

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
HEXION INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 180 EAST BROAD ST
Check if different than previously reported. (ACC) COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00486944 3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Knight, George, F., , Type or Print Name of Treasurer

Signature of Treasurer Knight, George, F., , [Electronically Filed] Date 01 / 31 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

HEXION INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="36801.58"/>	<input type="text" value="36801.58"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36020.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14138.26"/>	<input type="text" value="14138.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50158.93"/>	<input type="text" value="50939.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11602.78"/>	<input type="text" value="12383.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38556.15"/>	<input type="text" value="38556.15"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

HEXION INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11750.00	11750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11750.00	11750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11750.00	11750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	2388.26	2388.26
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14138.26	14138.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14138.26	14138.26

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3102.78	3883.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3102.78	3883.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3500.00	3500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11602.78	12383.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11602.78	12383.69

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11750.00	11750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11750.00	11750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3102.78	3883.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2388.26	2388.26
38. Net Operating Expenditures (subtract Line 37 from Line 36)	714.52	1495.43

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
HEXION INC. POLITICAL ACTION COMMITTEE

A. Auletto, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 E. Fourth Ave.
 City Columbus State OH Zip Code 43201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) EVP - Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 04 / 2021
Transaction ID : SA11AI.4790
 Amount of Each Receipt this Period 2500.00
 Memo Item Contribution

B. Cargill, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 Dewitt Hinson Rd.
 City Pollok State TX Zip Code 75969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) NA Business Director - Wax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 08 / 17 / 2021
Transaction ID : SA11AI.4796
 Amount of Each Receipt this Period 100.00
 Memo Item Contribution

C. Collins, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Riverwood Ln.
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) SVP - Global Formaldehyde
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2021
Transaction ID : SA11AI.4787
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

A. Couhig, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 Oxbow Drive
 City Blacklick State OH Zip Code 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) SVP Environmental Health & Safety
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2021
Transaction ID : SA11AI.4795
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Dutton, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 Bayboro Drive
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) VP - Commercial Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2021
Transaction ID : SA11AI.4792
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Gruenwald, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1295 Pleasantville Rd. NW
 City Baltimore State OH Zip Code 43105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) Director, Global Product Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2021
Transaction ID : SA11AI.4791
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

A. Knight, George, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4685 Pine Tree Ct.

City Westerville	State OH	Zip Code 43082
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.	Occupation (for Individual) Executive Vice President & CFO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2021

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution

B. Kompa, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1984 Edgemont Rd.

City Columbus	State OH	Zip Code 43212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.	Occupation (for Individual) VP Investor Relations & Public Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2021

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
250.00

Memo Item
Contribution

C. Lestini, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2500 E. Broad Street

City Bexley	State OH	Zip Code 43209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.	Occupation (for Individual) Dir. NA-Strategic Raw Materials & LA
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2021

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period
200.00

Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

A. Pryzgod, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 Arborteam PL
 City Fayetteville State NC Zip Code 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) CI Manager North America East
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 08 / 11 / 2021
Transaction ID : SA11AI.4793
 Amount of Each Receipt this Period 50.00
 Memo Item Contribution

B. Rastogi, Sanjeev, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Austin Hill Road
 City Clinton State NJ Zip Code 08809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) SVP - Global Resins
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 03 / 2021
Transaction ID : SA11AI.4799
 Amount of Each Receipt this Period 1400.00
 Memo Item Contribution

C. Sokol, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 Sachem Rd.
 City Southbury State CT Zip Code 06488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hexion Inc. Occupation (for Individual) Chief Administrative Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2021
Transaction ID : SA11AI.4797
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sturtz, Craig, , ,

Mailing Address 1568 Guilford Road

City Columbus	State OH	Zip Code 43221
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hexion Inc.	Occupation (for Individual) Associate General Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2021

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period
200.00

Memo Item Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	11750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. The Huntington National Bank

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2313.26

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2021
Transaction ID : SA15.4802

Amount of Each Receipt this Period
2313.26

Memo Item
Refund of Erroneous Banking Fee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. The Huntington National Bank

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2388.26

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 14 / 2021
Transaction ID : SA15.4803

Amount of Each Receipt this Period
75.00

Memo Item
Refund of Erroneous Banking Fee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2388.26
TOTAL This Period (last page this line number only).....	2388.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2021

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4768

Amount of Each Disbursement this Period

130.15

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		16		2021

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4769

Amount of Each Disbursement this Period

130.15

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2021

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

134.70

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

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

395.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2021			

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4772
Amount of Each Disbursement this Period

106.84

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2021			

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Erroneous Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4775
Amount of Each Disbursement this Period

2313.26

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. The Huntington National Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2021			

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Erroneous Banking Fee

FEC Identification Number

C

Transaction ID : SB21B.4776
Amount of Each Disbursement this Period

75.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

2495.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Huntington National Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	2	1		

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

FEC Identification Number

C []
Transaction ID : SB21B.4773
Amount of Each Disbursement this Period
[] 107.12

Memo Item

Full Name (Last, First, Middle Initial)

B. The Huntington National Bank

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	5		2	0	2	1		

Mailing Address 41 South High St.
HCO 810

City Columbus State OH Zip Code 43287

Purpose of Disbursement
Banking Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

FEC Identification Number

C []
Transaction ID : SB21B.4774
Amount of Each Disbursement this Period
[] 105.56

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

FEC Identification Number

C []
Amount of Each Disbursement this Period
[]

Memo Item

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

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

2	1	2	6	8
3	1	0	2	7

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HEXION INC. POLITICAL ACTION COMMITTEE

A. BEATTY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement Campaign Contribution

Candidate Name BEATTY, JOYCE, , ,

Office Sought: House Senate President
State: OH District: 03

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 13 / 2021

FEC Identification Number: C C00507368
Transaction ID : SB23.4778

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

