



RECEIVED

2012 OCT 15 PM 12:51

FEC MAIL CENTER

October 8, 2012

Federal Election Commission  
999 East Street, NW  
Washington, D.C. 20463

Re: Arkema Political Action Committee  
Identification No. C00182980

Dear Sir,

Enclosed is the October 15<sup>th</sup> Quarterly Report, Q3, of Receipts and Disbursements (FEC Form 3X) for the Arkema Political Action Committee.

Regards,

A handwritten signature in cursive script that reads "Peter Johnsen".

Peter Johnsen  
APAC Treasurer

Writer's E-mail: [pete.Johnsen@arkema.com](mailto:pete.Johnsen@arkema.com)  
Writer's Phone: (610) 205-7626  
Writer's Fax: (610) 205-7131

12030904096



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARKEMA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

MM ' DD ' YYYY  
07 ' 01 ' 2012

To:

MM ' DD ' YYYY  
09 ' 30 ' 2012

12030904098

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012	2012	57,241.00
(b) Cash on Hand at Beginning of Reporting Period.....	51,825.00	
(c) Total Receipts (from Line 19).....	6,012.00	17,096.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57,837.00	74,337.00
7. Total Disbursements (from Line 31).....	33,500.00	50,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24,337.00	24,337.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**ARKEMA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

07 / 01 / 2012

To:

09 / 30 / 2012

**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).....

4,024.00

11,000.00

(ii) Unitemized.....

1,988.00

6,096.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

6,012.00

17,096.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6,012.00

17,096.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

6,012.00

17,096.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

6,012.00

17,096.00

12030904099

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	33,500.00	50,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33,500.00	50,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	33,500.00	50,000.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

6,012.00
6,012.00
0
0

17,096.00
17,096.00
0
0

12030904101

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

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

FOR LINE NUMBER: PAGE 1 OF 6  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **KUNZ, DAVID**  
Mailing Address **900 FIRST AVE**  
City **KING OF PRUSSIA** State **PA** Zip Code **19406**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **ARKEMA INC.** Occupation **ATTORNEY**  
Receipt For:  Primary  General  Other (specify) **CONTRIBUTION**  
Aggregate Year-to-Date **3,000.00**  
Date of Receipt **MM / DD / YYYY**  
Amount of Each Receipt this Period **1,050.00**  
**Bi-weekly PAYROLL DEDUCTIONS**

**B.** Full Name (Last, First, Middle Initial) **GLOVER, CHRIS**  
Mailing Address **502 THOMAS JONES WAY**  
City **EXTON** State **PA** Zip Code **19341**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **SARDOMER** Occupation **MANUFACTURING DIRECTOR**  
Receipt For:  Primary  General  Other (specify) **CONTRIBUTION**  
Aggregate Year-to-Date **1,200.00**  
Date of Receipt **MM / DD / YYYY**  
Amount of Each Receipt this Period **480.00**  
**Bi-weekly PAYROLL DEDUCTIONS**

**C.** Full Name (Last, First, Middle Initial) **FLYNN, KAREN**  
Mailing Address **900 FIRST AVE**  
City **KING OF PRUSSIA** State **PA** Zip Code **19406**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **ARKEMA INC.** Occupation **SUPPLY CHAIN DIRECTOR**  
Receipt For:  Primary  General  Other (specify) **CONTRIBUTION**  
Aggregate Year-to-Date **1,070.00**  
Date of Receipt **MM / DD / YYYY**  
Amount of Each Receipt this Period **385.00**  
**Bi-weekly PAYROLL DEDUCTIONS**

**SUBTOTAL** of Receipts This Page (optional) **1,915.00**  
**TOTAL** This Period (last page this line number only)

12030904102

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

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

FOR LINE NUMBER: PAGE 2 OF 0  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**HAMIL, WILLIAM**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **V.P. GENERAL COUNCIL**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **800.00**

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

Amount of Each Receipt this Period  
**280.00**

**Bi-weekly PAYROLL DEDUCTIONS**

B. Full Name (Last, First, Middle Initial)  
**SHARP, DOUG**

Mailing Address  
**502 THOMAS JONES WAY**

City **EXTON** State **PA** Zip Code **19341**

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

Name of Employer **SARIOMER** Occupation **GROUP PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **800.00**

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

Amount of Each Receipt this Period  
**360.00**

**Bi-weekly PAYROLL DEDUCTIONS**

C. Full Name (Last, First, Middle Initial)  
**DIRKK, RYAN**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19341**

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

Name of Employer **ARKEMA INC.** Occupation **VP R&D**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **500.00**

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

Amount of Each Receipt this Period  
**175.00**

**Bi-weekly PAYROLL DEDUCTIONS**

SUBTOTAL of Receipts This Page (optional) ..... **815.00**

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

12030904103

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

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

FOR LINE NUMBER: PAGE 3 OF 6  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**KATZ, EMANUEL**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **GROUP PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **500.00**

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

Amount of Each Receipt this Period  
**175.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**B.** Full Name (Last, First, Middle Initial)  
**KEOUGH, MIKE**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **CIO**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **400.00**

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

Amount of Each Receipt this Period  
**140.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**C.** Full Name (Last, First, Middle Initial)  
**MAKEL, KIRSTEN**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **GENERAL MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **450.00**

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

Amount of Each Receipt this Period  
**175.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**SUBTOTAL** of Receipts This Page (optional) ..... **490.00**

**TOTAL** This Period (last page this line number only) ..... **490.00**

12030904104

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

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

FOR LINE NUMBER: PAGE 4 OF 6  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle, Initial)  
**ROWE, RICHARD**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **GROUP PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **400.00**

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

Amount of Each Receipt this Period  
**140.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**B.** Full Name (Last, First, Middle, Initial)  
**SCHWARTZ, SCOTT**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **GROUP PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **400.00**

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

Amount of Each Receipt this Period  
**140.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**C.** Full Name (Last, First, Middle, Initial)  
**TILLES, ERIC**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **400.00**

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

Amount of Each Receipt this Period  
**140.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**SUBTOTAL** of Receipts This Page (optional)..... **420.00**

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

12030904105

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

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

FOR LINE NUMBER: PAGE 5 OF 6  
(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)  
**ARKEMA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**HALL, JEFF**

Mailing Address  
**4444 INDUSTRIAL PARKWAY**

City **CALVERT CITY** State **KY** Zip Code **42029**

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

Name of Employer **ARKEMA INC** Occupation **PLANT MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **300.00**

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

Amount of Each Receipt this Period  
**105.00**

**Bi-weekly PAYROLL DEDUCTIONS**

B. Full Name (Last, First, Middle Initial)  
**HARMAN, LOUISE**

Mailing Address  
**900 FIRST AVE**

City **KING OF PRUSSIA** State **PA** Zip Code **19406**

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

Name of Employer **ARKEMA INC.** Occupation **DIRECTOR - BENEFITS**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **240.00**

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

Amount of Each Receipt this Period  
**84.00**

**Bi-weekly PAYROLL DEDUCTIONS**

C. Full Name (Last, First, Middle Initial)  
**MOOR, THOMAS**

Mailing Address  
**502 THOMAS JONES WAY**

City **EXTON** State **PA** Zip Code **19341**

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

Name of Employer **SARTOMER** Occupation **GROUP PR FINANCE DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **240.00**

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

Amount of Each Receipt this Period  
**90.00**

**Bi-weekly PAYROLL DEDUCTIONS**

SUBTOTAL of Receipts This Page (optional)..... **279.00**

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

12030904106

**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 **6**

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
**ARLEMA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT, MIKE**

Mailing Address  
**9502 B BAYPORT BLVD.**

City **PASADENA** State **TX** Zip Code **77507**

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

Name of Employer **ARLEMA INC.** Occupation **REGIONAL PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **CONTRIBUTION**

Aggregate Year-to-Date **3,000.00**

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period  
**1,050.00**

**Bi-weekly PAYROLL DEDUCTIONS**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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

**1,050.00**

**4,024.00**

12030904107

**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)						PAGE / OF 11				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full)  
**ARLEMA POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **SHUSTER, BILL** Date of Disbursement **07 / 16 / 2012**

Mailing Address **204 CANNON HOUSE OFFICE BUILDING**

City **WASHINGTON** State **DC** Zip Code **20515**

Purpose of Disbursement **FUNDRAISER** Category/Type

Candidate Name **BILL SHUSTER** Amount of Each Disbursement this Period **1,000.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **PA** District: **9TH**

**B.** Full Name (Last, First, Middle Initial) **CASEY, BOB** Date of Disbursement **07 / 16 / 2012**

Mailing Address **393 RUSSELL SENATE OFFICE BUILDING**

City **WASHINGTON** State **DC** Zip Code **20510**

Purpose of Disbursement **FUNDRAISER** Category/Type

Candidate Name **BOB CASEY** Amount of Each Disbursement this Period **1,000.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **PA** District:

**C.** Full Name (Last, First, Middle Initial) **ALAMO PAC** Date of Disbursement **07 / 16 / 2012**

Mailing Address **919 CONGRESS AVE SUITE 1400**

City **AUSTIN** State **TX** Zip Code **78701**

Purpose of Disbursement **FUNDRAISER** Category/Type

Candidate Name **JOHN CORNYN** Amount of Each Disbursement this Period **1,000.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **TX** District:

**SUBTOTAL** of Disbursements This Page (optional) **3,000.00**

**TOTAL** This Period (last page this line number only) **3,000.00**

12020904108

**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)						PAGE <u>2</u> OF <u>11</u>
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A. RAND PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **1029 STATE STREET**

City: **BOWLINGGREEN** State: **KY** Zip Code: **42101**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **RAND PAUL**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **KY** District:

Date of Disbursement: **07/16/2012**

Amount of Each Disbursement this Period: **1,000.00**

**B. STABENOW, DEBBIE**

Full Name (Last, First, Middle Initial)

Mailing Address: **221 W. LAKE LANSING ROAD SUITE 100**

City: **EAST LANSING** State: **MI** Zip Code: **48823**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **DEBBIE STABENOW**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **MI** District:

Date of Disbursement: **07/16/2012**

Amount of Each Disbursement this Period: **1,000.00**

**C. MULVANEY, MICK**

Full Name (Last, First, Middle Initial)

Mailing Address: **1004 LONGWORTH HOB**

City: **WASHINGTON** State: **DC** Zip Code: **20515**

Purpose of Disbursement: **FUNDRAISER**

Candidate Name: **MICK MULVANEY**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **SC** District: **5TH**

Date of Disbursement: **07/16/2012**

Amount of Each Disbursement this Period: **1,000.00**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **3,000.00**

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

12030904109

**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)						PAGE 3 OF 11
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**HOCHUL, KATHY**

Mailing Address  
**P.O. BOX 64**

City **BUFFALO** State **NY** Zip Code **14231**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**KATHY HOCHUL**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **NY** District: **26TH**

Date of Disbursement  
**07 ' 23 ' 2012**

Amount of Each Disbursement this Period  
**1,000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**GERLACH, JIM**

Mailing Address  
**2442 RAYBURN HOUSE OFFICE BUILDING**

City **WASHINGTON** State **DC** Zip Code **20515**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**JIM GERLACH**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **PA** District: **6TH**

Date of Disbursement  
**07 ' 23 ' 2012**

Amount of Each Disbursement this Period  
**1,000.00**

**C.**

Full Name (Last, First, Middle Initial)  
**FRANKEN, AL**

Mailing Address  
**P.O. BOX 583144**

City **MINNEAPOLIS** State **MN** Zip Code **55458**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**AL FRANKEN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **MN** District: **FUNDRAISER**

Date of Disbursement  
**07 ' 23 ' 2012**

Amount of Each Disbursement this Period  
**1,000.00**

**SUBTOTAL** of Disbursements This Page (optional)..... **3,000.00**

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

12030904110

**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)	PAGE 4 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
		<input type="checkbox"/> 25 <input type="checkbox"/> 29
		<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CORKER BOB</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>DIRIKSEN SENATE OFFICE BUILDING SD-185</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20510</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>BOB CORKER</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>TN</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. GILLIBRAND, KIRSTEN</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>780 THIRD AVE SUITE 2601</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>NEW YORK</b>	State <b>NY</b>	
Zip Code <b>10017</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>KIRSTEN GILLIBRAND</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>NY</b>	District:	

Full Name (Last, First, Middle Initial) <b>C. FEINSTEIN, DIANNE</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>331 HART SENATE OFFICE BLDG</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON DC</b>	State <b>DC</b>	
Zip Code <b>20510</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>DIANNE FEINSTEIN</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>CA</b>	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>3,000.00</b>
TOTAL This Period (last page this line number only).....▶	

12030904111

**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)	PAGE 5 OF 6
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
		<input type="checkbox"/> 25 <input type="checkbox"/> 29
		<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>GRAVES, Jim</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>P.O. BOX 637</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>ANOKA</b>	State <b>MN</b>	
Zip Code <b>55303</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>Jim GRAVES</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>MO</b>	District: <b>6TH</b>	

Full Name (Last, First, Middle Initial) <b>YARMUTH, JOHN</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>435 CANNON HOUSE OFFICE BUILDING</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20515</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>JOHN YARMUTH</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>KY</b>	District: <b>3RD</b>	

Full Name (Last, First, Middle Initial) <b>RUSH, BOBBY</b>		Date of Disbursement MM ' DD ' YYYY <b>07 ' 23 ' 2012</b>
Mailing Address <b>2268 RAYBURN HOUSE OFFICE BLDG</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20515</b>		
Purpose of Disbursement <b>FUNDRAISER</b>	Category/Type	
Candidate Name <b>BOBBY RUSH</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>IL</b>	District: <b>1ST</b>	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>3,000.00</b>
TOTAL This Period (last page this line number only).....▶	

12030904112

**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)	PAGE 6 OF 11
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**ARLEMA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>CASEY, BOB</b>		Date of Disbursement <b>07' 30' 2012</b>
Mailing Address <b>393 RUSSELL SENATE OFFICE BLDG</b>		Amount of Each Disbursement this Period <b>2,500.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20510</b>		
Purpose of Disbursement <b>FUNDRAISER</b>		
Candidate Name <b>BOB CASEY</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>PA</b>	District:	

Full Name (Last, First, Middle Initial) <b>FITZ PATRICK, MIKE</b>		Date of Disbursement <b>07' 30' 2012</b>
Mailing Address <b>1224 LONG WORTH HOBS</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20515</b>		
Purpose of Disbursement <b>FUNDRAISER</b>		
Candidate Name <b>MIKE FITZ PATRICK</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>PA</b>	District: <b>8th</b>	

Full Name (Last, First, Middle Initial) <b>DURBIN, DICK</b>		Date of Disbursement <b>09' 17' 2012</b>
Mailing Address <b>711 HART SENATE BLDG</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20510</b>		
Purpose of Disbursement <b>FUNDRAISER</b>		
Candidate Name <b>DICK DURBIN</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>	
State: <b>IL</b>	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>4,500.00</b>
TOTAL This Period (last page this line number only).....▶	

12030904113

**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)	PAGE 7 OF 11
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <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)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**WARNER, MARK**

Date of Disbursement  
**09 / 12 / 2012**

Mailing Address  
**475 RUSSELL SENATE OFFICE BLDG**

City  
**WASHINGTON DC 20510**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**MARK WARNER**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **VA** District:

Amount of Each Disbursement this Period  
**1,000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**MEEHAN, PAT**

Date of Disbursement  
**09 / 12 / 2012**

Mailing Address  
**513 CANNON HOB**

City  
**WASHINGTON DC 20515**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**PAT MEEHAN**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **PA** District: **7TH**

Amount of Each Disbursement this Period  
**1,000.00**

**C.**

Full Name (Last, First, Middle Initial)  
**SHIMKUS, JOHN**

Date of Disbursement  
**09 / 12 / 2012**

Mailing Address  
**2452 RAYBURN HOB**

City  
**WASHINGTON DC 20515**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**JOHN SHIMKUS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **IL** District: **19TH**

Amount of Each Disbursement this Period  
**1,000.00**

**SUBTOTAL** of Disbursements This Page (optional)..... **3,000.00**

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

12030904114

**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)	PAGE 8 OF 11				
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

1203090415

**A.**

Full Name (Last, First, Middle Initial)  
**LUNGREN, DAN**

Date of Disbursement  
MM ' DD ' YYYY  
**09 ' 12 ' 2012**

Mailing Address  
**2313 RAYBURN HOB**

City  
**WASHINGTON DC 20515**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**DAN LUNGREN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **CA** District: **3RD**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**B.**

