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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) American Iron and Steel Institute Political Action Committee (STEEL PAC) 25 Massachusetts Ave, NW ADDRESS (number and street) Suite 800 (Check if address is changed) Washington 20001-7406 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS outsourcing@aristotle.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00295097 FEC IDENTIFICATION NUMBER 3. X 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. Dempsey, Kevin, , , Type or Print Name of Treasurer Dempsey, Kevin, , , [Electronically Filed] 2021 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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|--------------------------------|--|--------------------------------------|
| TYPE OF C | OMMITTEE 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. (Compleinformation below.) | ete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliation | Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Com | | emocratic, |
| (d) | · · · · · · · · · · · · · · · · · · · | emocratic, epublican, etc.) Party |
| Political A | ction Committee (PAC): | |
| (e) x | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ected organization is |
| | Corporation Wo 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 segrecommittee. (i.e., nonconnected committee) | egated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fund | raising 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. | on manua na 1945 1 |
| (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 |
| ш | | |
| | mittees Participating in Joint Fundraiser | |
| ш | mittees Participating in Joint Fundraiser | |
| Com | | |
| Comi | FEC ID number | |

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| ١ | Write or Type Committee Name | | |
| _ | American Iron ar | nd Steel Institute Political Action Committee (ST | EEL PAC) |
| 6. | Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |
| , | American Iron and Ste | eel Institute | |
| Ī | | | |
| | | 25 Massachusetts Ave NW | |
| | Mailing Address | Ste 800 | |
| | | Washington DC 20001-7406 | <u> </u> |
| | | CITY | |
| | | CITY STATE ZI | P CODE |
| | Relationship: Connecte | d Organization Affiliated Committee Joint Fundraising Representative Leader | ership PAC Sponsor |
| | | | |
| 7. | Custodian of Records: Idea books and records. | ntify by name, address (phone number optional) and position of the person in posse | ssion of committee |
| | | | |
| | Full Name | nternational, , , | |
| | Mailing Address | 205 Pennsylvania Ave SE | |
| | J | | |
| | | Washington DC 20003-1164 | |
| | | | |
| | Title or Position | CITY STATE ZIF | P CODE |
| | Custodian of Records | Telephone number = | |
| _ | | | |
| 8. | Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer). | and address of |
| | Full Name Dempsey, of Treasurer | Kevin, , , | |
| | Mailing Address | 25 Massachusetts Ave NW | |
| | | Ste 800 | . |
| | | Washington | |
| | | CITY STATE ZIF | P CODE |
| | Title or Position Treasurer | | 2 7118 |

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| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE ZII | P CODE |
| Title or Position | | _ |
| | Telephone number | |
| Danks at Other 5 | | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, holds a sees or maintains funds. | iccounts, rents |
| | xes or maintains funds. | iccounts, rents |
| safety deposit box Name of Bank, De | epository, etc. | iccounts, rents |
| safety deposit box Name of Bank, De | ces or maintains funds. epository, etc. Chain Bridge Bank | |
| safety deposit box Name of Bank, De | epository, etc. | iccounts, rents |
| safety deposit box Name of Bank, De | ces or maintains funds. epository, etc. Chain Bridge Bank 1445A Laughlin Ave | iccounts, rents |
| safety deposit box Name of Bank, De | ces or maintains funds. epository, etc. Chain Bridge Bank | iccounts, rents |
| safety deposit box Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean VA 22101 | P CODE |
| safety deposit box Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |
| safety deposit box Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |
| safety deposit box Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |
| safety deposit box Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |
| safety deposit box: Name of Bank, De Mailing Address Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |
| safety deposit box: Name of Bank, De Mailing Address Name of Bank, De | Chain Bridge Bank 1445A Laughlin Ave McLean CITY STATE ZI | |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Change PAC Email and change bank, updated name of connected organization

Form/Schedule: Transaction ID: