STATEMENT OF

PAGE 1/5 =

FORM 1		OF	RGAN	ZAT	IOI	1					C	Office U	se Only		
NAME OF COMMITTEE (in	full)		neck if name changed)		Example		ng, typ	ре	12	FE4N	_		oc Gray		
American F	orest	& Pape	er Asso	ciatio	on P	Oliti	cal	Act	ion	Coı	mm	itte	е		
ADDRESS (number a	nd street)	1101 K Str	eet, NW												
(Check if address is changed)		Suite 700													
io dhangoo	•,	Washingto CIT							STA	; ΓΕ Δ	20	005	ZIP	- L	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if address is changed)		julie_lan	dry@afand	pa.org											
		Optional S debbie	econd E-Ma kipps@a	l Address fandpa	s .org										
COMMITTEE'S WEB (Check if a is changed	address	ORESS (URL	.)												
2. DATE 04	M / D 15		023												
3. FEC IDENTIFIC	CATION NU	MBER ▶	С	C0002	9348										
4. IS THIS STATEM	MENT	NEW (f	N) O F	₹	×	AMEN	NDED ((A)							
I certify that I have e	examined thi	s Statement	and to the	best of n	ny knov	vledge	and be	elief it	is true	, corre	ect and	d com	plete.		
Type or Print Name of	of Treasurer	Landry, Ju	lie, , ,												
Signature of Treasure	er <i>Landr</i> y	, Julie, , ,			[Ele	ctronica	lly Filed	d]	Date	M	- M	/ D	D /	YYY	YYY
NOTE: Submission of	false, errone		nplete informa IGE IN INFO	-				-				pena	Ities of	52 U.S.	C. §30109
Office Use					Fed	For further information cont Federal Election Commission Toll Free 800-424-9530				FEC FORM 1 (Revised 06/2012)					

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign of information below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d 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) x This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is as
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	T a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	line 6.)
(g) This committee is an independent expenditure-only political committee (Super Pa	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on 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 committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C
	C

Title or Position ▼

Treasurer

	_			
	FEC Form 1 (Revised	,		Page 3
٧	Vrite or Type Committee Name			•
		est & Paper Association Polit		
6.	American Forest & F	Organization, Affiliated Committee, Joint Fundraisin Paper Association	g Representative, or Leader	ship PAC Sponsor
	Mailing Address	1101 K Street, NW		
		Suite 700	<u> </u>	
		Washington	DC 20005	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Affiliated Organization Joint Fur	ndraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and po	osition of the person in posses	sion of committee
	Topps, An	drew, , ,		
	Mailing Address	1101 K Street, NW		
		Suite 700	1 1 1 1 1 1 1 1 1 1	
		Washington	DC 20005-	4210
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Assistant General Co	Telepho	one number	
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the r	ame and address of
	Full Name Landry, Ju	llie, , ,		
	of Treasurer	1101 K Street, NW		
	Mailing Address	Suite 700		
			DC 2000F	
		Washington	DC 20005	

CITY A

STATE lacktrian

Telephone number

202

ZIP CODE ▲

2700

463

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Full Name of Designated Agent	Landry, Julie, , ,	1 1 1 1 1 1	
Mailing Address	1101 K Street, NW		
	Suite 700		
	Washington	DC 20005	
		STATE A	ZIP CODE ▲
Title or Position ▼			
Treasurer	Telephone numb	oer	
. Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee es or maintains funds.	deposits funds, hold	ds accounts, rents
Name of Bank, D	epository, etc.		
	Truist		
Mailing Address	1445 New York Avenue, NW		
	Washington	DC 20005	
	CITY ▲ S	STATE A	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲ S	STATE A	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

We are filing an amendment to change the Treasurer.

Form/Schedule: Transaction ID: