

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

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

FOR LINE NUMBER: PAGE 7 OF 18

(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. Bloom, Patrick, , ,

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)
Manager Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.22433

Amount of Each Receipt this Period

40.00

☐ Memo Item

Per Month

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

B. Brandeberry, Amber, , ,

Mailing Address 811 Madison Avenue

City
Toledo

State
OH

Zip Code
43604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IronUnitsLLC (CCI)

Occupation (for Individual)
Mgr Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.22417

Amount of Each Receipt this Period

30.00

☐ Memo Item

Per Month

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

C. 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 ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.22475

Amount of Each Receipt this Period

90.00

☐ Memo Item

Per Month

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

160.00

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