Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rayonier, Inc. Good Government Committee 1 Rayonier Way ADDRESS (number and street) (Check if address is changed) Wildlight 32097-FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike.bell@rayonier.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2021 C00451757 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. Bell, Michael, M,, Type or Print Name of Treasurer Bell, Michael, M,, [Electronically Filed] 09 20 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>2</b>
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) <b>x</b> 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 <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	e	
Rayonier, Inc. (	Good Government Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
Rayonier, Inc.		
Mailing Address	1 Rayonier Way	
Walling Address		
	Wildlight	32097-0002
	CITY STATE	ZIP CODE
Relationship: <b>x</b> Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	re Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pers	son in possession of committee
Internatio	nal, Aristotle, , ,	
	205 Pennsylvania Ave. SE	
Mailing Address		
	Washington	20003-1164
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	2 543 - 8345
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; an assistant treasurer).	nd the name and address of
Full Name Bell, Mich	ael, M, ,	
Mailing Address	1 Rayonier Way	
	Wildlight	32097-0002
Title or Position Treasurer	CITY STATE	ZIP CODE 4
<u> </u>	Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	McHugh, Mark, D, ,	
Mailing Address	1 Rayonier Way	
	Wildlight FL 32097-000	02
	CITY STATE ZI	IP CODE
Title or Position  Designated Ager	nt Telephone number 904 - 35	57 - 3757
safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds axes or maintains funds.	accounts, rents
	xes or maintains funds.	accounts, rents
safety deposit box	xes or maintains funds. Depository, etc.	accounts, rents
safety deposit box Name of Bank, D	xes or maintains funds.	accounts, rents
safety deposit box	ces or maintains funds. Depository, etc. Chain Bridge Bank	accounts, rents
safety deposit box Name of Bank, D	ces or maintains funds. Depository, etc. Chain Bridge Bank	accounts, rents
safety deposit box Name of Bank, D	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	accounts, rents
safety deposit box Name of Bank, D	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	
safety deposit box Name of Bank, D  Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Zepository, etc.	
safety deposit box Name of Bank, D  Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Z  Comerica Bank	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101  CITY STATE Z  Depository, etc.  Comerica Bank  P.O. Box 75000	IP CODE

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This report is being amended to list an additional bank, update the custodian of records, and update the secondary email address.

Form/Schedule: Transaction ID: