Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. HEMTURA CORPORATION POLITICAL ACTION COMMIT 199 Benson Road ADDRESS (number and street) (Check if address is changed) Middlebury 06749 CT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nancy.bissonnette@chemtura.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00385609 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. Nancy Mary Bissonnette Type or Print Name of Treasurer Nancy Mary Bissonnette [Electronically Filed] 80 02 2016 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

Local 202-694-1100

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TYPE OF C	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(a)	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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee: (National, State	(Domogratio
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
٥.		

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Write or Type Committee Nam		T age 🗸
3.	ORPORATION POLITICAL ACTIO	ON COMMITTEE
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representa	ntive, or Leadership PAC Sponsor
CHEMTURA CORPO	RATION	
Mailing Address	199 Benson Road	
Mailing Address		
	Middlebury CT	06749
	CITY STAT	E ZIP CODE
Relationship: X Connected	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the ary Bissonnette	he person in possession of committee
Full Name	,199 Benson Road	
Mailing Address		
	Middlebury CT	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ittee; and the name and address of
Full Name Nancy Ma	ary Bissonnette	ı
of Treasurer		
Mailing Address	199 Benson Road	
	Middlebury	06790
T11 D 11	CITY STATE	ZIP CODE
Title or Position Treasurer		203   573   3501

Telephone number

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Full Name of Designated	Patty Cardin	1 1 1 1 1 1 1 1
Agent	PO Box 10485	
Mailing Address		
	El Dorado AR 71730	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number =	864   -   1550
safety deposit be	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	
safety deposit be Name of Bank,	oxes or maintains funds.	1 1 1 1 1 1
safety deposit bo	oxes or maintains funds.  Depository, etc.  Bank of America  12 Main St. South	
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Bank of America  12 Main St. South	
safety deposit be Name of Bank,	oxes or maintains funds.  Depository, etc.  Bank of America  12 Main St. South	
safety deposit be Name of Bank,	Depository, etc.  Bank of America  12 Main St. South  Southbury  CT 06488	ZIP CODE
safety deposit be Name of Bank,	Depository, etc.  Bank of America  12 Main St. South  Southbury  CITY  STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Bank of America  12 Main St. South  Southbury  CITY  STATE	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Bank of America	
safety deposit be Name of Bank, Mailing Address	Depository, etc.    Bank of America	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Bank of America	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    Bank of America	