FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	O	(See instruction				Off	ice use only		
NAME OF COMMITTEE (in to the community of the commun	rull) X i	Check if name s changed)	Example: If type over the lines	ying, type	12FE4	1 1 1			
SSAB ENTERF	PRISES, LLC PAC	11111		1 1 1 1	111	111	1 1 1 1		
1					1 1 1	111	1111	1 1 1	ı 1
ADDRESS (number and s	treet) 650 W	arrenville Rd							 
(Check if address is changed)	Lisle				<u> </u>		60532		 
00144775510 5 1441	4 ADDD500		CITY▲		STATE		ZIP CC	DE 📥	
committee's e-mai									1
	<u> </u>				1 1 1				
COMMITTEE'S WED		1)							
not applicable		L)							1
									ш.
									Ш
COMMITTEE'S FAX N 2028422255	UMBER	J							
2. DATE 0 9	/ D D / Y	<sup>Y</sup> 2 0 0 8 <sup>Y</sup>							
3. FEC IDENTIFICA	TION NUMBER		C C00379545						
4. IS THIS STATEM	ENT X NEW	(N) OR	AME	NDED (A)					
I certify that I have examin	ned this Statement and to	o the best of my knov	vledge and belief it is	true, correct and	complete				
Type or Print Name of	Гиология М	artha Gibbons							
Type of Fillit Name of	11easurei								
Signature of Treasurer	Electronically Filed	by <b>Martha Git</b>	obons		Date	<b>0</b> 9 /	<b>02</b>	y Y 20	°0 8
NOTE: Submission of fal			subject the person s				of 2 U.S.C. Se	437g.	
Office Use Only			Federal Ele Toll Free 8	r information co ection Commission 00-424-9530 694-1100			FEC FO		

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5.		OF COMMITTEE (Check One) ate Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate
	Name of Candida		
	Candida Party Aff		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candida		
	Party Co	ommittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political	Il Action Committee (PAC):	
	(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		X Corporation Corporation w/o Capital Stock La	bor Organization
		Membership Organization Trade Association Co	ooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fu	Indraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	(	Committees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3 FEC ID number C	
		4 FEC ID number C	
		FEC ID number C	

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W	rite or Type Committee Name				
	SSAB ENTERPRISES, L	LC PAC			
6.	Name of Any Connected Org	ganization, Affiliated Committee, Le	eadership PAC Sponsor or Joir	nt Fundraising Repres	sentative
L	SSAB ENTERPRISES, LL	C PAC			
	Mailing Address	650 Warrenville F	Rd		
		Lisle		.     60532	2   _
		CITY▲	STA <sup>-</sup>		CODE A
	Relationship:				
	X Connected Organization	Affiliated Committee	Leadership PAC Sponsor	Joint Fundraisin	g Representative
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone books and records.	number optional), and pos	sition of the person i	in
	•	Gibbons			1
	Mailing Address	1155 Fifteenth St	NW Suite 500		
	. <b>.</b>				
		Washington	D	C 20005	5
	Title or Position ▼	CITY A	STA	TEA ZIP	CODE A
	Dir. Govt.	Relations	Telephone number	202 - 842	_ 2255
8.		and address (phone number o designated agent (e.g., assista	. ,	ne committee; and t	he
	Full Name	ı Gibbons			
	of Treasurer Martna				
	Mailing Address	1155 Fifteenth St	t NW Suite 500		
		Washington		C 2000	<u>5</u>
	Title or Position ♥	CITY A	STA	ATE <b>A</b> ZIF	P CODE A
	Dir. Govt.	Relations		202 _ 842	2255
			Telephone number		

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A				
	Telep	phone number					
9. <b>Banks or Other Deposito</b> safety deposit boxes or mai	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.						
Name of Bank, Depository,	Name of Bank, Depository, etc.						
Bar	nk of America						
Mailing Address	901Main Street						
	Dallas	TX	75202				
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕				
Name of Bank, Depository,	etc.						
Mailing Address							