

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

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

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**CLEVELAND-CLIFFS INC. POLITICAL ACTION COMMITTEE (CliffsPAC)**

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

**A. Carlson, Paul, , ,**

Mailing Address P.O. Box 589

City  
Hibbing

State  
MN

Zip Code  
55746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland-Cliffs Inc.

Occupation (for Individual)  
Sr. Area Manager - Plant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.22562

Amount of Each Receipt this Period

135.00

☐ Memo Item

Per Month

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

**B. Cartella, David T., , ,**

Mailing Address 200 Public Square  
Suite 3300

City  
Cleveland

State  
OH

Zip Code  
44114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland-Cliffs Inc.

Occupation (for Individual)  
VP, Global Envir Affair & Cnsl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.22616

Amount of Each Receipt this Period

100.00

☐ Memo Item

Per Month

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

**C. Cebula, Robert, C., ,**

Mailing Address 200 Public Square

City  
Cleveland

State  
OH

Zip Code  
44114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cleveland-Cliffs Inc.

Occupation (for Individual)  
VP, Corp Contoller & CAO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.22617

Amount of Each Receipt this Period

100.00

☐ Memo Item

Per Month

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

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

335.00