Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Outokumpu Stainless USA PAC 1 Steel Drive ADDRESS (number and street) (Check if address is changed) Calvert 36513 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address alejandro.azanza@outokumpu.com is changed) Optional Second E-Mail Address kimberly.garrett@outokumpu.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00858431 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Azanza-Silva, Alejandro, , Azanza-Silva, Alejandro, , , Date 12 05 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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. Т	TYPE OF COMMITTEE:					
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information below.)						
(k	b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candida					
	Candida Party A					
(0	c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi					
_						
	Party Co	ommittee: This committee is a (National, State or subordinate) committee of the Republican, etc.) Party				
P	Political	Action Committee (PAC):				
(6	e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:			
		X 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.)				
(9	g)	This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(h	n)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
		In addition, this committee is a Lobbyist/Registrant PAC.				
J	loint Fu	undraising Representative:				
(i)	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.				
(j	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.					
	Comm	nittees Participating in Joint Fundraiser				
	1.	C				
	2.	C				

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V	Irite or Type Committee Name							
	Outokumpu Stair	nless USA PAC						
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	Outokumpu Stainless USA PAC							
	Mailing Address	1 Steel Drive						
		1						
		Calvert	AL	36513				
		CITY ▲	STATE ▲	ZIP CODE ▲				
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponse				
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee							
	books and records.							
	Wehmeyer	, Debra, , ,						
	Full Name	40 DICKARDY DI ACE						
	Mailing Address	10 RICKARBY PLACE						
		MOBILE	AL	36606				
		CITY ▲	STATE ▲	ZIP CODE ▲				
	Title or Position ▼	0111 =	OIAIL =	211 0002 =				
	PARALEGAL		Talankana mumban , ,	1-1 1-1				
			Telephone number					
8.	Tracurer list the name and	d address (phone number optional) of	the treasurer of the committee: an	d the name and address of				
0.	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 Azanza-Silva, Alejandro, , ,							
	of Treasurer							
	Mailing Address	7074 Carson Lane						
		1						
		Spanish Fort	AL	36527				
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
	Director	1	Telephone number 251	829 3465				

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Full Name of Designated Agent	Azanza-Silva, Alejandro, , ,		
Mailing Address	7074 Carson Lane		
	Spanish Fort	AL	36527
T	CITY A	STATE ▲	ZIP CODE ▲
Title or Position		number	251 - 826 - 3465
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	REGIONS FINANCIAL CORPORATION		
Mailing Address	6729 M SPANISH FORT BLVD		
	SPANISH FORT	AL	36527
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