STATEMENT OF

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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. Career Education Corporation PAC (CEC PAC) P.O. Box 7427 ADDRESS (number and street) (Check if address is changed) Alexandria 22307 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CECPAC@electioncompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00461574 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. Sobota, Mark J., , Mr., Type or Print Name of Treasurer Sobota, Mark J., , Mr., [Electronically Filed] 2013 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

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TYPE OF C	COMMITTEE 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the confide	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o 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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W	rite or Type Committee Name		
(Career Education	on Corporation PAC (CEC PAC)	
6.	Name of Any Connected O	organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
C	areer Education Corp	poration	
	Mailing Address	231 North Martingale Road	
	Mailing Address		
		Schaumburg IL 60173	
		CITY STATE	ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in poss	session of committee
		Outsourcing, , ,	1
	Full Name	,5845 Richmond Highway	
	Mailing Address	Suite 820	
		Alexandria VA 22303	
	Title or Position	CITY STATE 2	ZIP CODE
	Custodian of Records		347 - 6551
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
	Full Name Sobota, Ma of Treasurer	ark J., , Mr.,	
	Mailing Address	231 North Martingale Road	
		Schaumburg IL 60173 CITY STATE Z	ZIP CODE
	Title or Position Treasurer		851 7410

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Full Name of Designated Agent	Williams, Wade S., , ,			
Mailing Address	5845 Richmond Highway			
	Suite 820			
	Alexandria VA 22303 CITY STATE ZIF	P CODE		
Title or Position Assistant Treasu	urer Telephone number 703 347	7 6551		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Bank of America			
Mailing Address	6011 Oxon Hill Rd			
	Oxon Hill MD 20745			
	CITY STATE ZII	P CODE		
Name of Bank, D	Depository, etc.			
Mailing Address				
	CITY STATE ZII	P CODE		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 an

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h). Joint Fundraising	Participant:			
1.			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
ame of Any Connected C	rganization, Affiliated Comr	nittee, Joint Fundraisi	ng Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:	CITY	A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	Organization Affiliated Co		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify Sobota, Marker	by name, address (phone nu		ndraising Represent	ative Leadership PAC S
esignated Agent: Identify Sobota, Ma	oy name, address (phone nu		ndraising Represent	ative Leadership PAC Sp
esignated Agent: Identify Sobota, Marker	oy name, address (phone numerical phone numeri			
esignated Agent: Identify Sobota, Marker	oy name, address (phone numerical distributions) 231 North Martingale Road Schaumburg	mber – optional)		30173
esignated Agent: Identify Sobota, Ma Full Name Mailing Address	by name, address (phone numerical distributions) by name, address (phone numerical dis	mber – optional)	IL STATE A	30173 ZIP CODE ▲
esignated Agent: Identify Sobota, Ma Full Name Mailing Address	by name, address (phone numerical distributions) by name, address (phone numerical dis	mber – optional)	IL STATE A	30173
esignated Agent: Identify Sobota, Ma Full Name Mailing Address TITLE OR POSITION Treasurer	oy name, address (phone numers of the state	mber – optional)	STATE A	30173 ZIP CODE A
Sobota, Marian Full Name Mailing Address TITLE OR POSITION Treasurer Treasurer Anks or Other Depositoring the deposit boxes or main the depository, etc.	oy name, address (phone numers of the state	mber – optional)	STATE A	30173 ZIP CODE A
Sobota, Ma Full Name Mailing Address TITLE OR POSITION Treasurer anks or Other Depositori afety deposit boxes or main	oy name, address (phone numers of the state	mber – optional)	STATE A	30173 ZIP CODE A
Sobota, Marian Full Name Mailing Address TITLE OR POSITION Treasurer Treasurer Anks or Other Depositoring the deposit boxes or main the depository, etc.	oy name, address (phone numers of the state	mber – optional)	STATE A	30173 ZIP CODE A