Image#	28991631579	
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
US LEC Corp.	Political Action Committee	
ADDRESS (number and s	treet)	
(Check if addre is changed)	Fairport	NY _ 14450
COMMITTEE'S E-MAI		STATE ZIP CODE
	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 585-340-2563		
 FEC IDENTIFICA IS THIS STATEM 		
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of ⁻	Treasurer Mary K O'Connell	
Signature of Treasurer	Electronically Filed by Mary K O'Connell	Date 07 / 23 / Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	

Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)

FEC	Form 1 (Revised 12/2007)	Page 2
5. TYPE OF C	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 information below.)	e candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	X Corporation Corporation w/o Capital Stock	oor Organization
	Membership Organization Trade Association Co	operative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political

Committees Participating in Joint Fundraiser

1.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
5	FEC ID number	C

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FEC Form 1 (Revised	12/2007)	Page 3
Write or Type Committee Name	e	
US LEC Corp. Politica	al Action Committee	
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising R	epresentative
US LEC Corp.		
Mailing Address	6801 Morrison Blvd.	

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Charlotte

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28211 |

	CITYA	STATE 🛦	ZIP CODE 🔺
Relationship: X Connected Organization	Affiliated Committee Leaders	hip PAC Sponsor	It Fundraising Representative
Custodian of Records: Ide possession of Committee	entify by name, address, (phone number books and records.	optional), and position of t	he person in
Full Name	Turley		
Mailing Address	6801 Morrison Blvd		
	Charlotte	NC	28211
Title or Position ▼		STATE	
Custodian	of Records	Telephone number	

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 Offi	ce Park			
		Fairport	NY	, 	14450 _	
Title or Position ♥		CITY 🛦	STAT	EA	ZIP COD	ΕA
Tr	reasurer		Telephone number	585	340	2669

FEC Form 1 (Revis	sed 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A ZIP C	 CODE A
	Tel	phone number –	
Banks or Other Deposit safety deposit boxes or m	tories: List all banks or other depositories in which the traintains funds.	committee deposits funds, holds accounts	s, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds.	committee deposits funds, holds accounts	s, rents
safety deposit boxes or m Name of Bank, Depositor	raintains funds. y, etc. r st Citizens Bank		s, rents
safety deposit boxes or m Name of Bank, Depositor	raintains funds. y, etc. r st Citizens Bank	committee deposits funds, holds accounts	
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. rst Citizens Bank P.O. Box 27131	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor	rst Citizens Bank	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor L	rst Citizens Bank	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor L	rst Citizens Bank	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. P.O. Box 27131 P.O. Box 27131 Raleigh CITY ▲ y, etc.	└ · · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. P.O. Box 27131 P.O. Box 27131 Raleigh CITY ▲ y, etc.	I I I I I I I I I I I I I I I I I I I	

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Banks or Other Depositorion safety deposit boxes or main		ittee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, e		I	[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE	ZIP CODE
-	organization, Affiliated Committee, Leadership PAC Spon	sor or Joint Fundraisi	[ADDITIONAL] ng Representative
	600 Willowbrook Office Park		
Mailing Address			
	Fairport		14450
Relationship:	CITY	STATE 🛦	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Spo	nsor Joint Fund	raising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼		STATE	
	Teleoh	one number	
Joint Fundraiser Participa			[ADDITIONAL]
1		EC ID number	

Form/Schedule:**F1A** Transaction ID: **F1A** This amendment is being filed to disclose an Affiliated Committee.