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FEC

FORM 1

STATEMENT OF ORGANIZATION

	(S	ee instructions)						Offic	e use onl	у			
1. NAME OF COMMITTEE (in full)	(Check is char	t if name liged)	Example over the	: If typying, lines	, type	12FI	E4M5	5					
The Society of the	Plastics Industry,	Inc. Political	Action	Committ	ee		1 1						ப
													ப
ADDRESS (number and street	1667 K Stre	eet, NW					11	11					
(Check if address	Suite 1000						11						
is changed)	Washingto	n 							2000	6	L		പ
		CI	TY			STATE			ZIF	P COD)E 🔺		
COMMITTEE'S E-MAIL AI													
JKunne@plasticsii													
								11					பு
COMMITTEE'S WEB PAG	E ADDRESS (URL)												
													.
<u> </u>					<u></u>	_ <u> </u>							
										Ĺ			
COMMITTEE'S FAX NUM 2029745200	BER												
2. DATE 0.1	27 / Y Y Y Y Y Y Y Y Y Y) 9 [°]											
3. FEC IDENTIFICATIO	NNUMBER	С	C00309	9716		1							
4. IS THIS STATEMEN	NEW (N)	OR	x	AMENDE	ED (A)	4							
I certify that I have examined	this Statement and to the b	est of my knowled	dge and be	lief it is true	, correct an	d comple	ete						
	Mr. Io	nathan Kurrle	~										
Type or Print Name of Trea	isurer		e										
Signature of Treasurer	Electronically Filed by	Mr. Jonathar	n Kurrle			Date	0	1 ^M	^D 2 ^D 7	'	Y Y 2	2 0 [°] 0	9 ^Y
NOTE: Submission of false, e	erroneous, or incomplete in ANY CHANGE IN								f 2 U.S.(D. S43	37g.		
Office				further inf									—

 Office Use Only
 For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100
 FEC FORM 1 (Revised 12/2007)

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5.	TYPE OF COM	/MITTEE (Check One)	
	Candidate Co	mmittee:	
	(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 th information below.)	e candidate
	Name of Candidate		_
	Candidate Party Affiliatior	Office Sought: House Senate President	State

Nam Cano	ie of didate	
Party	y Comm	ittee:
(d)		This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.
Polit	ical Act	ion Committee (PAC):
(e)	Х	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
(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 Leadership PAC. (Identify sponsor on line 6.)
Joint	Fundra	ising 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

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.	FEC ID number	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
5.	FEC ID number	C

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Write or Type Comm The Society of		ics Industry, Inc. Political Action Co	mmittee		
		•			
6. Name of Any Co	onnected Org	ganization, Affiliated Committee, Leadershi	p PAC Sponsor or Jo	int Fundr	aising Representative
The Society of	the Plasti	cs Industry, Inc.			
Mailing Address		1667 K Street, NW			
		Suite 1000			
		Washington		pc	20006
		СІТУ	ST	ATE 🛦	ZIP CODE
Relationship:					
X Connected 0	Organization	Affiliated Committee Lea	dership PAC Sponsor	Jo	pint Fundraising Representative
possession of Full Name Mailing Address		books and records. rod Sean Conaway 1667 K Street, NW Suite 1000			
		Washington		DC	20006 _
Title or Position	-	CITY A of Records	ST. Telephone number	ATE A	ZIP CODE) 9745200
	ress of any	and address (phone number optional designated agent (e.g., assistant treas	,	the com	mittee; and the
of Treasurer	Mr. Jo	nathan Kurrle			
Mailing Address		1667 K Street, NW			
		Suite 1000			20006
		Washington		DC	20006
Title or Position	A	CITY A	ST	ATEA	
	Treasurer		Telephone number	202	_ 974 _ 5200

Full Name of Designated Agent	Mr. Christopher Robert Brown		
Mailing Address	1667 K Street, NW		
	Suite 1000		
	Washington	DC	20006 –
Title or Position ♥	CITY A	STATE 🛦	
Treasu	rer Telen	hone number	_ 974 _ 5200
	naintains funds.	ommittee deposits funds	s, holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. Juntrust Bank P.O. Box 622227		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. untrust Bank	ommittee deposits funds	s, holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. P.O. Box 622227 VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. P.O. Box 622227 VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. P.O. Box 622227 VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. P.O. Box 622227 P.O. Box 622227 Qrlando CITY ▲ y, etc.		
safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. P.O. Box 622227 P.O. Box 622227 Qrlando CITY ▲ y, etc.	FL FL FTATE ▲	