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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Swedish Match North America LLC PAC 1021 East Cary Street ADDRESS (number and street) STE 1600 (Check if address is changed) Richmond 23219 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mike.lee@swedishmatch.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00215053 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. Lee, Mike, , Mr., Type or Print Name of Treasurer Lee, Mike, , Mr., [Electronically Filed] 06 06 2018 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	×	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	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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised (		Page 3
Write or Type Committee Name		
	North America LLC PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Swedish Match North	America LLC	
Mailing Address	1021 E Cary Street	
Mailing Address	STE 1600	
	Richmond VA 23219	
	CITY STATE Z	IP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Jones, De	von, , ,	1
Full Name	16305 Jahodi Lane	
Mailing Address		
	Henrico , VA , 23231	
	Henrico VA 23231	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records	Telephone number 804 - 7.	87 5176
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Lee, Mike, of Treasurer	, Mr.,	
Mailing Address	5400 Wellington Ridge Road	
	Richmond	
	CITY STATE Z	P CODE
Title or Position Controller	Telephone number   804   78	5180

rec <b>rom</b>	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	CITT	ZIF CODE
safety deposit bo		
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street	
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank	
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc.  Wells Fargo Bank  1021 East Cary Street  Richmond  CITY  STATE  Depository, etc.	ZIP 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:

We are amending our Statement of Organization, to add our new Treasurer, as our former has retired from the organization.

Form/Schedule: Transaction ID: