Image# 201909139163316245				03/13/2013 10 . 40
FEC FORM 1	STATEME ORGANIZ			PAGE 1 / 4 —
	(OL 1 1)			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ARKEMA INC P	OLITICAL ACTIO	ON COMMITTEE		
ADDRESS (number and street)	900 FIRST AVE			
(Check if address				
is changed)	KING OF PRUSSIA		PA19	)406
			STATE A	
			JIAI E A	
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	ryan.collins@arkema.c	com		
	Optional Second E-Mail Ad	dress		
	ryan.collins@arkem	a.com		
(Check if address is changed)				
2. DATE 07	02 / Y Y Y Y 2019			
3. FEC IDENTIFICATION		00182980		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasu	rer Moor, Tom, , ,			
Signature of Treasurer	or, Tom, , ,	[Electronically Filed]	Date 09	13 / Y Y Y Y 13 2019
NOTE: Submission of false, erro	pneous, or incomplete information	may subject the person signing		e penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE	
Candidate Committee:	
(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. (Comp information below.)	plete the candidate
Name of     Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of     Candidate     Image: Candidate <th< td=""><td></td></th<>	
Party Committee:	
	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its com	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 seg 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.)	
Joint Fundraising 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
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2 FEC ID number C	
3 FEC ID number C	
4 FEC ID number C	

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Write or Type Committee Name

## ARKEMA INC POLITICAL ACTION COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Arkema Inc		
Mailing Address	900 FIRST AVENUE	
		PA 19406
	CITY	STATE ZIP CODE
Relationship: 🗴 Connected	l Organization Affiliated Committee Joint Fundraising	g Representative Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Moor, Tom	٦, , ,
Full Name	
Mailing Address	502 Thomas Jones Way
	Exton PA 19341
Title or Position	CITY STATE ZIP CODE
Director Finance	Telephone number 610 205 7870

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Moor, Tom, , ,
Mailing Address	502 Thomas Jones Way
	Exton
	CITY STATE ZIP CODE
Title or Position	610 205 7870   Telephone number - -

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Full Name of Designated Agent	Hamel, Willia	am,,,																			
Mailing Address	l	900 First Ave																			
	l																				
	Į	King of Prussia								L	PA 			19	9406			-[			
			CIT	Y						S	TATE	Ξ				ZII	Р С	ODE	2		
Title or Position	9 <b>1</b> 					Tel	eph	one	nur	nbe	r		61	0	-[	20	5	]-[	7	000	

9. 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.

	ANK		
Mailing Address	249 FIFTH AVE		
	PITTSBURGH	PA 15222	
	CITY	STATE ZI	P CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZI	P CODE