

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Gerdau Ameristeel US Inc. (Gerdau PAC)

ADDRESS (number and street) 4221 W. Boy Scout Blvd.  
 (Check if address is changed) Suite 600  
Tampa FL 33607  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) shai.johnson@gerdau.com

Optional Second E-Mail Address  
adam.parr@gerdau.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 05 / 2019

3. FEC IDENTIFICATION NUMBER C C00567263

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Parr, Adam, , ,

Signature of Treasurer Parr, Adam, , , [Electronically Filed] Date 03 / 05 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate 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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# Gerdau Ameristeel US Inc. (Gerdau PAC)

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Gerdau Ameristeel US Inc.

Mailing Address

4221 W. Boy Scout Blvd.

Suite 600

Tampa

FL

33607

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Johnson, Shai, , Mrs.,

Mailing Address 4221 W Boy Scout Blvd Suite 600

Tampa

FL

33607

Title or Position

CITY

STATE

ZIP CODE

Manager of Communica

Telephone number

203

898

5818

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Parr, Adam, , ,

Mailing Address 4221 W. Boy Scout Blvd.

Suite 600

Tampa

FL

33607

CITY

STATE

ZIP CODE

Title or Position Director of Communic

Telephone number

813

373

0081

Full Name of Designated Agent

Johnson, Shai, , ,

Mailing Address

4221 W. Boy Scout Blvd.

Suite 600

Tampa

FL

33607

CITY

STATE

ZIP CODE

Title or Position

Manager of Communica

Telephone number

203

898

5818

9. 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, etc.

Bank of America Corporation

Mailing Address

101 South Tryon Street

19th Floor

Charlotte

NC

28255

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

In response to the RFAI dated March 4, 2019.

Form/Schedule:  
Transaction ID: