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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Forest & Paper Association Political Action Committee 1101 K Street, NW ADDRESS (number and street) Suite 700 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS heidi\_brock@afandpa.org (Check if address is changed) Optional Second E-Mail Address government\_affairs@afandpa.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2021 C00029348 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. Brock, Heidi, , , Type or Print Name of Treasurer Brock, Heidi, , , [Electronically Filed] 04 2021 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: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE	i aye Z			
Can	ndidate	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.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(5)			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 o 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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

Γ								
FEC Form 1 (Revised		Page 3						
Write or Type Committee Nam								
American Fore	st & Paper Association Political Action Comr	nittee						
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor						
American Forest & Pa	per Association							
Mailing Address	1101 K Street, NW							
ů	Suite 700							
	Washington DC 20005							
	CITY STATE ZI	P CODE						
Bur u Ela i	In the Committee of the	and in DAO Consumer						
Relationship: <b>x</b> Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor						
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee						
Full Name								
Mailing Address								
Title or Position	CITY STATE ZI	P CODE						
	Telephone number							
	<b>Treasurer:</b> 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 Brock, He	idi, , ,	1						
of Treasurer	1101 K Street, NW							
Mailing Address	Suite 700							
		P CODE						
Title or Position Treasurer								

Telephone number

FEC Form 1 (	Revised 02/2009)		Page <b>4</b>				
Full Name of Designated Bar Agent	rtheld, Elizabeth, , ,						
Mailing Address	1101 K Street, NW						
	Suite 700						
	Washington CITY	DC 2 STATE	20005 ZIP CODE				
Title or Position VP, Govt Affairs		phone 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.							
Su	untrust Bank						
Mailing Address	1445 New York Avenue, NW						
	Washington	DC 2	20005				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	1						

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Our committee is amending our Statement of Organization due to a change in Treasurer.

Form/Schedule: Transaction ID: