PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) CovestroPAC A Political Action Committee of Covestro LLC 1 Covestro Circle ADDRESS (number and street) (Check if address is changed) Pittsburgh 15205 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address notifycovestro@ddcpublicaffairs.com is changed) Optional Second E-Mail Address covestropac@covestro.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00585885 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Collins, Brian, , Date 11 01 2023 Signature of Treasurer Collins, Brian, , ,

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office | | | For further information contact: |
|--------|--|--|----------------------------------|
| Use | | | Federal Election Commission |
| Only | | | Toll Free 800-424-9530 |
| •, | | | Local 202-694-1100 |

| _ | |
|---|--|
| FEC Form 1 (Revised 03/2022) | Page 2 |
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate in | nformation below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign information below.) | committee. (Complete the candidate |
| Name of Candidate | |
| Candidate Party Affiliation Office Sought: House Senate | State President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorize | |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) X This committee is a separate segregated fund. (Identify connected organizatio | n on line 6.) Its connected organization is a: |
| У о | |
| Corporation Corporation w/o Capital Stock Membership Organization Trade Association | Labor Organization Cooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | Cooperative |
| (f) This committee supports/opposes more than one Federal candidate, and is N committee. (i.e., nonconnected committee) | OT a separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor or | n line 6.) |
| (g) This committee is an independent expenditure-only political committee (Super | PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (h) This committee is a political committee with both contribution and non-contribu | ution accounts (Hybrid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fundraising Representative: | |
| (i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of | · |
| (j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal | · |
| Committees Participating in Joint Fundraiser | |
| 1. [| C |

С

| EC Form 1 (Revised 02/2009) | Page 3 |
|-----------------------------|--------|
|-----------------------------|--------|

Write or Type Committee Name

| Coverable A | Dalitical | 1 atian | Cammittaa | ~f | Covidates | 1 1 | |
|---------------|-----------|---------|-----------|----|-----------|-----|----|
| CovestroPAC A | Political | ACUOII | Commutee | OI | Covestio | LL | _\ |

| | 00100110171071 | i ontioai / totioii ooiiiiiit | 100 01 0010 | | | | | | | |
|--|---|--------------------------------------|-------------------------|--------------------|---------------------------|--|--|--|--|--|
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | | | | |
| | Covestro LLC | ovestro LLC | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Mailing Address | 1 Covestro Circle | 1 Covestro Circle | | | | | | | |
| | | | | | | | | | | |
| | | Pittsburgh | | PA L | 15205 | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | | | | |
| | Relationship: X Connected | Organization Affiliated Organization | Joint Fundraising | g Representative | Leadership PAC Sponsor | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7. | Custodian of Records: Identi books and records. | ify by name, address (phone number o | ptional) and position o | of the person in p | possession of committee | | | | | |
| | Leeman, P | hilip, , , | | | | | | | | |
| | Full Name | | | | | | | | | |
| | Mailing Address | 1615 L St NW - Ste 400 | | | | | | | | |
| | | | | | | | | | | |
| | | Washington | 1 | DC | 20036 | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | | | | |
| | Title or Position ▼ | 0111 = | | OIAIL = | 211 0002 = | | | | | |
| | Custodian of Records | | Telephone nun | 202 nber | 830 | | | | | |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and a any designated agent (e.g., assistant treasurer). | | | | | d the name and address of | | | | | |
| | Full Name Collins, Brid | an, , , | | | 1 | | | | | |
| | of Treasurer | | | | | | | | | |
| | Mailing Address | 1 Covestro Circle | | | | | | | | |
| | | | | | | | | | | |
| | | Pittsburgh | | PA L | 15205 | | | | | |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ | | | | | |
| | Title or Position ▼ | | | | | | | | | |
| _ | Treasurer | | Telephone nun | nber 202 | _ 313 _ 2802 | | | | | |
| 1 | | | | | | | | | | |

| FEC Form | 1 (Revised 02/2009) | Page 4 | | | | |
|-------------------------------------|---|---|--|--|--|--|
| Full Name of Designated Agent | Skorpenske, Richard, , , | | | | | |
| Mailing Address | 601 Pennsylvania Ave NW - Ste 235 | | | | | |
| | | | | | | |
| | Washington | DC 20004 | | | | |
| Title or Position | CITY A | STATE ▲ ZIP CODE ▲ | | | | |
| Assistant Treas | urer | one number 412 - 413 - 2429 | <u>' </u> | | | |
| Banks or Other safety deposit b | * Depositories: List all banks or other depositories in which the coxes or maintains funds. | committee deposits funds, holds accounts, rents | | | | |
| Name of Bank, | Depository, etc. | | | | | |
| | JPMorgan Chase Bank N.A. | | | | | |
| Mailing Address | 270 Park Ave | | | | | |
| | | | | | | |
| | New York | NY 10017 | | | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | | |