FEC FORM 1	STATEMEN <sup>®</sup> ORGANIZA		с	PAGE 1 / 5 ——
1. NAME OF COMMITTEE (in fu	I) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Graphic Pacl	kaging International, L	LC Political Act	ion Comm	ittee
ADDRESS (number and s	treet)			
(Check if add is changed)	ress Suite 100			
is changed)	Atlanta │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		GA 30 STATE ▲	328-4658 – – ZIP CODE ▲
COMMITTEE'S E-MAIL			SIALE	
(Check if add is changed)	ress outsourcing@aristotle.co	m 		
	Optional Second E-Mail Addre	SS		
COMMITTEE'S WEB PA	GE ADDRESS (URL)			
<ul> <li>(Check if add is changed)</li> </ul>	ress			
<ol> <li>DATE 06</li> <li>FEC IDENTIFICAT</li> </ol>	1 22 1 2022 ION NUMBER ► C C002	82566		
4. IS THIS STATEMEN	IT NEW (N) OR	× AMENDED (A)		
I certify that I have example	nined this Statement and to the best of	my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of T	reasurer Johnson, Andrew, , ,			
Signature of Treasurer	Johnson, Andrew, , ,	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 22 2022
NOTE: Submission of fals	e, erroneous, or incomplete information ma ANY CHANGE IN INFORMATIC			penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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. (Complein information below.)	ete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:       (National, State or subordinate) committee of the       (Demonstrate)         (d)       This committee is a       or subordinate) committee of the       Republic	ocratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) <b>x</b> This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corporation Corporation w/o Capital Stock	bor Organization
Membership Organization Trade Association	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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	rid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

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Write or Type Committee Name	

## Graphic Packaging International, LLC Political Action Committee

6.	Name of Any Connected On Graphic Packaging In	-			om	mit	tee,	Jo	oint	F	unc	drai	isir	ng I	Rep	ore	ser	ntat	ive	e, o	r L	eac	der	shi	ρF	PAC	Sp	oon	sor	
	Mailing Address	814 Livingsto	n Cr																				1							
										1																				
		Marietta															Ľ	GA			Ľ	300	67-	·894	0		- [_			
					СІТ	Y	•									:	ST	٩ΤΕ						Z	IP	со	DE			
	Relationship: X Connected	Organization	Affil	iate	d O	rgar	nizat	tion	1		Jo	oint	Fu	ndr	aisi	ng	Re	pre	sen	tati	ve			Le	ade	ershi	ip P	'nС	Spc	nso

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	ıstin, , ,
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	Johnson, Andrew, , ,
of Treasurer	
Mailing Address	6266 Fern Stone Trail
	Acworth GA 30101-3580 -
	CITY A STATE A ZIP CODE A
Title or Position	,
Treasurer	Telephone number

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Full Name of Designated Agent							
Mailing Address							
			CITY A	STATE 🔺	ZIP CODE		
Title or Position ▼							
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.

Come	erica Bank		
Mailing Address	P.O. Box 75000		
	Detroit	MI 48275	
		STATE A	ZIP CODE
Name of Bank, Depositor	<i>y</i> , etc.		
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE ▲

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Form/Schedule: F1A Transaction ID :

Amending committee email and custodian of records.

Form/Schedule: Transaction ID: