PAGE 1/5 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) AVIENT CORP. POLITICAL ACTION COMMITTEE 33587 WALKER ROAD ADDRESS (number and street) (Check if address is changed) **AVON LAKE** 44012 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lynn.beverage@polyone.com (Check if address is changed) Optional Second E-Mail Address giuseppe.disalvo@polyone.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 28 2012 C00288712 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. DiSalvo, Giuseppe, , , Type or Print Name of Treasurer DiSalvo, Giuseppe, , , [Electronically Filed] 07 10 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

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

| FEC Form                       | <b>1</b> (Revised 02/2009)  | Page <b>2</b>           |
|--------------------------------|---|-------------------------|
| TYPE OF COM                    |   |                         |
| (a) T                          | his committee is a principal campaign committee. (Complete the candidate information below.   |                         |
|                                | his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)  | plete the candidate     |
| Name of<br>Candidate           |   |                         |
| Candidate<br>Party Affiliation | Office Sought: House Senate President   | State                   |
| (c) T                          | his committee supports/opposes only one candidate, and is NOT an authorized committee.  |                         |
| Name of Candidate              |   |                         |
| Party Comm                     | ittee:  (National, State  | (Democratic,            |
| (d) T                          | his committee is a or subordinate) committee of the   | Republican, etc.) Party |
| Political Acti                 | on Committee (PAC):   |                         |
| (e) <b>x</b> T                 | his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor   | nnected organization is |
|                                | Corporation Corporation w/o Capital Stock   | Labor Organization      |
| [                              | Membership Organization Trade Association   | Cooperative             |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |                         |
|                                | his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)   | egregated fund or party |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |                         |
| [                              | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                         |
| Joint Fundrai                  | sing Representative:  |                         |
| _                              | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to  | vo or more political    |
| CC                             | ommittees/organizations, at least one of which is an authorized committee of a federal candidate.   |                         |
|                                | is committee collects contributions, pays fundraising expenses and disburses net proceeds for to<br>emmittees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political    |
| Commit                         | tees Participating in Joint Fundraiser  |                         |
| 1                              | FEC ID number   |                         |
| 2                              | FEC ID number   |                         |
| 3                              |   |                         |
| 4.                             |   |                         |

|    | _                           |  | <del>-</del>         |
|----|-----------------------------|--|----------------------|
|    | FEC Form 1 (Revised         | 03/2009)   | Page <b>3</b>        |
| ١٨ | Vrite or Type Committee Nam |  | raye 3               |
|    |                             | P. POLITICAL ACTION COMMITTEE  |                      |
|    |                             |  | nin DAC Sponsor      |
| ο. | -                           | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh  | iip PAC Sporisor     |
| A  | VIENT CORP. POLI            | TICAL ACTION COMMITTEE   |                      |
|    |                             |  |                      |
|    | Mailing Address             | 33587 WALKER ROAD  |                      |
|    | Mailing Address             |  |                      |
|    |                             | AVON LAKE OH 44012   |                      |
|    |                             |  |                      |
|    |                             | CITY STATE 2   | ZIP CODE             |
|    | Relationship: X Connecte    | ed Organization Affiliated Committee Joint Fundraising Representative Lead         | dership PAC Sponsor  |
|    |                             |  |                      |
|    |                             | entify by name, address (phone number optional) and position of the person in poss | session of committee |
|    | books and records.          |  |                      |
|    | Beverage Full Name          | e, Lynn, , ,   | <b>.</b>             |
|    | Mailing Address             | 33587 Walker Road  |                      |
|    | Mailing Address             |  |                      |
|    |                             | Avon Lake , OH , 44012   |                      |
|    |                             |  |                      |
|    | Title or Position           | CITY STATE 2   | ZIP CODE             |
|    | Admin                       | 440   9  | 930   3290           |
|    |                             | Telephone number   |                      |
| 3. | Treasurer: List the name ar | nd address (phone number optional) of the treasurer of the committee; and the nam  | ne and address of    |
|    | any designated agent (e.g., |  |                      |
|    | Full Name DiSalvo, C        | Giuseppe, , ,  |                      |
|    | Mailing Address             | 33587 Walker Road  | <b>.</b>             |
|    | maming / taun 000           |  |                      |
|    |                             | Avon Lake  |                      |
|    |                             |  | ZIP CODE             |
|    | Title or Position           |  |                      |
|    |                             | Telephone number   |                      |

| 1 LO 1 011  | <b>n 1</b> (Revised 02/2009)  | Page <b>4</b> |
|---|---|---------------|
|   |   |               |
| Full Name of<br>Designated<br>Agent                     | DiSalvo, Giuseppe, , ,  |               |
| Mailing Address   | 33587 Walker Road   |               |
|   |   |               |
|   | Avon Lake OH 4401   | 2             |
|   | CITY STATE  | ZIP CODE      |
| Title or Position                                       |   | 1 1 1         |
|   | Telephone number  |               |
| Banks or Other<br>safety deposit bo                     | oxes or maintains funds.  |               |
| safety deposit bo<br>Name of Bank, I                    | oxes or maintains funds.  |               |
| safety deposit bo                                       | Depository, etc.    Huntington Bank   |               |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.    Huntington Bank   |               |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.    Huntington Bank   |               |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  Huntington Bank  457 Avon Beldon Road   |               |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  Huntington Bank  457 Avon Beldon Road  Avon lake  CITY  STATE                   | 2             |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  Huntington Bank  457 Avon Beldon Road  Avon lake  CITY  STATE                   | ZIP CODE      |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  Huntington Bank  457 Avon Beldon Road  Avon lake  CITY  STATE  Depository, etc. | ZIP CODE      |
| Safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  Huntington Bank  457 Avon Beldon Road  Avon lake  CITY  STATE  Depository, etc. | ZIP CODE      |
| Safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  Huntington Bank  457 Avon Beldon Road  Avon lake  CITY  STATE  Depository, etc. | ZIP CODE      |

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Our committee name has changed from PolyOne Corp PAC to Avient Corp PAC>

Form/Schedule: Transaction ID: