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. Perimeter PAC 124 Washington Street ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS LPaulson@vlpc.com (Check if address is changed) Optional Second E-Mail Address Idenietolis@vlpc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 26 2017 C00544254 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Lowey, Keith, D.,, Type or Print Name of Treasurer Lowey, Keith, D.,, [Electronically Filed] 06 03 2015 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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)	Tal.	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg	progeted fund or party
(f)	×	committee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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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Write or Type Committee Na	ame	
Perimeter PAG	2	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Duckworth, Tammy,	1.	
Mailing Address	1800 Bolleana Court	
3	Hoffman Estates IL 601 CITY STATE	92 ZIP CODE
Relationship: Connec		★ Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person i	n possession of committee
	Keith, D., ,	
Full Name	124 Washington Street	
Mailing Address	Suite 101	
	Foxboro MA 020)35
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	1720
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the committee and the co	ne name and address of
Full Name Lowey, of Treasurer	Keith, D., ,	
Mailing Address	124 Washington Street	
	Suite 101	
	Foxboro MA 020	35
Title or Position	CITY STATE	ZIP CODE
	Telephone number 508	- <u>543</u> - <u>1720</u>

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position	CITY STATE 2	IF CODE
Name of Bank, D		
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago IL 60603	ZIP CODE
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago Chicago CITY STATE Z	ZIP CODE
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago Chicago CITY STATE Z	ZIP CODE
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago CITY STATE Z epository, etc.	ZIP CODE
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago CITY STATE Z epository, etc.	ZIP CODE
Name of Bank, D	epository, etc. Chase Bank 10 South Dearborn Street Chicago CITY STATE Z epository, etc. Citibank 601 N. Martingale Rd. #175	ZIP CODE
Name of Bank, D	Chase Bank 10 South Dearborn Street Chicago CITY STATE Z epository, etc.	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 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. ı Bremer Bank 2400 Bremer Tower Mailing Address 445 Minnesota Street 55101 MNSaint Paul CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor **Duckworth Victory Fund** PO Box 59632 Mailing Address Schaumburg IL 60159 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 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. Citizens Bank 1415 Boston Providence Highway Mailing Address 02062 Norwood MΑ CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Frank-Duck Fund PO Box 583144 Mailing Address Minneapolis MN 55458 **CITY** STATE 4 ZIP CODE Relationship: X Joint Fundraising Representative Affiliated Committee Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number