# STATEMENT OF ORGANIZATION 

1. NAME OF COMMITTEE (in full)
(Check if name
is changed)

Example: If typying, type over the lines

US LEC Corp. Political Action Committee
$\mid$
600 Willowbrook Office Park
ADDRESS (number and street)
(Check if address is changed)


$$
\text { CITY } \pm \quad \text { STATE } \pm \quad \text { ZIP CODE }
$$

COMMITTEE'S E-MAIL ADDRESS

## mary.oconnell@paetec.com

 COMMITTEE'S WEB PAGE ADDRESS (URL)

 COMMITTEE'S FAX NUMBER

## 585-340-2563



3. FEC IDENTIFICATION NUMBER
4. IS THIS STATEMENT

NEW (N)
OR

## C00386201

X 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

Type or Print Name of Treasurer

## Mary K O'Connell



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

|  |  |  | Office <br> Use <br> Only |  |  |
| :---: | :--- | :--- | :--- | :--- | :--- |
| FE3 further information contact: |  |  |  |  |  |
| Federal Election Commission |  |  |  |  |  |
| Toll Free 800-424-9530 |  |  |  |  |  |
| Local 202-694-1100 |  |  |  |  |  |$\quad$| FEC FORM 1 |
| :---: |
| (Revised 12/2007) |

5. TYPE OF COMMITTEE (Check One)

## Candidate 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. (Complete the candidate information below.)

Name of Candidate $|+\perp| \quad|\quad|$

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

## Party Committee:

(d)

This committee is a
$\square$ (National, State (or subordinate) committee of the

(Democratic, Republican,etc.) Party.

## Political Action Committee (PAC):

(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

| X | Corporation | $\square$ | Corporation w/o Capital Stock | $\square$ |
| :--- | :--- | :--- | :--- | :--- |
| Labor Organization |  |  |  |  |
| $\square$ | Membership Organization | $\square$ | Trade Association | $\square$ |

(f) $\square$ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

## Joint Fundraising Representative:

(g)

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. $\quad ا$

2. 




Write or Type Committee Name

## US LEC Corp. Political Action Committee

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

US LEC Corp.

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer Mary K O'Connell

Mailing Address
600 Willowbrook Office Park

|  | Fairport | NY | 14450 |
| :---: | :---: | :---: | :---: |
| Title or Position $\downarrow$ | CITY A | STATEA | ZIP CODE A |
| Treasurer |  | er 585 | $340-2669$ |

Full Name of
Designated
Agent

Mailing Address

| CITY A | STATEA $^{-} \quad$ ZIP CODEA |
| :---: | :---: | :---: |

$\qquad$ Telephone number $\qquad$ - $\qquad$ $-$
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.

## First Citizens Bank



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.
[ ADDITIONAL ]

[ ADDITIONAL]

## Designated Agent


$\qquad$

|  |  |  |  |
| :--- | :--- | :--- | :--- |
| Title or Position $\nabla$ | CITY $A$ | STATE 1 | -1 |



