FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruction		0"	
NAME OF COMMITTEE (in full	(Check if name is changed)	Example: If typying, type over the lines	Office use	only
The Society of the	ne Plastics Industry, Inc. Politic	cal Action Committee	<u> </u>	
	<u> </u>	<u> </u>	<u> </u>	
ADDRESS (number and stre	1667 K Street, NW			
(Check if address	Suite 1000	<u> </u>		
is changed)	Washington		DC 20	006
COMMITTEE'S E-MAIL	ADDRESS	CITY▲	STATE▲ Z	ZIP CODE 📥
jkurrle@plastics			1111111	
		1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEB PA	GE ADDRESS (URL)			'
COMMITTEE'S FAX NUI 2029745200	MBER			
2. DATE 0 2	/ 20 / Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	ON NUMBER	C C00309716		
4. IS THIS STATEMEN	NT NEW (N) OR	X AMENDED (A)		
I certify that I have examined	d this Statement and to the best of my kno	wledge and belief it is true, correct and	d complete	
Type or Print Name of Tre	easurer Mr. Jonathan Ku	rrle		
Signature of Treasurer	Electronically Filed by Mr. Jonath	han Kurrle	Date 02 / D	2009
NOTE: Submission of false,	erroneous, or incomplete information may	y subject the person signing this State	·	S.C. S437g.
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	on FE(C FORM 1 rised 12/2007)

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5.		F COMMITTEE (Check One) te 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. (Complete information below.)	the candidate				
	Name of Candidat						
	Candidat Party Aff		State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidat						
	Party Co	ommittee:					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Action Committee (PAC):						
	(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:				
		Corporation Corporation w/o Capital Stock	abor Organization				
		Membership Organization Trade Association C	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 Fur	ndraising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political				
	C	Committees Participating in Joint Fundraiser					
		1. FEC ID number C					
		2. FEC ID number C					
		3. FEC ID number					
		4. FEC ID number					
		5 FEC ID number C					

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Write or Type Committee Name						
The Society of the Plas	tics Industry, Inc. Political Action Committe	ee				
6. Name of Any Connected Or	ganization, Affiliated Committee, Leadership PAC	Sponsor or Joint Fundrais	ing Representative			
The Society of the Plasti	cs Industry, Inc.	1 1 1 1 1 1	<u> </u>			
		1 1 1 1 1 1 1 1 1	<u> </u>			
Mailing Address	1667 K Street, NW	1 1 1 1 1 1 1 1 1				
	Suite 1000					
	Washington	LDC L	20006 _ [
	CITY▲	STATE ▲	ZIP CODE			
Relationship:						
X Connected Organization	Affiliated Committee Leadership	PAC Sponsor Joint	Fundraising Representative			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in cossession of Committee books and records.					
Full Name Mr. Je	Mr. Jerrod Sean Conaway Full Name					
Mailing Address	1667 K Street, NW					
•	Suite 1000					
	Washington	<u>DC</u>	20006			
Title or Position ♥	CITY A	STATE	ZIP CODE A			
Custodiar	n of Records Tele	ephone number	- <u>974</u> - <u>5200</u>			
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mr. Jonathan Kurrle		ttee; and the				
Mailing Address	1667 K Street, NW					
	Suite 1000					
	Washington	DC	20006			
Title or Position ♥	CITY A	STATE A	ZIP CODE A			
Treasure	, Tei	lephone number	_ 974 _ 5200			

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Full Name of Designated Agent				
Mailing Address	s			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A	
	Tek	ephone number		
 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. 				
	Suntrust Bank P.O. Box 622227			
Mailing Address				
	Orlando		32862 _ 2227	
	CITY 🗖	STATE. △	ZIP CODE 🛕	
Name of Bank, D	epository, etc.			
Mailing Address			1	