## STATEMENT OF

PAGE 1/5 =

| FEC<br>FORM 1                           |                  | ORGA                | NIZA          | ΓΙΟΝ   |                       | Office Use Only          |               |
|---|------------------|---------------------|---------------|--|-----------------------|--------------------------|---------------|
| 1. NAME OF<br>COMMITTEE (ir             | n full)          | (Check if is change |               | Example: If typing, type over the lines.   | 12FE4M                | 5                        |               |
| Avery Denn                              | ison C           | orporation          | Employ        | ee Political A   | Action Con            | nmittee (AD              | ePAC)         |
|   |                  |                     |               |  |                       |                          |               |
| ADDRESS (number a                       | nd street)       | 455 Capitol Mall, S | Suite 600     |  |                       |                          |               |
|   |                  | Sacramento CITY     |               |  | CA<br>STATE ▲         | 95814<br>ZIP CC          | DDE A         |
| COMMITTEE'S E-MA                        | AIL ADDRES       | SS                  |               |  |                       |                          |               |
|   |                  | feccomm@bm          |               | es   |                       |                          |               |
| COMMITTEE'S WEB  (Check if a is changed | address          | PRESS (URL)         |               |  |                       |                          |               |
| 2. DATE 1                               | 2 20             | 2013                |               |  |                       |                          |               |
| 3. FEC IDENTIFIC                        | CATION NU        | MBER ▶              | <b>C</b> C004 | 67340  |                       |                          |               |
| 4. IS THIS STATEM                       | MENT             | NEW (N)             | OR            | X AMENDED (A   | A)                    |                          |               |
| I certify that I have of                |                  | Statement and to    | the best of   | my knowledge and beli  | ief it is true, corre | ct and complete.         |               |
| Signature of Treasure                   | er <i>Ashlee</i> | N. Titus            |               | [Electronically Filed]   | Date                  | 2 20                     | 2013          |
| NOTE: Submission of                     |                  |                     |               | subject the person sign  |                       |                          | J.S.C. §437g. |
| Office<br>Use<br>Only                   |                  |                     |               | For further informati<br>Federal Election Com<br>Toll Free 800-424-953<br>Local 202-694-1100 | mission               | FEC FOR<br>(Revised 06/2 |               |

|             | FEC Fo                | rm 1 (Revised 02/2009)   | Page <b>2</b>                           |  |  |  |
|-------------|-----------------------|--|---|--|--|--|
|             |                       | COMMITTEE  |   |  |  |  |
| Can         | ndidate               | e Committee:   |   |  |  |  |
| (a)         | Ш                     | 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. (Compinformation below.)   | plete the candidate                     |  |  |  |
| Nam<br>Cand | e of<br>didate        |  |   |  |  |  |
|             | didate<br>/ Affiliati | on Office Sought: House Senate President   | State CA District                       |  |  |  |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |  |  |  |
| Nam<br>Cand | e of<br>didate        |  |   |  |  |  |
| Par         | ty Con                | nmittee:   |   |  |  |  |
| (d)         |                       | · · · · · ·  | Democratic,<br>Republican, etc.) Party. |  |  |  |
| Poli        | tical A               | ction Committee (PAC):   |   |  |  |  |
| (e)         | $\times$              | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con   | nected organization is a:               |  |  |  |
|             |                       | X 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 or party 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                | draising Representative:   |   |  |  |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                     |  |  |  |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                     |  |  |  |
|             | Com                   | mittees Participating in Joint Fundraiser  |   |  |  |  |
|             |                       |  |   |  |  |  |
|             | 1.                    |  |   |  |  |  |
|             | 2.                    | FEC ID number  |   |  |  |  |
|             | 3.                    | FEC ID number  |   |  |  |  |
|             | 4.                    |  |   |  |  |  |

