| Image# 202301239574916470 | | | | PAGE 1 / 5 |
|--|--|---|--------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | Office Use Only |
| 1. NAME OF | (Check if name | Example: If typing, type | | |
| COMMITTEE (in full) | is changed) | over the lines. | 12FE4M5 | |
| | e of Forest Owner | rs Political Action | | |
| | | | | |
| ADDRESS (number and street) | 122 C Street NW | | | |
| (Check if address | Suite 630 | | | |
| is changed) | Washington | | | 20001-2148 |
| | | | L L STATE ▲ | |
| COMMITTEE'S E-MAIL ADDF | RESS | | | |
| (Check if address is changed) | outsourcing@aristotle. | com | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | DDRESS (URL) | | | |
| 2. DATE 01 / | 20 / Y Y Y Y 2023 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C | 00469080 | | |
| 4. 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 i | t is true, correct | and complete. |
| Type or Print Name of Treasu | rer Nelson, Emil, Deon, , Jr. | | | |
| Signature of Treasurer | lson, Emil, Deon, , Jr. | [Electronically Filed] | Date 01 | / D D / Y Y Y Y 23 2023 |
| NOTE: Submission of false, erro | oneous, or incomplete information ANY CHANGE IN INFORMA | may subject the person signing TION SHOULD BE REPORTED | | |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

01/23/2023 17 : 34

| FEC | Form 1 (Revised 03/2022) | Page 2 | | | | | | | | | |
|------|--|-------------------|--|--|--|--|--|--|--|--|--|
| 5. T | TYPE OF COMMITTEE: | | | | | | | | | | |
| C | Candidate Committee: | | | | | | | | | | |
| (; | a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | | | | | | |
| (I | b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca information below.) | andidate | | | | | | | | | |
| | Name of Candidate | | | | | | | | | | |
| | Candidate Party Affiliation Office Sought: House Senate President | State | | | | | | | | | |
| (0 | c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | | | | |
| | Name of Candidate | | | | | | | | | | |
| , | Party Committee: (National, State (Democratic, or subordinate) committee of the d) This committee is a Image: committee of the Image: committee of the | e.) Party | | | | | | | | | |
| | Political Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | rganization is a: | | | | | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organ | nization | | | | | | | | | |
| | Membership Organization X Trade Association Cooperative | | | | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | | | |
| (1 | f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. (i.e., nonconnected committee) | nd or party | | | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | | | | | |
| (9 | 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
 2.

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| | FEC Form 1 (Revised 02/2009) | Page 3 |
|----|---|-------------|
| ۷ | Vrite or Type Committee Name | |
| | National Alliance of Forest Owners Political Action Committee (NAI | FO PAC) |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |

| National Alliance of F | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--------------|----------|------|-----|-------|-------|---|---|---|------|----|------|------|----|-----|------|-----|-------|----|------|------|-----|----|------|------|----|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | 122 C St NW | | | | | | | I | I | | | | | | | | | | | | | 1 | | | | | |
| | Ste 630 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Washington | | | | | | | | | | | | | | Ľ | | | | 2 | 2000 | 01-: | 214 | 8 | | | | |
| | | | С | ЯTY | < ▲ | | | | | | | | | 9 | STA | λΤΕ | | | | | | ZI | P | COI | DE | | |
| Relationship: X Connected | Organization | Affilia | ated | Org | ganiz | zatic | n | | J | oint | FL | Indr | aisi | ng | Re | pres | sen | tativ | /e | | | Lea | de | rshi | p P. | AC | Spoi |

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

| Phillips, Ju | stin, , , |
|----------------------|---|
| Full Name | |
| Mailing Address | 205 Pennsylvania Ave SE |
| | |
| | Washington DC 20003-1164 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Custodian of Records | Telephone number 202 - 543 - 8345 |

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 | Nelson, Emil, Deon, , Jr. | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|
| of Treasurer | | | | | | | | | | |
| Mailing Address | 122 C St NW | | | | | | | | | |
| | | | | | | | | | | |
| | Washington DC 20001-2109 | | | | | | | | | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | | | | | | | | | |
| Title or Position ▼ | | | | | | | | | | |
| Treasurer | Telephone number | | | | | | | | | |

| FEC Form 1 (Revised 02 | 2/2 | 20(| 09 |) | | | | | | | | | | | | | | | | | | | | | | Paç | ge 4 | 4 | |
|-------------------------------------|-----|-----|----|---|--|--|--|---|----|------|--|---|----|-----|-----|----|----|----|----|----|--|--|-----|---|---|-----|------|---|--|
| Full Name of Designated Agent | | | | | | | | | | | | I | | | | | | 1 | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | - [| | |
| | | | | | | | | С | ΤY | | | | | | | | | S | ΤА | ΤE | | | | Z | P | CO | DE | | |
| Title or Position ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Те | lep | hor | ne | nu | mb | er | | | | - [| | | | - [_ | | |

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.

| Ch | ain Bridge Bank, N.A. | | |
|---------------------|-----------------------|----------|------------|
| Mailing Address | 1445A Laughlin Ave | | |
| | | | |
| | McLean | VA 22101 | |
| | CITY 🔺 | STATE ▲ | ZIP CODE |
| Name of Bank, Depos | tory, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE 🔺 | ZIP CODE ▲ |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Amended to update Treasurer

Form/Schedule: Transaction ID: