FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	·HO	N		
. •		(See instructions	3)			Office use only
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)		nple: If typying, type the lines	12FE4M5	
The Society of	of the Plastics Indi	ustry, Inc. Politica	al Actio	on Committee		
ADDRESS (number an	d street) 1667	K Street, NW				
(Check if add		e 1000 		<u> </u>		
is changed)		nington		шшш	DC	20006   -
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COMMITTEE'S E-M.	ail address D <b>iasticsindustry.or</b>	g				1
		7				
		<u>                                     </u>				
COMMITTEE'S WEE	3 PAGE ADDRESS (U	KL)				,
COMMITTEE'S FAX 2029745200	NUMBER	ل				
2. DATE <b>M</b>	M / D D / Y	2008				
3. FEC IDENTIFIC	ATION NUMBER	C	; C00	309716		
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMENDED (A)		
I certify that I have exar	nined this Statement and	to the best of my know	ledge and	d belief it is true, correct an	d complete	
	,	//Irs. Catherine Ra	ndozz	_		
Type or Print Name of	f Treasurer	iis. Camemie na	IIIUazz	,		
Signature of Treasure	er Electronically File	d by Mrs. Cathe	rine Ra	andazzo	Date 0 4	08 2008
NOTE: Submission of t				ne person signing this State		
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF CO	MMITTEE (Check One)	
	(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 the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliatio	n Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	d fund or party
6.		Connected Organization or Affiliated Committee	
	Mailing Addre	ss 1667 K Street, NW	
		Suite 1000	
		Washington DC	20006
		CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE 🛦
	Relationship	Connected	
	Type of Conn	ected Organization:	
	Corp	oration Corporation w/o Capital Stock Labor Organ	ization
	Mem	bership Organization X Trade Association Cooperative	

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٧	Vrite or Type Committee Name			
	The Society of the Plas	stics Industry, Inc. Political Action (	Committee	
7.	Custodian of Records: Id possession of Committee	lentify by name, address, (phone num e books and records.	the person in	
	Full Name Mr. Je	errod Sean Conaway		
Mailing Address		1667 K Street, NW		
		Suite 1000		
		Washington	DC	20006
	Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A
	Custodia	n of Records	<b>202</b> Telephone number	974 5200
	Full Name			
	or rreasurer	Catherine Randazzo		
	Mrc (	20 Catherine Randazzo  1667 K Street, NW  Suite 1000		
	of Treasurer Mrs. C	1667 K Street, NW		20006
	of Treasurer Mrs. C	1667 K Street, NW Suite 1000	DCSTATE &	20006
	of Treasurer Mrs. C  Mailing Address	1667 K Street, NW Suite 1000 Washington CITY A		
	of Treasurer  Mailing Address  Title or Position ▼  Treasure	1667 K Street, NW Suite 1000 Washington CITY A	STATE ▲	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	1667 K Street, NW Suite 1000 Washington CITY A	STATE ▲	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	1667 K Street, NW  Suite 1000  Washington  CITY A	STATE ▲	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Christ	1667 K Street, NW  Suite 1000  Washington  CITY A	STATE ▲	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Christ	1667 K Street, NW Suite 1000 Washington CITY A  copher Robert Brown 1667 K Street, NW	STATE ▲	ZIP CODE A

5200

202

Telephone number

974

**Assistant Treasurer** 

	FEC Form 1	(Revised 02	/2003)																					ı	⊃age	<b>4</b>		
9.	Banks or Other I safety deposit box Name of Bank, De	es or maintair		t all ba	nks o	r othe	er de	posi	tories	s in v	whic	ch th	ie co	mm	ittee	dep	osi	ts fu	ınds	, hc	lds	acc	our	ıts,	rents	3		
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	Name of Bank, De	epository, etc.																										
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