

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**HEXION INC. POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **180 EAST BROAD ST**  
Check if different than previously reported. (ACC) **COLUMBUS OH 43215**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00486944** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2024 through  /  /  2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Marx, Jeff, , ,**

Signature of Treasurer **Marx, Jeff, , ,** Date  /  /  2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HEXION INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (33451.76); (b) Cash on Hand at Beginning of Reporting Period (33451.76); (c) Total Receipts (from Line 19) (430.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (33881.76); 7. Total Disbursements (from Line 31) (5861.29); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (28020.47); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

X This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**HEXION INC. POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	150.00	150.00
(ii) Unitemized .....	280.00	280.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	430.00	430.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	430.00	430.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	430.00	430.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	430.00	430.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	361.29	361.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	361.29	361.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	5500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5861.29	5861.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5861.29	5861.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	430.00	430.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	430.00	430.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	361.29	361.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	361.29	361.29

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**HEXION INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Couhig, Stephanie, , ,**

Mailing Address 1636 Oxbow Dr.

City Blacklick   State OH   Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.   Occupation (for Individual) SVP Environmental Health & Safety

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 02 / 2024  
**Transaction ID : SA11AI.4272**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Couhig, Stephanie, , ,**

Mailing Address 1636 Oxbow Dr.

City Blacklick   State OH   Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.   Occupation (for Individual) SVP Environmental Health & Safety

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2024  
**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
100.00

Memo Item  
9/15/23 and 9/29/23 payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City   State   Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)   Occupation (for Individual)

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	150.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HEXION INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. The Huntington National Bank**

Mailing Address PO BOX 1558 EA1W37

City Columbus State OH Zip Code 43215-3707

Purpose of Disbursement

Prior Month's Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		15		2024

FEC Identification Number

C [ ]

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

[ ]	120.55
-----	--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Huntington National Bank**

Mailing Address PO BOX 1558 EA1W37

City Columbus State OH Zip Code 43215-3707

Purpose of Disbursement

Prior Month's Services

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2024

FEC Identification Number

C [ ]

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

[ ]	120.44
-----	--------

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]	[ ]
-----	-----

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ]	240.99
-----	--------

[ ]	240.99
-----	--------

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HEXION INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. BEATTY FOR CONGRESS

Mailing Address 222 EAST TOWN STREET  
SUITE 2W

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: OH District: 03

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2024

FEC Identification Number

C C00507368

Transaction ID : SB23.4286

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. CAPITO FOR WEST VIRGINIA

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: WV District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2024

FEC Identification Number

C C00539825

Transaction ID : SB23.4323

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. CAPITO FOR WEST VIRGINIA

Mailing Address P.O. BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: WV District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2024

FEC Identification Number

C C00539825

Transaction ID : SB23.4334

Amount of Each Disbursement this Period

- 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.4334

uncashed

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

HEXION INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CAREY FOR CONGRESS

Mailing Address 211 South Fifth Street

City COLUMBUS

State OH

Zip Code 43215

Purpose of Disbursement

011

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: OH District: 15

Date of Disbursement

Date grid: 01 / 18 / 2024

FEC Identification Number

C C00779603

Transaction ID : SB23.4290

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. DON DAVIS FOR NC

Mailing Address PO BOX 511

City SNOW HILL

State NC

Zip Code 28580

Purpose of Disbursement

011

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: NC District: 01

Date of Disbursement

Date grid: 02 / 29 / 2024

FEC Identification Number

C C00795211

Transaction ID : SB23.4320

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC

State WI

Zip Code 54964

Purpose of Disbursement

011

Candidate Name

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: WI District: 06

Date of Disbursement

Date grid: 01 / 18 / 2024

FEC Identification Number

C C00561597

Transaction ID : SB23.4288

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

Amount grid: 3000.00

TOTAL This Period (last page this line number only).....

Amount grid: 3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HEXION INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City  
FOND DU LAC

State  
WI

Zip Code  
54964

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: WI District: 06

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2024

FEC Identification Number

C C00561597
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**Transaction ID : SB23.4293**

Amount of Each Disbursement this Period

1500.00
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Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C
---

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C
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Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

1500.00
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5500.00
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