

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

AXEON SPECIALTY PRODUCTS LLC PAC

ADDRESS (number and street)

14 PARADISE RD.



(Check if address is changed)

PAULSBORO

CITY ▲

NJ

STATE ▲

08066-1740

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

AMY. ORR@AXEONSP.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

04 / 01 / 2014

3. FEC IDENTIFICATION NUMBER ►

000551960

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

AMY ORR

Signature of Treasurer

*Amy Orr*

Date

04 / 01 / 2014

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.

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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031203784

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Party Affiliation  Office Sought:  House  Senate  President State  District

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

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)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

14031203785

Write or Type Committee Name

AXEON SPECIALTY PRODUCTS LLC PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AXEON SPECIALTY PRODUCTS LLC

Mailing Address

4 PARADISE RD

PAULSBORO NJ 08066-

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

AMY ORR

Mailing Address

2338 NORTH LOOP 1604 WEST STE 350

SAN ANTONIO TX 78248-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 210-249-9491

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

AMY ORR

Mailing Address

2338 NORTH LOOP 1604 WEST STE 350

SAN ANTONIO TX 78248-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 210-249-9491

14031203786

Full Name of Designated Agent

CLAIRE RIGGS

Mailing Address

400 GROVER ROAD

WEST DEPTFORD

CITY

NJ

STATE

08066

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

856-579-5098

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.

PNC BANK

Mailing Address

TWO TOWER CENTER BLVD 23rd FLOOR

EAST BRUNSWICK

CITY

NJ

STATE

08815

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031203787

**axeon**

Specialty Products

2338 North Loop 1604 West, Ste. 350  
San Antonio, TX 78248

SAN ANTONIO  
TX 780  
RIO GRANDE DISTRICT  
03 APR 2014  
PM 2 L

\$0.48 0  
US POSTAGE  
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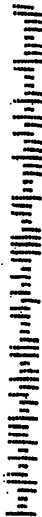
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FEDERAL ELECTION COMMISSION  
999 E Street, N.W.  
WASHINGTON, DC 20463



20463

www.axeonsp.com

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Federal Election Commission  
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PREPARER  
(8/2013)

4/8/14  
DATE PREPARED

14031203789