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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) EdisonLearning, Inc. Political Action Committee 900 S. Gay Street ADDRESS (number and street) Suite 1000 (Check if address is changed) Knoxville ΤN 37902 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Frank.lppolito@edisonlearning.com (Check if address is changed) Optional Second E-Mail Address maureen.ryan@edisonlearning.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://edisonlearning.com (Check if address is changed) DATE 07 2014 C00413583 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. Frank Ippolito Type or Print Name of Treasurer Frank Ippolito [Electronically Filed] 03 2014 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

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
Car	ndidate	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 Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X 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 s committee. (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 transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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	FEC Form 1 (Revised		Page 3
	/rite or Type Committee Nam		
_		g, Inc. Political Action Committee	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
E	disonLearning, Inc. F	Political Action Committee	
	Mailing Address	900 S. Gay Street	
	J	Suite 1000	
		Knoxyille TN 3790)2
		CITY STATE	ZIP CODE
	_		
	Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	·
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Frank Ippo	olito	
	Mailing Address	900 S. Gay Street	
		Suite 1000	<u> </u>
		Knoxville TN 3790	
	Title or Position	CITY STATE	ZIP CODE

Telephone number

	m 1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	Frank Ippolito					
Mailing Address	900 S. Gay Street					
maining madross	Suite 1000					
	Knoxville TN 37902	2				
	CITY STATE	ZIP CODE				
Title or Position Treasurer		329				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
safety deposit bo	oxes or maintains funds.	nus accounts, rents				
safety deposit bo	Depository, etc.	inds accounts, rems				
safety deposit bo Name of Bank, I	Depository, etc. JP Morgan Chase Bank, NA Park Avenue					
safety deposit bo	Depository, etc. JP Morgan Chase Bank, NA Park Avenue	LILL LILL LILL LILL LILL LILL LILL LIL				
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safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. JP Morgan Chase Bank, NA Park Avenue New York CITY STATE Depository, etc.					

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Maureen M. Ryan Full Name Harborside Financial Center Mailing Address 2910 Plaza 5 Jersey City NJ 07311-4043 Title or Position CITY # **STATE** ZIP CODE Assistant Treasurer 201 630 Telephone number [ADDITIONAL] Joint Fundraiser Participant C FEC ID number