

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Ashland Inc. Political Action Committee for Employees (PACE)

ADDRESS (number and street)

50 East RiverCenter Boulevard

(Check if address is changed)

PO Box 391

Covington

KY

41012

0391

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rlgumm@ashland.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6063294786

2. DATE

12 / 21 / 2006

3. FEC IDENTIFICATION NUMBER

C C00075994

4. 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

Type or Print Name of Treasurer

Rebecca L. Gumm

Signature of Treasurer

Electronically Filed by Rebecca L. Gumm

Date

12 / 21 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Ashland Inc. _____

Mailing Address **50 East RiverCenter Boulevard**
PO Box 391
Covington **KY** **41012** - **0391**
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Ashland Inc. Political Action Committee for Employees (PACE)

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

Full Name **Rebecca L. Gumm**

Mailing Address **500 Diederich Boulevard**

Russell **KY** **41169** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **606** - **329** - **3541**

- 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 **Rebecca L. Gumm**

Mailing Address **500 Deiderich Boulevard**

Russell **KY** **41169** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **606** - **329** - **3541**

Full Name of Designated Agent **Brenda G. Anderson**

Mailing Address **555 12th Street, NW.**

Suite 620 North Tower

Washington **DC** **20004** - -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Assistant Treasurer Telephone number **202** - **223** - **8290**

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.

	Peoples Bank		
Mailing Address	900 Diederich Boulevard		
	Russell	KY	41169 -
	CITY ▲	STATE ▲	ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name **Linda L. Fones**

Mailing Address **555 12th Street NW**

Suite 620 North Tower

Washington DC 20004

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20004**

Telephone number **202 223 8290**