Full Name (Last, First, Middle Initial)  
**LANDRY, JEFF**

Date of Disbursement  
MM ' DD ' YYYY  
**09 ' 12 ' 2012**

Mailing Address  
**P.O. BOX 13816**

City  
**NEW LBERIA LA 70562**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**JEFF LANDRY**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **LA** District: **3RD**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**C.**

Full Name (Last, First, Middle Initial)  
**FORBES, RANDY**

Date of Disbursement  
MM ' DD ' YYYY  
**09 ' 12 ' 2012**

Mailing Address  
**2438 RAYBURN HOB**

City  
**WASHINGTON DC 20515**

Purpose of Disbursement  
**FUNDRAISER**

Candidate Name  
**RANDY FORBES**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRAISER**

State: **VA** District: **4TH**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **3,000.00**

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

**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)						PAGE 9 OF 11
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**DeMINT, Jim**

Date of Disbursement  
**09' 17' 2012**

Mailing Address  
**39 BROAD STREET SUITE 300**

City  
**CHARLESTON** State  
**SC** Zip Code  
**29401**

Purpose of Disbursement  
**FUNDRASER**

Candidate Name  
**Jim DeMINT**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRASER**

State: **SC** District:

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**B.**

Full Name (Last, First, Middle Initial)  
**FINCHER, STEPHEN**

Date of Disbursement  
**09' 17' 2012**

Mailing Address  
**1118 LONGWORTH HOB**

City  
**WASHINGTON** State  
**DC** Zip Code  
**20515**

Purpose of Disbursement  
**FUNDRASER**

Candidate Name  
**STEPHEN FINCHER**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRASER**

State: **TN** District: **8TH**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**C.**

Full Name (Last, First, Middle Initial)  
**HURT, ROBERT**

Date of Disbursement  
**09' 17' 2012**

Mailing Address  
**1516 LONGWORTH HOB**

City  
**WASHINGTON** State  
**DC** Zip Code  
**20515**

Purpose of Disbursement  
**FUNDRASER**

Candidate Name  
**ROBERT HURT**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **FUNDRASER**

State: **VA** District: **5TH**

Amount of Each Disbursement this Period  
**1,000.00**

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **3,000.00**

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

12030904116

**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)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

ARKEMA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.**

GERLACH, Jim

Mailing Address: 2442 RAYBURN HOB

City: WASHINGTON DC State: DC Zip Code: 20515

Purpose of Disbursement: FUNDRAISER

Candidate Name: Jim GERLACH

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) FUNDRAISER

State: PA District: 6th

Date of Disbursement: 09' 17' 2012

Amount of Each Disbursement this Period: 1,000.00

**B.**

HAGAN, KAY

Mailing Address: 521 DIRKSEN SENATE OFFICE BLDG

City: WASHINGTON DC State: DC Zip Code: 20510

Purpose of Disbursement: FUNDRAISER

Candidate Name: KAY HAGAN

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) FUNDRAISER

State: NC District:

Date of Disbursement: 09' 17' 2012

Amount of Each Disbursement this Period: 1,000.00

**C.**

LANDRIEU, MARY

Mailing Address: 431 DIRKSEN SENATE OFFICE BLDG

City: WASHINGTON DC State: DC Zip Code: 20510

Purpose of Disbursement: FUNDRAISER

Candidate Name: MARY LANDRIEU

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) FUNDRAISER

State: LA District:

Date of Disbursement: 09' 25' 2012

Amount of Each Disbursement this Period: 2,000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4,000.00

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

12030904117

**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)						PAGE // OF //	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**ARKEMA POLITICAL ACTION COMMITTEE**

12030904118

Full Name (Last, First, Middle Initial) <b>FITZPATRICK, MIKE</b>		Date of Disbursement MM / DD / YYYY <b>09 / 27 / 2012</b>	
Mailing Address <b>1224 LONGWORTH HOB</b>			
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20515</b>	
Purpose of Disbursement <b>FUNDRAISER</b>		Amount of Each Disbursement this Period <b>1,000.00</b>	
Candidate Name <b>MIKE FITZPATRICK</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>FUNDRAISER</b>		
State: <b>PA</b>	District: <b>8TH</b>		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>1,000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>33,500.00</b>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
10/8/12

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

10/15/12  
DATE PREPARED

12030904119