|  | FF0 F 1/5 1 1 5   |  |                      |  |  |  |
|--|---|--|----------------------|--|--|--|
| ١٨.  | FEC Form 1 (Revised Committee Name  |  | Page 3               |  |  |  |
| Write or Type Committee Name  Avery Committee Commercial Commercial Committee (ADoDAC) |   |  |                      |  |  |  |
|  | Avery Dennison Corporation Employee Political Action Committee (ADePAC)   |  |                      |  |  |  |
| 6.   | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor |  |                      |  |  |  |
| A۱<br>   | very Dennison Corpo   | ration   |                      |  |  |  |
|  |   |  |                      |  |  |  |
|  | Mailing Address   | 207 Goode Avenue   |                      |  |  |  |
|  |   |  |                      |  |  |  |
|  |   | Glendale CA 92103  | -                    |  |  |  |
|  |   | CITY STATE   | ZIP CODE             |  |  |  |
|  | Relationship: X Connected   | Organization Affiliated Committee Joint Fundraising Representative Lea                                 | dership PAC Sponsor  |  |  |  |
| <b>'</b> .   | Custodian of Records: Iden books and records.   | tify by name, address (phone number optional) and position of the person in poss                       | session of committee |  |  |  |
|  | Ashlee Titu   | ıs   | 1                    |  |  |  |
|  | Full Name   | 455 Capitol Mall, Suite 600  |                      |  |  |  |
|  | Mailing Address   |  |                      |  |  |  |
|  |   | Sacramento , CA , 95814  |                      |  |  |  |
|  |   | Sacramento CA 95814  |                      |  |  |  |
|  | Title or Position   | CITY STATE 2   | ZIP CODE             |  |  |  |
|  | Custodian of Records  |  | 442 - 7757           |  |  |  |
|  | Treasurer: List the name and any designated agent (e.g., a  | d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer). | ne and address of    |  |  |  |
|  | Full Name Ashlee Titu of Treasurer  | s<br>  |                      |  |  |  |
|  | Mailing Address   | 455 Capitol Mall, Suite 600  |                      |  |  |  |
|  |   |  |                      |  |  |  |
|  |   | Sacramento CA 95814  |                      |  |  |  |
|  | Title or Position   | CITY STATE 2   | ZIP CODE             |  |  |  |
|  | Treasurer   |  | 42 - 7757            |  |  |  |

9.

| l<br>FEC <b>Form 1</b> (Revise  | d 02/2009)                    |                  | Page <b>4</b> |  |  |  |
|---|-------------------------------|------------------|---------------|--|--|--|
|   |                               |                  |               |  |  |  |
| Full Name of Designated Thomas V Agent L  |                               |                  |               |  |  |  |
| Mailing Address   | 455 Capitol Mall, Suite 600   |                  |               |  |  |  |
|   |                               |                  |               |  |  |  |
|   | Sacramento                    | STATE 9581       | ZIP CODE      |  |  |  |
| Title or Position Assistant Treasurer   |                               | one number 916 - | 442 - 7757    |  |  |  |
| 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. |                               |                  |               |  |  |  |
| Callion   | nia Bank & Trust              |                  |               |  |  |  |
| Mailing Address   | 550 S. Hope Street, Suite 100 |                  |               |  |  |  |
|   |                               |                  |               |  |  |  |
|   | Los Angeles                   | CA 9007          | 1             |  |  |  |
|   | CITY                          | STATE            | ZIP CODE      |  |  |  |
| Name of Bank, Depository,   | etc.                          |                  |               |  |  |  |
|   |                               |                  |               |  |  |  |
| Mailing Address   |                               |                  |               |  |  |  |
|   |                               |                  |               |  |  |  |
|   |                               |                  |               |  |  |  |
|   | CITY                          | STATE            | ZIP CODE      |  |  |  |

**1mage# 13964948581** PAGE 5 / 5

## : 97 'A = G7 9 @ G B9 CI 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:

Change name and address of Assistant Treasurer; address change for Connected Organization.

Form/Schedule: Transaction ID: