FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
			: (A.K.A. 'F	
L				
ADDRESS (number and street)	1875 EXPLORER STREET			
 (Check if address is changed) 				
	RESTON CITY ▲		UA 2 STATE ▲	20190 − [] ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	zpacs@cox.net			
	Optional Second E-Mail Ado shawn.sullivan@pera	aton.com		
(Check if address is changed)				
2. DATE 05	D / Y Y Y Y 31 2023			
3. FEC IDENTIFICATION N	NUMBER ► C co	00383992		
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 a	nd complete.
Type or Print Name of Treasur	rer VASQUEZ, HEATHER, , ,			
Signature of Treasurer	QUEZ, HEATHER, , ,	[Electronically Filed]	Date 05	/ D D / Y Y Y Y 31 / 2023
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing the figure of		ne penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202305319581693227

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informa	ition below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	nittee. (Complete the candidate
Name of	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC): (e) Image: This committee is a separate segregated fund. (Identify connected organization on limited organization)	ine 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 scommittee. (i.e., nonconnected committee)	separate segregated 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.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution a	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	·

Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

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V	Vrite or Type Committee Name				
	PERATON CORF	P. POLITICAL ACTION COMMITTEE (A.K.A. 'PERATO	ON F	'AC)
6.	Name of Any Connected On PERATON CORP.	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC S	ponso	r
	Mailing Address	1875 EXPLORER STREET			
		RESTON			1

	C		STATE A	ZIP CODE
Relationship: X Connec	ted Organization Affiliated	Organization Joint Fur	ndraising 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.

SULLIVAN	, SHAWN, , ,
Full Name	
Mailing Address	1875 EXPLORER STREET
	RESTON VA 20190
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 305 - 342 - 8074

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	VASQUEZ, HEATHER, , ,				
of Treasurer					
Mailing Address	1875 EXPLORER STREET				
	RESTON VA 20190 - - -				
	CITY ▲ STATE ▲ ZIP CODE ▲				
Title or Position ▼					
Treasurer	Image:				

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Full Name of Designated Agent	LEE, GREGORY, ALLAN, ,
Ageni	
Mailing Address	
	RESTON VA 20190 Image: Ima
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	▼
Assistant Treasu	rer Telephone number 305 342 8074

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	f America		
Mailing Address	101 S. Tryon Street		
	Charlotte	NC 28255	
		STATE 🔺	ZIP CODE
Name of Bank, Depository, e	ətc.		
Mailing Address			
		STATE A	ZIP CODE ▲