Address | 2400 Market Street | |
| | | |
| | Philadelphia PA | 19103 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 215 - 238 - 7750 |

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|--|---|-----------------|
| | | |
| Full Name of Designated Agent | Prisinzano Mikkelsen, Deborah, , , | |
| Mailing Address | 2400 Market Street | |
| | Philadelphia PA 19103 | |
| | CITY STATE Z | IP CODE |
| Title or Position Assistant Treasu | urer Telephone number 215 | 38 3094 |
| | | accounts, rents |
| safety deposit bo | Wells Fargo P.O. Box 6995 | |
| safety deposit bo Name of Bank, [| Portland Oepository, etc. Portland OR 97228-698 | 95 |
| safety deposit bo Name of Bank, [| Portland Oepository, etc. Portland OR 97228-698 | |
| safety deposit bo Name of Bank, [| Portland CITY STATE Zepository, etc. Pepository, etc. OR 97228-699 | 95 |
| safety deposit bo Name of Bank, I | Portland CITY STATE Zepository, etc. Pepository, etc. OR 97228-699 | 95 |
| safety deposit bo Name of Bank, I | Portland City State Zepository, etc. | 95 |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Portland City State Zepository, etc. | 95 |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Portland City State Zepository, etc. | 95 |