PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) RAYONIER ADVANCED MATERIALS INC GOOD GOVERNMENT COMMIT 1301 RIVERPLACE BOULEVARD STE 2300 ADDRESS (number and street) (Check if address is changed) **JACKSONVILLE** 32207 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ryam.pac@rayonieram.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00566760 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. Rollins, Jared, T.,, Type or Print Name of Treasurer Rollins, Jared, T.,, [Electronically Filed] 03 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM		
(a) T	his committee is a principal campaign committee. (Complete the candidate information below.	
	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee: (National, State	(Democratic,
(d) T	his committee is a or subordinate) committee of the	Republican, etc.) Party
Political Acti	on Committee (PAC):	
(e) x T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated 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 Fundrai	sing Representative:	
_	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
CC	ommittees/organizations, at least one of which is an authorized committee of a federal candidate.	
	is committee collects contributions, pays fundraising expenses and disburses net proceeds for to emmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3		
4.		

FEC Form 1 (Revised	d 02/2009)		Page 3
Write or Type Committee Na	me		
RAYONIER ADV	ANCED MATERIALS IN	IC GOOD GOVE	RNMENT COMMITTEE
6. Name of Any Connected	d Organization, Affiliated Committee, J	oint Fundraising Represent	tative, or Leadership PAC Sponsor
Rayonier Advanced I	Materials Inc.		
		<u> </u>	
	1301 Riverplace Boulevard		
Mailing Address	Suite 2300		
	Jacksonville	FL	32207
	Jacksonvine		
	CITY	STA	TE ZIP CODE
Relationship: x Connec	ted Organization Affiliated Committee	Joint Fundraising Repre	esentative Leadership PAC Sponsor
		_	
	dentify by name, address (phone number	r optional) and position of	the person in possession of committee
books and records.			
Davis, E	Brenda, K., ,		
	1301 Riverplace Boulevard		
Mailing Address	Suite 2300		
	Jacksonville	, , FL	32207
Title or Position	CITY	STAT	E ZIP CODE
Custodian of Records	1	Talambana	904 357 9842
		Telephone number	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional)	of the treasurer of the comr	nittee; and the name and address of
Full Name Rollins, of Treasurer	Jared, T., ,		
Mailing Address	1301 Riverplace Boulevard		
J	Suite 2300		
	Jacksonville		_
	CITY	STAT	E ZIP CODE
Title or Position Treasurer	1		904 357 9109
		Telephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated MAgent	IcGuire, Whitney, K., ,	
Mailing Address	1301 Riverplace Boulevard	
	Suite 2300	
	Jacksonville FL 32207 CITY STATE	ZIP CODE
Title or Position Assistant Treasurer	r	357 7395
	epositories: List all banks or other depositories in which the committee deposits funds, hold	ds accounts, rents
Name of Bank, Dep		
Name of Bank, Dep		
Name of Bank, Dep	vells Fargo Bank	
Name of Bank, Dep	vells Fargo Bank	
Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard	ZIP CODE
Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard Jacksonville CITY STATE	ZIP CODE
Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard Jacksonville CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard Jacksonville CITY STATE	ZIP CODE
Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard Jacksonville CITY STATE	ZIP CODE
Name of Bank, Dep Mailing Address Name of Bank, Dep	Vells Fargo Bank 1562 Atlantic Boulevard Jacksonville CITY STATE	ZIP CODE