

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2021 JUL 22 AM 10:12

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

A M E R I C A N I N S T I T U T E O F S T E E L C O N S T R U C T I O N P A C

ADDRESS (number and street) 1 3 0 E A S T R A N D O L P H S T R E E T

Check if different than previously reported. (ACC) S U I T E 2 0 0 0

C H I C A G O I L 6 0 6 0 1

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 5 4 2 3 0 5

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M / D D / Y Y Y Y Y Y in the State of  

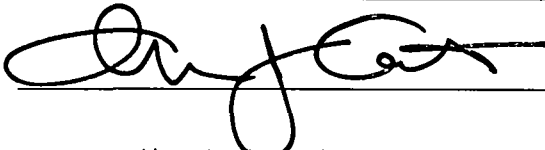
- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHARLES J. CARTER

Signature of Treasurer 

Date M M / D D / Y Y Y Y Y Y

NOTE. Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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NON-PROFIT ORGANIZATION

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2021

To:

MM / DD / YYYY  
06 / 30 / 2021

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	YYYYYY 2021		2233000
(b) Cash on Hand at Beginning of Reporting Period.....		2233000	
(c) Total Receipts (from Line 19) .....	0.00	250000	250000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		2483000	2483000
7. Total Disbursements (from Line 31) .....		559800	559800
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....		1923199	1923199
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2021-07-27 AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC**

Report Covering the Period: From: 

MM	DD	YY
01	01	2021

 To: 

MM	DD	YY
06	30	2021

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2 5 0 0 0 0	2 5 0 0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00 2 5 0 0 0 0	2 5 0 0 0 0
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00 2 5 0 0 0 0	2 5 0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00 2 5 0 0 0 0	0.00 2 5 0 0 0 0

NON-FEDERAL CONTRIBUTION

## DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures <sup>Bank Fees</sup> .....	0.00          9 8 0 1	0.00          9 8 0 1
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....▶	0.00          9 8 0 1	0.00          9 8 0 1
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00          5 5 0 0 0 0	0.00          5 5 0 0 0 0
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0 0 0          5 5 9 8 0 0	0 0 0          5 5 9 8 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	0.00          5 5 9 8 0 0	0.00          5 5 9 8 0 0

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00 2 5 0 0 0 0	0.00 2 5 0 0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00 5 5 0 0 0 0	0.00 5 5 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00 9 8 0 1	0.00 9 8 0 1
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00 5 5 9 8 0 1	0.00 5 5 9 8 0 1

NON-FEDERAL DISBURSEMENTS

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AISC PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Nucor Corporation Political Action Committee**

Mailing Address  
1915 Rexford Road

City: Charlotte State: NC Zip Code: 28211

FEC ID number of contributing federal political committee: **C00379628**

Name of Employer (for Individual): Occupation (for Individual):

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: **250000**

Date of Receipt: **01 / 08 / 2021**

Amount of Each Receipt this Period: **250000**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer (for Individual): Occupation (for Individual):

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: **▲▲▲**

Date of Receipt: / /

Amount of Each Receipt this Period:

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City: State: Zip Code:

FEC ID number of contributing federal political committee: **C**

Name of Employer (for Individual): Occupation (for Individual):

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼:

Date of Receipt: / /

Amount of Each Receipt this Period:

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<b>250000</b>
TOTAL This Period (last page this line number only).....▶	<b>250000</b>

NON-PROFIT CORPORATION

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**AISC PAC**

Full Name (Last, First, Middle Initial)

**A.**  
Friends of Schumer  
Mailing Address  
660 Pennsylvania Avenue, SE  
City Washington DC State Zip Code 20003  
Purpose of Disbursement  
General Support  
Candidate Name  
Chuck Schumer  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 29 / 2021

FEC Identification Number  
C0034631

Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**  
Tim Ryan for Congress  
Mailing Address  
PO Box 189  
City Niles State OH Zip Code 44446  
Purpose of Disbursement  
General Funding  
Candidate Name  
Tim Ryan  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 22 / 2021

FEC Identification Number  
C00777771

Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**  
Friends of Jim Clyburn  
Mailing Address  
499 South Capitol Street, SW  
City Washington DC State Zip Code 20003  
Purpose of Disbursement  
General Funding  
Candidate Name  
James E. Clyburn  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 19 / 2021

FEC Identification Number  
C00255562

Amount of Each Disbursement this Period  
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

2021-07-27 09:00:00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27			
	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b			

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NAME OF COMMITTEE (In Full)  
**AISC PAC**

2021-07-27 PM 00:38:24 09

Full Name (Last, First, Middle Initial) <b>A.</b> DeFazio for Congress			Date of Disbursement MM / DD / YYYY 06 / 16 / 2021		
Mailing Address 3321 SE 20th Avenue			FEC Identification Number C00215905		
City Portland	State OR	Zip Code 97202	Amount of Each Disbursement this Period 100000		
Purpose of Disbursement General Funding		Category/Type	Memo Item <input type="checkbox"/>		
Candidate Name Peter DeFazio		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____				

SUBTOTAL of Disbursements This Page (optional).....	100000
TOTAL This Period (last page this line number only).....	550000





Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/15/21
	Date of Receipt 7/22/21
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*SPM*  
 PREPARER 7/27/21  
 (3/2015) DATE PREPARED

NON-FUNCTIONAL COMPONENT