



RECEIVED  
FEC MAIL CENTER  
2019 FEB -1 AM 11:12

January 31, 2019

Ms. Deborah Chacona  
Assistant Staff Director  
Reports Analysis Division  
Federal Election Commission  
1050 First Street, NE  
Washington, DC 20002

SSAB Americas PAC  
SSAB Enterprises LLC  
11 N. Water Street  
Suite 17000  
Mobile, AL ~~36602~~ 36602

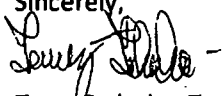
Dear Ms. Chacona:

We enclose for your consideration our 2018 FEC Forms 3X, Report of Receipts and Disbursements for SSAB Americas PAC. We are submitting all four quarters reports for 2018 to the FEC at this time.

We ask that you excuse the late filing of our 2018 quarterly Forms 3X due to mitigating circumstances involving our Company during this past year. We have had several changes in key personnel that affected the SSAB Americas PAC during 2018, including Liliana Martinez, our Tax Manager and PAC Treasurer, who was responsible for filing our Form 3X reports in 2017. Ms. Martinez left SSAB in early 2018, and she was not replaced until late 2018. Our senior management were also not aware that the Form 3X reports had not been filed until we received your letter, dated November 2, 2018.

During 2018, we also moved our corporate offices from Lisle, IL to Mobile, AL. Because of this move, which took nearly all of 2018 to accomplish, we could not file our reports to the FEC because it took us an extended period of time to relocate and reorganize our SSAB Americas PAC records. In addition, after Ms. Martinez left SSAB, the SSAB Americas PAC Board had to appoint a new Treasurer to provide management oversight for the affairs of the PAC. The Board appointed the new Treasurer in November 2018. After all this occurred, we were finally able to catch up on all PAC outstanding FEC filings.

We request that you accept the enclosed 2018 Forms 3X for the SSAB Americas PAC without the assessment of a civil penalty or any legal enforcement action. We believe that the reasons for our non-filing are justifiable and are due to circumstances that were not within our control. Our non-compliance was not deliberate or intentional. We hope that you will view our request favorably.

Sincerely,  
  
Terry Federko, Treasurer  
SSAB Americas PAC

**SSAB Enterprises, LLC**

801 Warrenville Road, Suite 800  
Lisle, IL 60532

T +1 630 810 4800  
F +1 630 810 4600

Toll-free +1 877 594 7726  
[www.ssab.com](http://www.ssab.com)

2019 FEB 1 AM 11:12



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-7

November 2, 2018

MARTINEZ, LILIANA, TREASURER  
SSAB AMERICAS PAC SSAB ENTERPRISES LLC  
801 WARRENVILLE RD  
SUITE 800  
LISLE, IL 60532

IDENTIFICATION NUMBER: C00513861

REFERENCE: OCTOBER QUARTERLY REPORT (07/01/2018 - 09/30/2018)

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements or failed to file a report covering the entire reporting period as required by the Federal Election Campaign Act, as amended. 52 U.S.C. §30104(a)

It is important that you file this report immediately with the Federal Election Commission, 1050 First Street, NE, Washington, DC 20002. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report or relevant portions must also be filed with the Secretary of State or equivalent State officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at [www.fec.gov](http://www.fec.gov).

The failure to timely file a complete report may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

If you have any questions regarding this matter, please contact Ben Holly in the Reports Analysis Division on our toll-free number (800)424-9530. The analyst's direct number is (202)694-1129.

SSAB AMERICAS PAC SSAB ENTERPRISES LLC

Page 2 of 2

Sincerely,

*Debbie Chacona*

Deborah Chacona  
Assistant Staff Director  
Reports Analysis Division

250

UNRECORDED COPY

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2019 FEB -1 AM 11:12

Office Use Only

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

SSAB, Americas PAC, SSAB, Enterprises, L.L.C.

ADDRESS (number and street) 111 N. Walter Street, Suite 1700

Check if different than previously reported. (ACC)

Mobile AL 33602

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

C 0 0 5 1 3 8 6 1

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

4. TYPE OF REPORT (Choose One)

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

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
January 31 Year-End Report (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
Convention (12C) Special (12S)

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

July 31 Mid-Year Report (Non-election Year Only) (MY)

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

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

5. Covering Period M M / D D Y Y Y Y through M M / D D Y Y Y Y  
0 1 / 0 1 2 0 1 8 through 0 3 / 3 1 2 0 1 8

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 Terry Federko

Signature of Treasurer

*Terry Federko*

Date 01 / 31 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
-----------------	--	--	--	--	--	--	--

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

S S A B A m e r i c a s P A C S S A B E n t e r p r i s e s L L C

Report Covering the Period: From: 

M	M	/	D	D	/	Y	-	Y	-	Y	-	Y
0	1		0	1		2	0	1	8			

 To: 

M	M	/	D	D	/	Y	-	Y	-	Y	-	Y
0	3		3	1		2	0	1	8			

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																												
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>-</td><td>Y</td><td>-</td><td>Y</td><td>-</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>8</td><td></td><td></td><td></td></tr></table>	Y	-	Y	-	Y	-	Y	2	0	1	8				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	1	2	3	4	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	1	2	3	4	0	0	0
Y	-	Y	-	Y	-	Y																								
2	0	1	8																											
1	2	3	4	0	0	0																								
1	2	3	4	0	0	0																								
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	1	2	3	4	0	0	0																						
1	2	3	4	0	0	0																								
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	0	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	0	0	0	0	0	0														
1	0	0	0	0	0	0																								
1	0	0	0	0	0	0																								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....																														
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	5	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	1	5	0	0	0	0	0														
1	5	0	0	0	0	0																								
1	5	0	0	0	0	0																								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>8</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	1	1	8	4	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>8</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	1	1	8	4	0	0	0														
1	1	8	4	0	0	0																								
1	1	8	4	0	0	0																								
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....																														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....																														

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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



**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,500,000	1,500,000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,500,000	1,500,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,500,000	1,500,000

DISBURSEMENTS





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**S S A B Americas PAC S S A B Enterprises LLC**

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M - M / D - D / Y - Y - Y - Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M - M / D - D / Y - Y - Y - Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M - M / D - D / Y - Y - Y - Y
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

NOT RECORDED IN THE HOUSTON COUNTY

**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"/> 24	<input type="checkbox"/> 25	<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		

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)  
**S S A B A m e r i c a s P A C S S A B E n t e r p r i s e s L L C**

Full Name (Last, First, Middle Initial) <b>A. K l o b u c h a r F o r M i n n e s o t a</b>		Date of Disbursement <b>0 3 / 0 9 / 2 0 1 8</b>
Mailing Address <b>P O B o x 4 1 4 6</b>		Amount of Each Disbursement this Period <b>5 0 0 . 0 0</b>
City <b>S t P a u l</b>	State <b>M N</b>	
Zip Code <b>5 5 1 0 4</b>		Amount of Each Disbursement this Period <b>5 0 0 . 0 0</b>
Purpose of Disbursement		
Candidate Name <b>A m y K l o b u c h a r</b>		
Category/Type <b>0 1 1</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>M N</b>	District: <b>0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. S t a b e n o w F o r U . S . S e n a t e</b>		Date of Disbursement <b>0 1 / 1 5 / 2 0 1 8</b>
Mailing Address <b>3 2 8 M a s s a c h u s e t t s A v e . N E</b>		Amount of Each Disbursement this Period <b>1 0 0 0 0 0</b>
City <b>W a s h i n g t o n</b>	State <b>D C</b>	
Zip Code <b>2 0 0 0 2</b>		Amount of Each Disbursement this Period <b>1 0 0 0 0 0</b>
Purpose of Disbursement		
Candidate Name <b>D e b b i e S t a b e n o w</b>		
Category/Type <b>0 1 1</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>M I</b>	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement <b>M - M / D - D / Y - Y - Y - Y</b>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1,500.00</b>

UNRECORDED COPY



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 type="checkbox"/> USPS First Class Mail	Date of Receipt
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/31/19</i>
Next Business Day Delivery	<input checked="" 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

*ED*  
 PREPARER  
 (3/2015)

*2/1/19*  
 DATE PREPARED

UNRECORDED AND UNINDEXED