FEC FORM 1

STATEMENT OF ORGANIZATION
(See instructions)

1. NAME OF COMMITTEE (In full) x (Check if name is changed)
   Example: If typing, type over the lines
   12FE4M5

   AMERICAN CHEMISTRY COUNCIL PAC

   ADDRESS (See instructions)
   1300 WILSON BOULEVARD
   (Check if address is changed)
   ARLINGTON
   VA
   22209

   COMMITTEE'S E-MAIL ADDRESS
   Elizabeth_A_Patrus@Comerica.com

   COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 12/07/2001

3. FEC IDENTIFICATION NUMBER ▶ C00252338

4. 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

Type or Print Name of Treasurer  EDWARD L. MURPHY

Signature of Treasurer Electronically Filed by  EDWARD L. MURPHY Date 07/22/2003

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

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-8530
Local 202-694-110

FEC FORM 1
(Revised 1/2001)
5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate ____________________________________________________________

Candidate Name of Office Office State
Party Affiliation Sought: House Senate President District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate ____________________________________________________________

(d) This committee is a (National, State (or subordinate) committee of the Democratic, Republican, etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

5. Name of Any Connected Organization or Affiliated Committee

AMERICAN CHEMISTRY COUNCIL CO. ____________________________________________

Mailing Address 1200 WILSON BOULEVARD _______________________________________

ARLINGTON VA 22209 _______________________________________________________

CITY STATE ZIP CODE

Relationship PARENT _________________________________________________________

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization
Membership Organization X Trade Association Cooperative
7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

**Full Name:** COMERICA BANK

**Mailing Address:** P.O. BOX 7500

**DETOUR**

**MI**

**48275**

**2250**

**Title or Position:** RECORDKEEPER

**CITY:**

**STATE:**

**ZIP CODE:**

**Telephone number:**

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8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

**Full Name of Treasurer:** EDWARD L. MURPHY

**Mailing Address:** 1900 WILSON BOULEVARD

**ARLINGTON**

**VA**

**22209**

**Title or Position:** TREASURER

**CITY:**

**STATE:**

**ZIP CODE:**

**Telephone number:**

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**Full Name of Designated Agent:** COLIN CANAVAN

**Mailing Address:** 1300 WILSON BLVD.

**ARLINGTON**

**VA**

**22209**

**Title or Position:** ASSISTANT TREASURER

**CITY:**

**STATE:**

**ZIP CODE:**

**Telephone number:**

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

<table>
<thead>
<tr>
<th>COMERICA BANK</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAC SERVICES</td>
</tr>
<tr>
<td>P.O. BOX 75000</td>
</tr>
<tr>
<td>DETROIT</td>
</tr>
</tbody>
</table>

CITY □ STATE □ ZIP CODE □