

RIPA PAC

Reusable Industrial Packaging Association
Political Action Committee

RECEIVED
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2024 DEC 26 AM 10:24

150 South Street
Suite 103 - B
Annapolis, MD 21401
TEL (301) 577-3786
www.reusablepackaging.org

December 16, 2024

Federal Election Commission
1050 First Street, NE
Washington, DC 20463

ATTN: Erin Carroll

Subject: Revised Form #1 for RIPA – PAC: Identification # C00494054

Dear Ms. Carroll,

Attached please find revised Form #1 for Reusable Industrial Packaging Association PAC (RIPA – PAC); ID # C00494054.

The new form is being filed to ensure that the FEC is aware that RIPA PAC has a new Treasurer, Michael Chorpash, starting immediately. He is replacing Mr. Dworsky, who has stepped down from the position.

I trust that Form #1 has been filled out appropriately; however, if there are any issues with the form, please call me at the number or email shown below.

Thank you very much.

Sincerely,



Paul Rankin
202.258.6279
prankin@ripaus.com

NONSTANDARD INFORMATION

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Reusable Industrial Packaging Association - PAC; (RIPA-PAC)

ADDRESS (number and street)

150 South Street

(Check if address is changed)

Suite 103-B

Annapolis

CITY

MD

STATE

21403

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

prankin@ripaus.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE

Dec 16 2024

3. FEC IDENTIFICATION NUMBER

C00494054

4. IS THIS STATEMENT

Checked box for NEW (N)

NEW (N)

OR

Unchecked box for AMENDED (A)

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.

Type or Print Name of Treasurer Mike Chorpash

Signature of Treasurer

Handwritten signature of Mike Chorpash

Date

Dec 16 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

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

FEC FORM 1 (Revised 03/2022)

NON-FEDERAL CAMPAIGN FINANCING

5. TYPE OF COMMITTEE:

Candidate 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 the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation 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 Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) 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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
- (g) This committee is an independent expenditure-only political committee (Super PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
 - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

2. _____

C _____

C _____

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address [Empty grid lines]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name | Paul Rankin |

Mailing Address | 408 First Street |

| Annapolis | | MD | | 21403 | - |

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

| Secretary | Telephone number | 202 | - | 258 | - | 6279 |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Michael Chorpash |

Mailing Address | 15555 LaSalle Street |

| South Holland | | IL | | 604734 | - |

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

| Treasurer | Telephone number | 847 | - | 687 | - | 1161 |

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Full Name of Designated Agent

paul rankin

Mailing Address

408 First Street

Annapolis MD 21403

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Secretary

Telephone number 202 - 258 - 6279

9. 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.

M & T Bank

Mailing Address

9125 Baltimore National Pike

Ellicott City MD 21043

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

NON-FUNCTIONAL INFORMATION

5(i) or (j). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____
 FEC ID number **C** _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number – optional)**

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number _____

9. **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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

NON-FEDERAL CAMPAIGN FINANCING

RIPA - PAC
150 South St
103 - B
Annapolis, MD 21401

BALTIMORE MD 212
20 DEC 2024 PM 1 L

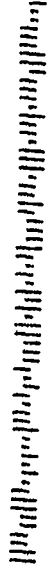
U.S. POSTAGE INTL
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21403 FCI
Date of sale X
12/18/24
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FEDERAL ELECTION COMMISSION
1050 FIRST STREET, NE
WASHINGTON, DC 20463

ATTN: ERIN CARROLL
FEC FORM #1

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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 * The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt:
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 12.26.24
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JAM PREPARER (4/2023)	12.26.24 DATE PREPARED

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