FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
1 Ottown 1	(See instruct	ions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
ArcelorMittal L	JSA LLC Good Government Co	mmittee		
ADDRESS (number and s	treet) 1808 Eye Street NV	V 		
(Check if address	5th Floor	11111111	<u> </u>	1111111
is changed)	Washington		J PC	20006 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one			
(Check if address is changed)	sarah.chambers@a	arcelormittal.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address		11111111	<u> </u>	
is changed)		11111111	<u> </u>	11111111
2. DATE M	/ D D / Y Y Y Y			
0.7	18 2011	0 000000	•	
3. FEC IDENTIFICA	TION NUMBER	C C00104109		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my kr	nowledge and belief it is true, corre	ect and complete	
·			·	
Type or Print Name of	Freasurer Neil T. Messick	<u>(</u>		
Signature of Treasurer	Electronically Filed by Neil T. M	lessick	Date 0 7	/ 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information m	nay subject the person signing this	•	
Office		For further informa		
Use Only		Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

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5.		F COMMITTEE (Check One) Ite 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. (Comp information below.)	lete the candidate
	Name of Candida		
	Candida Party Af		Stateent District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candida		
	Party C	ommittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politica	Action Committee (PAC):	
	(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the confi	nected organization is a:
		X Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
	(f)	X In addition, this committee is a Lobbyist/Registrant PAC.	
	(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)	
_		in addition, this committee is a Leadership FAC. (Identity Sponsor on line 6.)	
	Joint Fu	ndraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
		Committees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number C	

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Write or Type Committee Name						
ArcelorMittal USA LLC	Good Government Committee					
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fund	lraising Representative, or Le	eadership PAC Sponsor			
ArcelorMittal USA LLC		1 1 1 1 1 1 1 1 1				
Mailing Address	1 South Dearborn	<u> </u>				
J	19th Floor					
	Chicago		[60603] _ []			
	CITY	STATE ▲	ZIP CODE 🛕			
Relationship:						
X Connected Organization	Affiliated Committee Join	t Fundraising Representative	Leadership PAC Sponsor			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Sarah Chambers					
Mailing Address	1808 Eye Street, NW					
	5th Floor					
	Washington					
Title or Position ♥	CITY A	STATE	ZIP CODE A			
Custodian	of Records	Telephone number	<u> </u>			
	and address (phone number optional)		nmittee; and the			
name and address of any	name and address of any designated agent (e.g., assistant treasurer).					
Full Name of Treasurer Thoma	Thomas A MaCus					
Mailing Address	1 South Dearborn					
	19th Floor					
	Chicago		60603			
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A			
Treasurer		Telephone number	2 899 3927			

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	Full Name of Designated Agent	Neil T. Messick		
	Mailing Address	1808 Eye Street NV	V	
		5th Floor		
		Washington		20006 –
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
	A	ssistant Treasurer	Telephone number 202	
 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. 				, holds accounts, rents
		JP Morgan Chase Bank N.A. 1 Chase Manhattan Plaza		
	Mailing Address			
		Treasury Svcs 7th FL NY1-	A150	
		New York	NY	10005
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, De	pository, etc.		
	Mailing Address			
		CITY 🗖	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain		n which the committee de	posits funds, hold	ds accounts, rents	
Name of Bank, Depository, etc.	o rando.			[ADDITIONA	AL]
Mailing Address					
			1 1 1 1 1		
	CITY 🗖	:	STATE_	ZIP CODE	^
Name of Any Connected Orga	anization, Affiliated Committee, Joint	Fundraising Represent	tative, or Leader	[ADDIT rship PAC Spons	_
Mailing Address					
Relationship:	CITY▲		STATE A	ZIP CODE	■
Connected Organization	Affiliated Committee Joi	int Fundraising Represent	ative Lead	dership PAC Spon	sor
Designated Agent				[ADDITION	IAL]
	Chambers				
Mailing Address	1808 Eye Street, NW				
	5th Floor				
	Washington		DC	20006	
Title or Position ▼	CITY A		STATE ▲	ZIP COD	DE A
Custodia	n of Records	Telephone nu	202 mber		3312
Joint Fundraiser Participant		FEC ID r	number C	[ADDITION	IAL]