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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) ANXESS SOLUTIONS US INC. 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 31 2017 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. Bissonnette, Nancy, Mary, , Type or Print Name of Treasurer Bissonnette, Nancy, Mary,, [Electronically Filed] 06 07 2017 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 Toll Free 800-424-9530 Only Local 202-694-1100

(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. (Complete the candidate information below.)		
Name of Candidate			
Candidate Party Affiliat	on Office Sought: House Senate President	State	
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor		(Democratic,	
(d)		Republican, etc.) Party.	
Political A	ction Committee (PAC):		
(e) x	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 segregated committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fund	Iraising 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			

Image# 201706079036321277					
	-				
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V	Vrite or Type Committee Name	9			
	LANXESS SOL	UTIONS US INC. POLITICAL ACTION CO	MMITTEE		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor		
L	ANXESS SOLUTION	IS US INC.			
L					
	Mailing Address	199 Benson Road			
	Ç				
		Middlebury CT 06749	. -		
		CITY STATE Z	IP CODE		
	books and records.	ntify by name, address (phone number optional) and position of the person in possette, Nancy, Mary, ,	ession of committee		
	Full Name				
	Mailing Address	199 Benson Road			
		Middlebury CT 06790			
	Title or Position	CITY STATE ZI	P CODE		
		Telephone number			
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of		
	Full Name Bissonnett of Treasurer	e, Nancy, Mary, ,			
	Mailing Address	199 Benson Road			
			1		

06790

203

ZIP CODE

3501

573

СТ

STATE

Telephone number

Middlebury

Title or Position Treasurer CITY

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Full Name of Designated Agent	Cardin, Patty, , ,					
Mailing Address	PO Box 10485					
	El Dorado AR 71730					
	CITY STATE ZI	P CODE				
Title or Position Assistant Treas	urer Telephone number 870 – 86-	4 - 1550				
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. Bank of America						
Mailing Address	12 Main St. South					
	Southbury CT 06488					
	CITY STATE ZI	P CODE				
Name of Bank,	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Please note the connected organization is a Corporation.

Form/Schedule: Transaction ID: