

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -5 A 11: 35

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>The PolyOne Corporation PolyOne Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C00288712</i>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <i>33587 WALKER ROAD</i>		
CITY, STATE and ZIP CODE <i>AVON LAKE, OHIO 44012</i>		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on Nov 7, 2000 in the State of OHIO
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <i>OCT 1, 2000 through NOV. 27, 2000</i>		
6. (a) Cash on Hand January 1, 19 2000		\$ 31,428.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 35,909.88	
(c) Total Receipts (from Line 19)	\$ 3,159.10	\$ 34,940.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,068.98	\$ 66,368.98
7. Total Disbursements (from Line 30)	\$ 17,900.00	\$ 45,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 21,168.98	\$ 21,168.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-684-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer <i>LEE LARSON</i>	<i>ASSIST. TREASURER</i>	Date <i>11/21/00</i>
Signature of Treasurer <i>[Signature]</i>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 2,850.70	\$ 21,200.69	11(a)(i)
ii. Unitemized	308.40	13,740.15	11(a)(ii)
iii. Total (add i and ii) >	3,159.10	34,940.84	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	3,159.10	34,940.84	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,159.10	34,940.84	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3,159.10	34,940.84	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,500.00	30,250.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	2,400.00	14,950.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17,900.00	45,200.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,159.10	34,940.84	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,159.10	34,940.84	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

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NAME OF COMMITTEE (In Full)

The PolyOne Corporation
PolyOne Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES ALLISON TWO KINGWOOD PLACE 700 ROCKMENS DR., #250 HOUSTON, TX 77339	PolyOne Corp.	Payroll	\$10.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	DEDUCT.	\$20.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 220.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WOODROW BAN 33587 WALKER ROAD AVON LAKE, OH 44012	PolyOne Corp.	Payroll	\$15.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: SR. CORP. COUNSEL	DEDUCT.	\$30.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 330.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENIS BEZILE 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll	\$58.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: VICE PRESIDENT	DEDUCT.	\$116.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 1,276.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERROD BIALKO 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll	\$80.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	DEDUCT.	\$160.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 1,083.68		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCIS (KEVIN) BODINE 21120 WARREN ST. PLAQUEMINE, LA 70764	PolyOne Corp.	Payroll	\$10.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: PLANT MANAGER	DEDUCT.	\$20.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 220.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK BORKE 41 SHIPYARD ROAD SINGAPORE. 628134	PolyOne Corp.	Payroll	\$40.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	- DEDUCT.	\$80.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 980.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES CASALLERO STARKS COURT WEST LONG BRANCH, NJ 07764	PolyOne Corp.	Payroll	\$25.00 PER PAY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	DEDUCT.	\$50.00 THIS PERIOD
	Aggregate Year-to-Date > \$ 550.00		

SUBTOTAL of Receipts This Page (optional)

\$ 476.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS COCO 200 PUBLIC SQUARE, STE. 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	PAYROLL DEDUCT	\$50.00 PER PAY \$100.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 1,100.00	
DIANE DAUJE 200 PUBLIC SQUARE, STE. 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	PAYROLL DEDUCT	\$60.00 PER PAY \$120.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: VICE PRESIDENT	Aggregate Year-to-Date > \$ 1,320.00	
PHILLIP DONATACCIO 33587 WALKER RD. AVON LAKE, OH 44012	PolyOne Corp.	PAYROLL DEDUCT	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 440.00	
JOHN BRESCH 33587 WALKER RD. AVON LAKE, OH 44012	PolyOne Corp.	PAYROLL DEDUCT	\$35.00 PER PAY \$70.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 770.00	
CHARLES DYLAG 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	PAYROLL DEDUCT	\$10.00 PER PAY \$20.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 220.00	
NANCY ERNSTAS 200 PUBLIC SQUARE, STE. 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	PAYROLL DEDUCT	\$15.00 PER PAY \$30.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	Aggregate Year-to-Date > \$ 330.00	
THOMAS GIBSON 6025 GRAND VIEW WAY SUWANEE, GA 30024	PolyOne Corp.	PAYROLL DEDUCT	\$9.24 PER PAY \$18.48 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: ACCT EXEC BUS. DEV. MGR.	Aggregate Year-to-Date > \$ 203.28	

SUBTOTAL of Receipts This Page (optional)

\$398.48

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GRAY 33587 WALKER RD. AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct	\$30.00 PER PAY \$60.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	Aggregate Year-to-Date > \$ 660.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN W. GRESSLER 33587 WALKER ROAD AVON LAKE, OH 44012	PolyOne CORP	Payroll Deduct	\$15.00 PER PAY \$30.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	Aggregate Year-to-Date > \$ 330.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK HESS 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp	Payroll Deduct	\$10.00 PER PAY \$20.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DATA BASE ADMINISTRATOR	Aggregate Year-to-Date > \$ 220.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLENN HIGBY 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp	Payroll Deduct	\$60.00 PER PAY \$120.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 1,320.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID HONEYCUTT 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct	\$10.00 PER PAY \$20.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES HUDAK 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct	\$15.00 PER PAY \$30.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER	Aggregate Year-to-Date > \$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID KANTOR 33587 WALKER RD. AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation:	Aggregate Year-to-Date > \$ 440.00	

SUBTOTAL of Receipts This Page (optional)

\$ 320.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code RONALD C. KAMINSKI 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20. ⁰⁰ PER PAY
	Occupation DIRECTOR	DEDUCT.	\$40. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 440.00		

B. Full Name, Mailing Address and ZIP Code DANTE L. KICKEL 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$35. ⁰⁰ PER PAY
	Occupation DIRECTOR	DEDUCT.	\$70. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 770.00		

C. Full Name, Mailing Address and ZIP Code DONALD P. KNECHTGES 200 PUBLIC SQUARE, STE 365000 CLEVELAND, OHIO 44114	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$77. ⁰⁰ PER PAY
	Occupation	DEDUCT	\$154.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 1,694.00		

D. Full Name, Mailing Address and ZIP Code LAE LARSON 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$15. ⁰⁰ PER PAY
	Occupation SR. CORPORATE COUNSEL	DEDUCT	\$30. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 330.00		

E. Full Name, Mailing Address and ZIP Code CALVIN LEE 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$10. ⁰⁰ PER PAY
	Occupation DIRECTOR	DEDUCT	\$20. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 220.00		

F. Full Name, Mailing Address and ZIP Code JAMES LEWIS 33587 WALKER RD. AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20. ⁰⁰ PER PAY
	Occupation DIRECTOR	DEDUCT.	\$40. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 440.00		

G. Full Name, Mailing Address and ZIP Code TIMOTHY MANNING 1944 VALLEY AVE. WINCHESTER, VA 22601	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20. ⁰⁰ PER PAY
	Occupation DIRECTOR	DEDUCT	\$40. ⁰⁰ THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 440.00		

SUBTOTAL of Receipts This Page (optional) \$ 394.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code RONALD MARTIN 3100 N. 35 th ST. TERRE HAUTE, IN 47804	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$40.00 PER PAY \$80.00 THIS PERIOD
	Occupation PLANT MGR.	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 880.00		

B. Full Name, Mailing Address and ZIP Code ALLAN MATYGER P.O. Box 400 FEDERICKTOWN, NJ 08067	Name of Employer POLYONE CORP.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$100 PER PAY \$200 THIS PERIOD
	Occupation MANAGER	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 220.00		

C. Full Name, Mailing Address and ZIP Code VICTOR LANCE MITCHELL 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$75 PER PAY \$150 THIS PERIOD
	Occupation VICE PRESIDENT	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 1,650.00		

D. Full Name, Mailing Address and ZIP Code CHRISTOPHER J. MOHN 200 PUBLIC SQUARE, STE 36500 CLEVELAND, OH 44114	Name of Employer POLYONE CORP.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20 PER PAY \$40 THIS PERIOD
	Occupation DIRECTOR	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 440.00		

E. Full Name, Mailing Address and ZIP Code STACY (SAM) MORRIS 1804 RIVER ROAD P.O. Box 456 BURLINGTON, NJ 08016	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20 PER PAY \$40 THIS PERIOD
	Occupation PLANT MGR	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 440.00		

F. Full Name, Mailing Address and ZIP Code JAMES NORDMEYER 33587 WALKER RD. AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$20 PER PAY \$40 THIS PERIOD
	Occupation DIRECTOR	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 430.00		

G. Full Name, Mailing Address and ZIP Code TIMOTHY PATTERSON 33587 WALKER RD AVON LAKE, OH 44012	Name of Employer PolyOne Corp.	Date (month, day, year) Payroll	Amount of Each Receipt this Period \$10 PER PAY \$20 THIS PERIOD
	Occupation GEN. MGR - SPECIALTY RESINS	DEDUCT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Aggregate Year-to-Date > \$ 220.00		

SUBTOTAL of Receipts This Page (optional)

\$ 390.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID QUESTER 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$15.00 PER PAY \$30.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR Aggregate Year-to-Date > \$ 330.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT RADTKE 2104 E. 223 RD ST. CARSON, CA 90745	PolyOne Corp.	Payroll Deduct.	\$9.61 PER PAY \$19.22 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER Aggregate Year-to-Date > \$ 211.40		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN RASTETTER 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	Payroll Deduct.	\$30.00 PER PAY \$60.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR Aggregate Year-to-Date > \$ 600.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH RECKO 33587 WALKER ROAD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: TECHNICAL MGR. Aggregate Year-to-Date > \$ 440.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER ROETNIER 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$10.00 PER PAY \$20.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER Aggregate Year-to-Date > \$ 220.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT H. ROSENBAUM 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: GEN. MGR. - CUSTOM PROFILE COMPARISONS Aggregate Year-to-Date > \$ 440.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY RUTMAN 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	Payroll Deduct.	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: VP, CHIEF LEGAL OFFICER, SECRETARY Aggregate Year-to-Date > \$ 440.00		
SUBTOTAL of Receipts This Page (optional)			\$ 249.22
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 8
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES SCHONBERG 1064 TRIPLE CREEK RD, FREDERICKSBURG, TX 78624	PolyOne Corp.	Payroll Deduct.	\$10.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: SONBET J.V. MGR.	Aggregate Year-to-Date > \$ 220.00	\$20.00 THIS PERIOD
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK H. SCHULER 4200 BELLS LANE LOUISVILLE, KY 40211	PolyOne Corp.	Payroll Deduct.	\$120.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: PLANT MGR.	Aggregate Year-to-Date > \$ 440.00	\$40.00 THIS PERIOD
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASNOK SHAH 33587 WALKER RD, AVON LAKE, OH 44024	PolyOne Corp.	Payroll Deduct.	\$25.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 550.00	\$50.00 THIS PERIOD
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOEL SIMMONS 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$15.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MGR HUMAN RESOURCES	Aggregate Year-to-Date > \$ 330.00	\$30.00 THIS PERIOD
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGORY SMITH 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$20.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 440.00	\$40.00 THIS PERIOD
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH SMITH 33587 WALKER RD AVON LAKE, OH 44012	PolyOne Corp.	Payroll Deduct.	\$58.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: GRIFF INFORMATION OFFICER	Aggregate Year-to-Date > \$ 1,228.00	\$116.00 THIS PERIOD
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARMELO STOLFO P.O. BOX 400 PEDRICKTOWN, NJ 08067	PolyOne Corp.	Payroll Deduct.	\$10.00 PER PAY PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: PLANT MGR.	Aggregate Year-to-Date > \$ 220.00	\$20.00 THIS PERIOD

SUBTOTAL of Receipts This Page (optional)

\$ 316.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)
THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
DAVID TAYLOR 33587 WALKER RD AVON LAKE, OH 44024	PolyOne Corp	Payroll Deduct	\$12.50 PER PAY \$25.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: SR. MGR-STRATEGIC PROGRAM DEV.	Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
BRUCE TYLWICKI 33587 WALKER RD AVON LAKE, OH 44024	PolyOne Corp	Payroll Deduct	\$20.00 PER PAY \$40.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MGR, RAW MATERIAL PURCHASING	Aggregate Year-to-Date > \$ 440.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
THOMAS A. WALTERS 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	Payroll Deduct	\$26.00 PER PAY \$52.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: CHAIRMAN, CEO & PRESIDENT	Aggregate Year-to-Date > \$ 572.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
WILLIAM DAVID WILSON 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp	Payroll Deduct	\$25.00 PER PAY \$50.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: VICE PRESIDENT & CEO	Aggregate Year-to-Date > \$ 550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
D'LANE L. WISNER 200 PUBLIC SQUARE, STE 36-5000 CLEVELAND, OH 44114	PolyOne Corp.	Payroll Deduct	\$45.00 PER PAY \$90.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: DIRECTOR	Aggregate Year-to-Date > \$ 910.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
THOMAS WORRELL 3100 N. 35th St. TERRE HAUTE, IN 47804	PolyOne Corp.	Payroll Deduct	\$25.00 PER PAY \$50.00 THIS PERIOD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIBUTION	Occupation: MANAGER-HUMAN RESOURCES	Aggregate Year-to-Date > \$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (This Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$ 307.00

TOTAL This Period (last page this line number only)

\$ 2,850.70

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
THE POLYONK CORPORATION
POLYONK ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANDREWS FOR CONGRESS COMMITTEE P.O. BOX 295 OAKLYN, NJ 08107	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
KEANS FOR CONGRESS COMMITTEE C/O HANCOCK ASSOC 801 N. PITT ST, S-120 ALEXANDRIA, VA 22314	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
SANTORUM 2000 C/O LINDA DANIEL 128 N. COLUMBUS ST. ALEXANDRIA, VA 22314	U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$1,000.00
SCHIFF FOR CONGRESS 35 SOUTH RAYMOND AVE, STE 206 PASADENA, CA 91105	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
FRIENDS OF J.C. WORTS 4451 BROOKFIELD CORPORATE DRIVE SUITE 200 CHANTILLY, VA 20151	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
ZIMMER 2000 507 CAPITOL COURT NE, #100 WASHINGTON, DC 20002	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
TOM DAVIS FOR CONGRESS P.O. BOX 483 DUNN LORING, VA 22027	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
FLETCHER FOR CONGRESS 860 CORPORATE DRIVE, S-106 LEXINGTON, KY 40503	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
STU PAK FOR CONGRESS 817-9th AVENUE MENOMINEE, MI 49858	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00

SUBTOTAL of Disbursements This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

THE POLYONE CORPORATION
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF DON SHERWOOD 81 WARREN STREET TUNKHAMMOCK, PA 15657	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
FRIENDS OF FRANK WOLF P.O. Box 6596 MCLEAN, VA 22102	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
WINTFIELD FOR CONGRESS 1611 S. MAIN ST, SUITE 7 HOPKINSVILLE, KY 42241	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
RALPH REGULA FOR CONGRESS 733 42ND ST. N.W. CANTON, OH 44709	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
CONGRESSMAN BART GORDON COMMITTEE P.O. BOX 2008 MURFREESBORO, TN 37130	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
FERGUSON FOR CONGRESS 104 TOWNCENTER DRIVE WARREN, NJ 07059	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
JOHN D. DINGELL FOR CONGRESS 13912 MICHIGAN AVE. DEARBORN, MI 48126	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.10
CALLAHAN FOR CONGRESS 1141 MONTGOMERY DRIVE, S-3010 MOBILE, AL 36609	U.S. HOUSE OF REPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00
BOYO FOR CONGRESS P.O. BOX 15703 TALLAHASSEE, FL 32317	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

\$ 4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

~~THE POLYONE CORPORATION~~
POLYONE ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BENTSEN FOR CONGRESS COMMITTEE P.O. Box 75214 WASHINGTON, DC 20013-5214	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
BAKER FOR CONGRESS P.O. Box 1694 BATON ROUGE, LA 70821	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
FRIENDS OF SHERRON BROWN 607-KM ST. N.W. WASHINGTON, DC 20005	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
ARM PAC P.O. Box 5804 ARLINGTON, VA 22206	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$1,000.00
DE WINE FOR U.S. SENATE 145 E. RICH ST. COLUMBUS, OH 43215	U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$1,000.00
ESIGN FOR SENATE P.O. Box 26568 LAS VEGAS, NV 89126	U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$1,000.00
BILLY TAUBIN COMMITTEE P.O. Box 1407 THIBODAUX, LA 70302	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$1,000.00
UPTON FOR ALL OF US P.O. Box 490224 5. STATE STREET ST. JOSEPH, MO 64508	U.S. HOUSE OF REPS. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-02-00	\$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

\$15,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

> THE POLYONE CORPORATION
POLYONE ACTUAL COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OHIO HOUSE DEMOCRATIC CAUCUS FUND P.O. Box 1871 COLUMBUS, OH 43216	OHIO HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHARLIE WILSON FOR HOUSE COMMITTEE 227 N. LINCOLN AVE. BRIDGEPORT, OH 43912	STATE HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF DALE MILLER 4300 W. 143RD ST. CLEVELAND, OH 44135	OHIO HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SENATOR SPADA 4091 W. 204TH ST. CLEVELAND, OH 44126	OHIO SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GARDNER FOR STATE SENATE COMMITTEE 29603 GRAND BLVD. WICKLIFFE, OH 44092	STATE SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR ABSTUTZ 1169 N. CROWN HILL RD ORAVILLE, OH 44667	OHIO SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT ARMBRUSTER 34421 BAINBRIDGE RD. NORTH RIDGEVILLE, OH 44039	STATE SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Nov. 2, 00	\$ 250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$ 2,400.00

TOTAL This Period (last page this line number only)

\$ 2,400.00

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 11/22/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<u>CL</u>	<u>11/25/00</u>
-PREPARER	- DATE PREPARED