

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

TUPPERWARE BRANDS CORPORATION PAC

ADDRESS (number and street)

14901 SOUTH ORANGE BLOSSOM TRAIL

☐ (Check if address is changed)

ORLANDO

FL

32837

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

sscally@nmgovlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

3. FEC IDENTIFICATION NUMBER

C C00317529

4. 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

Type or Print Name of Treasurer Darrin LimSignature of Treasurer Electronically Filed by Darrin Lim

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	0

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)

## 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  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

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

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State  
(or subordinate) committee of the  (Democratic,  
Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ 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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

**TUPPERWARE BRANDS CORPORATION PAC**

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

**TUPPERWARE BRANDS CORPORATION**

Mailing Address

**14901 SOUTH ORANGE BLOSSOM TRAIL****ORLANDO****FL**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

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

Full Name

**DARRIN LIM**

Mailing Address

**2350 KERNER BLVD., SUITE 250****SAN RAFAEL****CA****94901**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Custodian of Records**Telephone number **415** - **389** - **6800**

## 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

**LORI MILLER**

Mailing Address

**14901 SOUTH ORANGE BLOSSOM TRAIL****ORLANDO****FL****32837**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**Telephone number **407** - **847** - **1922**

Full Name of  
Designated  
Agent

**BRYAN SLAPPEY**

Mailing Address

**14901 SOUTH ORANGE BLOSSOM TRAIL**

**ORLANDO**

**FL**

**32837** -

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Assistant Treasurer**

Telephone number

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.

**BANK OF MARIN**

Mailing Address

**504 TAMALPAIS DRIVE**

**CORTE MADERA**

**CA**

**94903** -

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**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 ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

JASON D. KAUNE

Mailing Address

2350 KERNER BLVD., SUITE 250

SAN RAFAEL

CA

94901

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

415

389

6800

[ ADDITIONAL ]

**Joint Fundraiser Participant**

FEC ID number

C

**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 ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

DARRIN LIM

Mailing Address

2350 KERNER BLVD., SUITE. 250

SAN RAFAEL

CA

94901

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

415

389

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[ ADDITIONAL ]

**Joint Fundraiser Participant**

FEC ID number

C