Only

## STATEMENT OF

PAGE 1/5

**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) Public Service Enterprise Group Inc. Political Action Committee (PEGPAC) 80 Park Plaza ADDRESS (number and street) (Check if address is changed) Newark 07102-4109 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address outsourcing@aristotle.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00383489 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. Type or Print Name of Treasurer HATCH, DAWN, M, Ms. HATCH, DAWN, M, Ms., 80 16 2023 Signature of Treasurer Date 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

_	<del></del>						
FEC	FEC Form 1 (Revised 03/2022) Page 2						
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 Office State  Party Affiliation Sought: House Senate President						
	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 Republican, etc.) Party						
Ī	Political Action Committee (PAC):						
	(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						
	X 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 pacommittee. (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.)						
(	This committee is an independent expenditure-only political committee (Super PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
(	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
,	Joint Fundraising 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.						
(	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						

Treasurer

	_		_		
- 14	FEC Form 1 (Revised 0	(2/2009)	Page 3		
V	Vrite or Type Committee Name	nterprise Croup Inc. Political Action Committee	۰ (DECDAC)		
_	Public Service Enterprise Group Inc. Political Action Committee (PEGPAC)				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  Public Service Enterprise Group				
	Public Service Effet	ліse Glouр 			
	Mailing Address	80 Park Plz			
		Newark NJ 07	102-4109		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	HATCH, D	AWN, M, Ms.,			
	Mailing Address	3 N. PRICKETTS MILL ROAD			
		1			
		Southampton NJ 08	088-2833		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Custodian of Records	Telephone number	8188		
8.	<b>Treasurer:</b> 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 HATCH, D	AWN, M, Ms.,			
	Mailing Address	3 N. PRICKETTS MILL ROAD			
		Southampton NJ 08	088-2833		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				

609

Telephone number

784

8188

FEC Form 1 (R	evised 02/2009)		Page <b>4</b>				
Full Name of Designated R Agent	OUNTREE, TISA, N, Ms.,						
Mailing Address	80 Park Plz						
	Newark	NJ NJ	07102-4109 				
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
Assistant Treasurer		Telephone number 973	9361				
	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, Depo	Name of Bank, Depository, etc.						
PNC Bank, National Association							
Mailing Address	1140 Raymond Boulevard						
	Newark	NJ C	07102				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC' 5 'F9 DCF HŽ G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

Updating Assistant Treasurer Information

Form/Schedule: Transaction ID: