

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2019 FEB -1 AM 11:13

Office Use Only

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

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

ADDRESS (number and street) 11 N Water 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 NEW (N) OR AMENDED (A)  NEW (N)  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:
- |             |             |                                       |                                       |
|-------------|-------------|---------------------------------------|---------------------------------------|
| Feb 20 (M2) | May 20 (M5) | Aug 20 (M8)                           | Nov 20 (M11) (Non-Election Year Only) |
| Mar 20 (M3) | Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | Jan 31 (YE)                           |

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

- (d) 30-Day POST-Election Report for the:
- |               |              |               |
|---------------|--------------|---------------|
| General (30G) | Runoff (30R) | Special (30S) |
|---------------|--------------|---------------|
- Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 1 0 0 1 2 0 1 8 through 1 2 1 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 T e r r y F e d e r k o

Signature of Treasurer *Terry Fedorko*

Date 0 1 3 1 2 0 1 9

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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FEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="1234000"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="734000"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="1365000"/>	<input type="text" value="1465000"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="300000"/>	<input type="text" value="900000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1799000"/>	<input type="text" value="1799000"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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 Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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:

MM / DD / YYYY  
1 0 / 0 1 / 2 0 1 8

To:

MM / DD / YYYY  
1 2 / 3 1 / 2 0 1 8

**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).....

1 3 6 5 0 0 0

1 3 6 5 0 0 0

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

1 3 6 5 0 0 0

1 3 6 5 0 0 0

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

1 3 6 5 0 0 0

1 3 6 5 0 0 0

12. Transfers From Affiliated/Other  
Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

1 0 0 0 0 0 0

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

1 3 6 5 0 0 0

1 4 6 5 0 0 0

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

1 3 6 5 0 0 0

1 4 6 5 0 0 0

RECEIVED AND RECORDED

**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 .....	3,000,000	9,000,000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations) .....		
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3,000,000	9,000,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	3,000,000	9,000,000

DISBURSEMENTS

**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) .....	1 3 6 5 0 0 0	1 3 6 5 0 0 0
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1 3 6 5 0 0 0	1 3 6 5 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NON-PROFIT ORGANIZATION

**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 <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 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 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**

**A. P a p p a s N i c o l a o s**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**1 2 2 4 8 G r a c i e L a n e**  
 City **S p a n i s h F o r t** State **A L** Zip Code **3 6 5 3 2**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **S S A B A m e r i c a s** Occupation (for Individual) **A s s t G e n C o u n s e l**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **3 5 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**  
 Amount of Each Receipt this Period  
**3 5 0 0 0**  
 Memo Item

**B. T a y l o r K e i t h**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**5 6 6 3 T e x a s S t r e e t**  
 City **B e t t e n d o r f** State **I A** Zip Code **5 2 7 2 2**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **S S A B I o w a I n c.** Occupation (for Individual) **R e s e a r c h E n g i n e e r**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **4 0 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**  
 Amount of Each Receipt this Period  
**4 0 0 0 0**  
 Memo Item

**C. B r a m s t e d t A n d r e w**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**1 1 6 5 7 1 3 1 s t S t r e e t C t**  
 City **D a v e n p o r t** State **I A** Zip Code **5 2 8 0 4**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **S S A B I o w a I n c.** Occupation (for Individual) **A s s t G e n M g r**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **5 5 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**  
 Amount of Each Receipt this Period  
**5 5 0 0 0**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **1 3 0 0 0.0**  
**TOTAL** This Period (last page this line number only).....▶

**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 <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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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**

**A. Russo Terry**

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

Mailing Address  
**7 3 8 8 W i l k e n s C r e e k C t**

City **S p a n i s h F o r t** State **A L** Zip Code **3 6 5 2 7**

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

Name of Employer (for Individual) **S S A B A l a b a m a I n c.** Occupation (for Individual) **Gen Mgr CTL Line s**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6 5 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**

Amount of Each Receipt this Period  
**6 5 0 0 0**

Memo Item

**B. Harle Kevin**

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

Mailing Address  
**5 1 7 4 G r a y s t o n e D r.**

City **B e t t e n d o r f** State **I A** Zip Code **5 2 7 2 2**

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

Name of Employer (for Individual) **S S A B l o w a I n c.** Occupation (for Individual) **B u s i n e s s M g r.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4 5 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**

Amount of Each Receipt this Period  
**4 5 0 0 0**

Memo Item

**C. Klebuc-Simes Michele**

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

Mailing Address  
**3 6 0 3 P r e s t i g e C t.**

City **N a p e r v i l l e** State **I L** Zip Code **6 0 5 6 4**

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

Name of Employer (for Individual) **S S A B E n t e r p r i s e s L L C** Occupation (for Individual) **G e n L e g a l C o u n s e l**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5 0 0 0 0**

Date of Receipt  
**1 2 / 1 9 / 2 0 1 8**

Amount of Each Receipt this Period  
**5 0 0 0 0**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **1 6 0 0 0 0**

**TOTAL** This Period (last page this line number only).....▶ **0 0 0 0 0 0**





**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 <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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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**

**A. Larson Katie**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**110 Union Street**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Dir Govt Relations**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1200.00**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**1200.00**

Memo Item

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

Mailing Address  
**5592 Joshua St.**

City **Bettendorf** State **IA** Zip Code **52722**

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

Name of Employer (for Individual) **SSA B I o w a I n c.** Occupation (for Individual) **Director, R & D**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**4500.00**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**4500.00**

Memo Item

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

Mailing Address  
**11209 St. Ives Ct.**

City **Daphne** State **AL** Zip Code **36526**

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

Name of Employer (for Individual) **SSA B A l a b a m a I n c.** Occupation (for Individual) **General Mgr.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6000.00**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**6000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **22500.00**

**TOTAL** This Period (last page this line number only).....▶ **22500.00**

**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

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NAME OF COMMITTEE (In Full)  
**SSAB Americas PAC SSAB Enterprises LLC**

**A. Nelson Todd**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**3442 Saint James Ave.**  
 City **Bettendorf** State **IA** Zip Code **52722**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Iowa Inc.** Occupation (for Individual) **Dir Appl Engineer**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **40000**

Date of Receipt  
**12 / 19 / 2018**  
 Amount of Each Receipt this Period  
**40000**  
 Memo Item

**B. Toner Thomas**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**5345 Friendship Dr.**  
 City **Davenport** State **IA** Zip Code **52804**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Iowa Inc.** Occupation (for Individual) **Gen Mgr Team Ldr**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **75000**

Date of Receipt  
**12 / 19 / 2018**  
 Amount of Each Receipt this Period  
**75000**  
 Memo Item

**C. Moskaluk Jeffery**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
**2524 Spartina Ln.**  
 City **Naperville** State **IL** Zip Code **60564**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **VP COO**  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **100000**

Date of Receipt  
**12 / 19 / 2018**  
 Amount of Each Receipt this Period  
**100000**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **215000**  
**TOTAL** This Period (last page this line number only).....▶ **215000**

2018-10-10 10:00:00 AM



**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

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NAME OF COMMITTEE (In Full)  
**SSAB Americas PAC SSAB Enterprises LLC**

**A. Taylor Susan**

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

Mailing Address  
**503 Boulder Creek Ave.**

City **Fairhope** State **AL** Zip Code **36532**

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

Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Sr Dir Oper Svcs**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**60000**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**60000**

Memo Item

**B. Clark Victor**

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

Mailing Address  
**724 Oak Hill Ct.**

City **Mobile** State **AL** Zip Code **36609**

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

Name of Employer (for Individual) **SSAB Enterprises LLC** Occupation (for Individual) **Dir Eng & Plant Svcs**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**45000**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**45000**

Memo Item

**C. Dunn Stephen**

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

Mailing Address  
**19007 Match Play Dr.**

City **Humble** State **TX** Zip Code **77346**

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

Name of Employer (for Individual) **SSAB Texas In** Occupation (for Individual) **Sr Reg Sales Mgr**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000**

Date of Receipt  
**12 / 19 / 2018**

Amount of Each Receipt this Period  
**50000**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **155000**

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

20181219 10:00:00

**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	<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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SSAB Americas PAC SSAB Enterprises LLC

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

**A. Cox Thomas**

Mailing Address

3320 Westminister Road

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY  
12 / 19 / 2018

Amount of Each Receipt this Period

50000

Memo Item

Name of Employer (for Individual)

SSAB Iowa Inc.

Occupation (for Individual)

Superintendent

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

50000

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

**B. Cooke Michael**

Mailing Address

3884 Kensington Ct.

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY  
12 / 19 / 2018

Amount of Each Receipt this Period

25000

Memo Item

Name of Employer (for Individual)

SSAB Iowa Inc.

Occupation (for Individual)

Dir Techn Svc

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25000

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

**SUBTOTAL** of Receipts This Page (optional).....▶

75000

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

1365000

**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

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<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)

SSAB Americas PAC SSAB Enterprises LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. American Iron & Steel Institute PAC

M M M	D D D	Y Y Y Y Y Y Y Y
1 2	1 9	2 0 1 8

Mailing Address

1140 Connecticut Ave NW Suite 705

City

State

Zip Code

Washington

DC

20036

Purpose of Disbursement

PAC Contribution

FEC Identification Number

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Amount of Each Disbursement this Period

3	0	0	0	0	0
---	---	---	---	---	---

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	D D D	Y Y Y Y Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--

FEC Identification Number

C								
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Amount of Each Disbursement this Period

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Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	D D D	Y Y Y Y Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--

FEC Identification Number

C								
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Amount of Each Disbursement this Period

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Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

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

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

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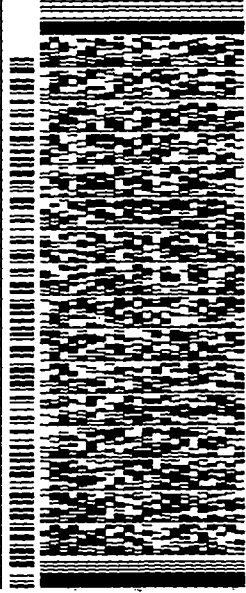
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ORIGIN ID: H0BA (251) 264-3381  
VINCENT LONG  
SSAB AMERICAS PAC  
11 N. WATER STREET  
SUITE 17000  
MOBILE, AL 36602  
UNITED STATES US

10 DEBORAH CHACONA, AST. STAF DIR  
FEDERAL ELECTION COMMISSION  
1050 FIRST STREET, NE  
REPORT ANALYSIS DIVISION  
WASHINGTON DC 20002

(202) 694-1128 REF 1  
INVT  
PCT

DEPT:



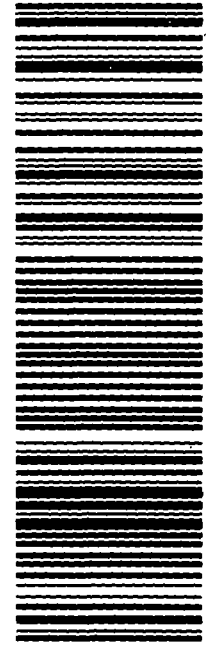
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DC-US IAD



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**XP**

Federal Election Commission  
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<input type="checkbox"/> No Postmark	
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Fed Ex	Next Business Day Delivery <input checked="" type="checkbox"/>
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES  
 PREPARER  
 (3/2015)

2/1/19  
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