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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Dunkin' Brands, Inc. Political Action Committee 130 Royall Street ADDRESS (number and street) (Check if address is changed) Canton 02021 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dunkinpac@dunkinbrands.com (Check if address is changed) Optional Second E-Mail Address lisa.tignor@dlapiper.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00431544 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. Raskopf, Karen, , , Type or Print Name of Treasurer Raskopf, Karen, , , [Electronically Filed] 2020 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

F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE  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. (Cominformation below.)	nplete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	mittee:	(Dama avatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		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 so committee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

		_
FEC Form 1 (Revised		Page <b>3</b>
Write or Type Committee Name		•••
Dunkin' Brands	, Inc. Political Action Comm	ittee
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leadership PAC Sponsor
Dunkin' Brands, Inc.		
Mailing Address	130 Royall Street	
	Canton	MA 02021
	CITY	STATE ZIP CODE
Relationship: <b>x</b> Connected	d Organization Affiliated Committee Joint Fundr	aising Representative Leadership PAC Sponso
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and	position of the person in possession of committee
Coneff, As	hley, , ,	
Full Name	130 Royall Street	
Mailing Address		
	Canton	MA 02021
Title or Position	CITY	STATE ZIP CODE
Assistant Treasurer		e number 781 - 737 - 3000
8. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer assistant treasurer).	of the committee; and the name and address of
Full Name Raskopf, R	áaren, , ,	
of Treasurer	100 5 400	
Mailing Address	130 Royall Street	
	Canton	MA 02021
T11 D 11	CITY	STATE ZIP CODE
Title or Position Treasurer	Telephon	e number 781 - 737 - 3000

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Full Name of Designated Agent	Coneff, Ashley, , ,	<u> </u>
Mailing Address	130 Royall Street	
	Canton MA 02021 CITY STATE ZI	P CODE
Title or Position Assistant Treasu	urer	7   3000
Banks or Other safety deposit bo Name of Bank, [	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds.  Depository, etc.	accounts, rents
	CitiBank, N.A.	
Mailing Address	111 Wall Street	
	New York NY 10043	
	CITY STATE ZI	IP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE ZI	IP CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Change of Assistant Treasurer and Custodian of Records.

Form/Schedule: Transaction ID:

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

FEC Form 1S (Revised 02/2017)

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h). Joint Fundraising	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	[C]
ame of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	by name, address (phone number - optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Thomas, Ka Full Name	by name, address (phone number - optional)	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b	oy name, address (phone number – optional) athryn, , ,	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Thomas, Ka Full Name	oy name, address (phone number – optional) athryn, , ,	nt Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Thomas, Ka Full Name	oy name, address (phone number – optional) athryn, , ,  130 Royall Street  Canton	MA	02021
esignated Agent: Identify b Thomas, Ka Full Name	y name, address (phone number – optional) athryn, , ,  130 Royall Street  Canton  CITY		
esignated Agent: Identify to Thomas, Karant Full Name  Mailing Address  TITLE OR POSITION  Assistant Treasurer	oy name, address (phone number – optional) athryn, , ,  130 Royall Street  Canton  CITY   ss: List all banks or other depositories in which	STATE A Telephone Number	02021 ZIP CODE <b>A</b>
Thomas, Ka Full Name  Mailing Address  TITLE OR POSITION  Assistant Treasurer  Anks or Other Depositoric afety deposit boxes or main	oy name, address (phone number – optional) athryn, , ,  130 Royall Street  Canton  CITY   ss: List all banks or other depositories in which	STATE A Telephone Number	02021 ZIP CODE <b>A</b>
Thomas, Ka Full Name  Mailing Address  TITLE OR POSITION  Assistant Treasurer  anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone number – optional) athryn, , ,  130 Royall Street  Canton  CITY   ss: List all banks or other depositories in which	STATE A Telephone Number	02021 ZIP CODE <b>A</b>