FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Groundwork Project PAC 124 Washington Street ADDRESS (number and street) Suite 101 (Check if address is changed) Foxboro 02035 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lpaulson@vlpc.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00543504 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. Type or Print Name of Treasurer Lowey, Keith, D., , Date 07 12 2024 Signature of Treasurer Lowey, Keith, D.,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	-
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pres	State sident 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
	T Labor Count of
Corporation 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 separat committee. (i.e., nonconnected committee)	e 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 account	s (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 procee committees/organizations, at least one of which is an authorized committee of a federal ca	·
(j) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate	•
Committees Participating in Joint Fundraiser	
1C	

	FEC Form 1 (Revised 0	(2/2009)	Page 3
V	/rite or Type Committee Name		
	Groundwork Pro	ject PAC	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	NONE		
	Mailing Address		
			-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in posse	ession of committee
	Loway Kai	ith D	
	Lowey, Kei	נוו, ט., ,	
	Mailing Address	124 Washington Street	
		Suite 101	1
		Foxboro MA 0203	35
	Title or Desition —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	500	540 4700
	Treasurer	Telephone number	543 - 1720
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Lowey, Kei	ıth, D., ,	1
		124 Washington Street	
	Mailing Address	Suite 101	
		Enthors MA 0000	
		Foxboro MA 0203	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		543 - 1720

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Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
Title ou Desition —	CITY A	STATE ▲	ZIP CODE ▲
Title or Position ▼		mber	
Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which the commit ntains funds.	tee deposits funds, hold	ds accounts, rents
Name of Bank, Depository,	etc.		
Citizens Mailing Address	Bank 134 Nahatan Street		
	Norwood	MA 02062	ZIP CODE ▲
	CITY A	STATE ▲	ZIP CODE A
Name of Bank, Depository,	etc.		
Amalga	mated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 20006	
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected NDRC and Groundw	Organization, Affiliated Committee, Joint Fun ork Project Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	124 Washington Street		
	Suite 101		
	Foxboro	, , , , MA ,	02035
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte esignated Agent: Identi	d Organization Affiliated Committee X Jorganization Affiliated Committee X Jorganizat		
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	y by name, address (phone number – optional)	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rent

FEC Form 1S (Revised 02/2017)

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

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1.		Participant:				
				FEC II) number	C
2				FEC II) number	С
3.				FEC II) number	C
4.	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1 1 1	FEC II) number	С
						
lame of	Any Connected (Organization, Affil	iated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
Groun	ndwork-Dirt Road	Victory Fund				
		124 Washington	Street			
Mai	iling Address	Suite 101				
						00005
		Foxboro			LMA	02035
Rel	ationship:		CITY A		STATE ▲	ZIP CODE ▲
Full N	lame					
Mailin	ng Address					
Mailin	ng Address					
Mailin	ng Address					
	ng Address E OR POSITION		CITY A		STATE A	ZIP CODE A