PAGE 1 / 5

FEC FORM 1		STATEMEN ORGANIZA			PAGE 175
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Duty and C	ountry	- '			
ADDRESS (number a		13th Street NW, Suite 600	<u> </u>		
☐ ◀ (Check if a is changed	address	shington CITY		DC 20	0005 ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRESS				
(Check if a is changed	d)	roup@perkinscoie.co			
COMMITTEE'S WEB  (Check if a is changed	address <sub>I</sub>	S (URL)			
2. DATE 0	M / D D /	2018			
3. FEC IDENTIFIC	CATION NUMBER	C co	0666388		
4. IS THIS STATEM	MENT N	IEW (N) OR	x AMENDED (A)		
I certify that I have e	examined this Stat	ement and to the best of	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name	of Treasurer Goo	odwin, Booth, , ,			
Signature of Treasure	er <u>Goodwin, Boo</u>	oth, , ,	[Electronically Filed]	Date 04	12 2018
NOTE: Submission of			nay subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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	draising 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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revis			Page 3
Write or Type Committee N			
Duty and Cou	untry		
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Rep	oresentative,	or Leadership PAC Sponsor
IONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Custodian of Records: books and records.	Identify by name, address (phone number optional) and posi-	tion of the pe	erson in possession of committ
Good	win, Booth, , ,		
Full Name	,700 13th Street NW		
Mailing Address	Suite 600		
	Washington	DC	20005
Title or Position	CITY	STATE	ZIP CODE
Treasurer	Telephone nui	mber	
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the .g., assistant treasurer).	e committee;	and the name and address of
Full Name Goods of Treasurer	win, Booth, , ,		
Mailing Address	700 13th Street NW		
	Suite 600		
	Washington	DC	20005
Title or Position	CITY	STATE	ZIP CODE
Treasurer		mber	-       -

FEC Form 1	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds	s accounts, rents
Banks or Other De	os or maintains funds	
safety deposit boxe	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.  epository, etc.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.	
safety deposit boxe Name of Bank, Dep	es or maintains funds.  epository, etc.	
safety deposit boxe Name of Bank, Dep	es or maintains funds. epository, etc.  Amalgamated Bank	
safety deposit boxe Name of Bank, Dep	es or maintains funds. epository, etc.  Amalgamated Bank	
safety deposit boxe Name of Bank, Dep	Amalgamated Bank  1825 K Street, NW  Washington  DC 20006	ZIP CODE
safety deposit boxe Name of Bank, Dep	Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, Dep  Mailing Address	Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE	ZIP CODE
safety deposit boxe Name of Bank, Dep  Mailing Address	Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Pository, etc.	ZIP CODE
Name of Bank, Dep	Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Pository, etc.	ZIP CODE
Name of Bank, Dep  Mailing Address  Name of Bank, Dep	Amalgamated Bank  1825 K Street, NW  Washington  CITY  STATE  Pository, etc.	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: