

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Committee

2000 APR 28 P 3:17

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>OPAC - OMNOVA Solutions Political Action</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>175 Ghent Rd.</b>	
CITY, STATE and ZIP CODE <b>Sair Lawn, OH 44313-3300</b>	
2. FEC IDENTIFICATION NUMBER	
3. <input 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 \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>3/1/00</u> through <u>3/31/00</u>		
6. (a) Cash on Hand January 1, <u>\$0.00</u>		\$ 7,284.58
(b) Cash on Hand at Beginning of Reporting Period	\$ 15,017.42	
(c) Total Receipts (from Line 19)	\$ 2,501.50	\$ 10,948.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,518.92	\$ 18,233.08
7. Total Disbursements (from Line 30)	\$ 3,101.57	\$ 3,815.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,417.35	\$ 14,417.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY 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 202-694-1100

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 <b>Christine G Rasar</b>	Date <b>4/13/00</b>
Signature of Treasurer <i>Christine G. Rasar</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

**OPAC - Omnium Solutions Political Action Committee**

REPORT COVERING PERIOD RECEIVED  
FROM **31 OCTOBER 1990 TO 31 OCTOBER 1990**  
COLUMBIA COMMISSION MAIL ROOM  
Total This Period Calendar Year

**I. Receipts**

- 11. Contributions (other than loans) From:
  - a. Individual Persons Other Than Political Committees
    - i. Itemized (use Schedule A)
    - ii. Unitemized
    - iii. Total (add i and ii) >
  - b. Political Party Committees
  - c. Other Political Committees (such as PACs) (add a ii, b and c) >
  - d. Total Contributions
- 12. Transfers From Affiliated/Other Party Committees
- 13. All Loans Received
- 14. Loan Repayments Received
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees
- 17. Other Federal Receipts (Dividends, Interest, etc.)
- 18. Transfers from Nonfederal Account for Joint Activity
- 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts (subtract line 18 from line 19) >

REPORT COVERING PERIOD	RECEIVED
FROM	TO
COLUMBIA COMMISSION MAIL ROOM	MAIL ROOM
Total This Period	Calendar Year
2001 APR 23 P 1:17	
834.00	10262.00
1,667.50	4,686.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50
2,501.50	10,948.50

**II. Disbursements**

- 21. Operating Expenditures:
  - a. Shared Federal/Non-Federal Activity (from Schedule H4)
    - i. Federal Share
    - ii. Non-Federal Share
  - b. Other Federal Operating Expenditures (add a i, a ii, and b) >
  - c. Total Operating Expenditures
- 22. Transfers to Affiliated/Other Party Committees
- 23. Contributions to Federal Candidates/Committees and Other Political Committees
- 24. Independent Expenditures (use Schedule E)
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)
- 26. Loan Repayments Made
- 27. Loans Made
- 28. Refunds of Contributions To:
  - a. Individuals/Persons Other Than Political Committees
  - b. Political Party Committees
  - c. Other Political Committees (such as PACs) (add a, b and c) >
  - d. Total Contribution Refunds
- 29. Other Disbursements
- 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

1,589.57	1,602.73
4,589.57	4,602.73
1,500.00	2,000.00
12.00	213.00
12.00	213.00
3,101.57	3,915.73
3,101.57	3,915.73

**III. Net Contributions/Operating Expenditures**

- 32. Total Contributions (other than loans)(from line 11d)
- 33. Total Contribution Refunds (from line 28d)
- 34. Net Contributions (other than loans)(subtract line 33 from 32)
- 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15)
- 37. Net Operating Expenditures (subtract line 36 from 35) >

2,501.50	10,948.50
12.00	213.00
2,489.50	10,735.50
4,589.57	4,602.73
-0-	-0-
1,589.57	1,602.73

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) **OMNOVA Solutions Political Action Committee (OPac)**

A. Full Name, Mailing Address and ZIP code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>BRADY, DOUGLAS</b> 438 SAW GRASS DR FAIRLAWN, OH 44333	<b>OMNOVA Solutions Inc.</b>	<b>Payroll Deduction:</b> Chg Semi-Mo	<b>\$80.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR - MANUFACTU</b>	Aggregate Year-to-Date > \$ <b>\$210.00</b>	
<b>FLINT, DANIEL</b> 313 QUIET HILL LANE WOODSTOCK, GA 30189	<b>OMNOVA Solutions Inc.</b>	<b>03/03/2000</b>	<b>\$300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>DIRECTOR OF OPERATIO</b>	Aggregate Year-to-Date > \$ <b>\$300.00</b>	
<b>FOXX, HENRY</b> 8888 MICHAELS LANE BROADVIEW HTS., OH 44147	<b>OMNOVA Solutions Inc.</b>	<b>02/16/2000</b>	<b>\$0.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GENERAL MANAGER</b>	Aggregate Year-to-Date > \$ <b>\$300.00</b>	
<b>HICKS, MICHAEL</b> 114 BRANDYWINE DR HUDSON, OH 44236	<b>OMNOVA Solutions Inc.</b>	<b>Payroll Deduction:</b> Chg Semi-Mo	<b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>TREASURER</b>	Aggregate Year-to-Date > \$ <b>\$250.00</b>	
<b>KITCHEN, ROBERT</b> 4435 PIPER GLEN DR CHARLOTTE, NC 28277	<b>OMNOVA Solutions Inc.</b>	<b>Payroll Deduction:</b> Semi-Monthly	<b>\$84.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VICE PRESIDENT</b>	Aggregate Year-to-Date > \$ <b>\$252.00</b>	
<b>LEMAY, JAMES</b> 30549 SUMMIT LANE PEPPER PIKE, OH 44124	<b>OMNOVA Solutions Inc.</b>	<b>Payroll Deduction:</b> Chg Semi-Mo	<b>\$100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ATTORNEY</b>	Aggregate Year-to-Date > \$ <b>\$210.00</b>	
<b>MASS, NATHANIEL</b> 3660 SHETLAND TRAIL RICHFIELD, OH 44286	<b>OMNOVA Solutions Inc.</b>	<b>01/31/2000</b>	<b>\$0.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SR VP - STRATEGIC GRO</b>	Aggregate Year-to-Date > \$ <b>\$250.00</b>	

SUBTOTAL of Receipts this Page (optional) **664.00**

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **OMNOVA Solutions Political Action Committee (OPac)**

A. Full Name, Mailing Address and ZIP code <b>WEI, JOHN</b> 1081 PARTRIDGE DR WADSWORTH, OH 44281	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation <b>DIR STRATEGIC BUS DEV</b>  Aggregate Year-to-Date > \$ <b>480.00</b>	Date (month, day, year) <b>Payroll Deduction:</b> <b>Chg Semi-Mo</b>	Amount of Each Receipt this Period  <b>\$170.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation <b>CHAIRMAN &amp; CEO</b>  Aggregate Year-to-Date > \$ <b>53,500.00</b>	Date (month, day, year) <b>01/16/2000</b>	Amount of Each Receipt this Period  <b>\$0.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation  Aggregate Year-to-Date > \$	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):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation  Aggregate Year-to-Date > \$	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):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation  Aggregate Year-to-Date > \$	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):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation  Aggregate Year-to-Date > \$	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):	Name of Employer <b>OMNOVA Solutions Inc.</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts this Page (optional)	170.00
TOTAL This Period (Last page this line number only)	834.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**OMNOVA Solutions Political Action Committee (OPac)**

A. Full Name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SAWYER, THOMAS P.O. box 75214  WASHINGTON, DC 20013-5214	D - OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	03/03/2000	\$500.00
B. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
I. Full Name, Mailing Address and ZIP code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts this Page (optional) .....	500.00
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 2  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

**OMNOVA Solutions Political Action Committee (OPac)**

A. Full Name, Mailing Address and ZIP code	Purpose of Disbursement D - PA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Disbursement this Period
HOLDEN, TIM 729 15TH STREET NW 3RD FLOOR WASHINGTON, DC 20005		03/24/2000	\$1,000.00
B. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
H. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period
I. Full Name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts this Page (optional)

1,000.00

TOTAL This Period (Last page this line number only)

1,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

08a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

OPAC - OMAHA Solutions Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Othello Skinner 543 Sunset View Dr. Akron, OH 44320	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	12.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

12.00

Federal Election Commission

**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 4/14/00
<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	
<i>DK</i> PREPARER	4/28/00 DATE PREPARED