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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) First Solar Inc. Political Action Committee 350 West Washington Street ADDRESS (number and street) (Check if address is changed) Tempe 85281 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address SSloan@firstsolar.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2022 C00489534 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. Sloan, Samantha, , , Type or Print Name of Treasurer Sloan, Samantha, , , [Electronically Filed] Date 06 30 2022 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

Only

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TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (0	complete the candidate information below.)				
(b) This committee is an authorized committee, and is N information below.)	OT a principal campaign committee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: Ho	State 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	committee of the (Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Ident	fy connected organization on line 6.) Its connected organization is a				
✗ Corporation Corpo	oration w/o Capital Stock Labor Organization				
Membership Organization Trade	Association Cooperative				
In addition, this committee is a Lobbyist/Re	In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Fed committee. (i.e., nonconnected committee)	leral candidate, and is NOT a separate segregated fund or party				
In addition, this committee is a Lobbyist/Re	gistrant PAC.				
In addition, this committee is a Leadership	e is a Leadership PAC. (Identify sponsor on line 6.)				
(g) 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 com
In addition, this committee is a Lobbyist/Re	gistrant PAC.				
Joint Fundraising Representative:					
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.					
Committees Participating in Joint Fundraiser					
1.	C				
- 1	C				

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٧	Write or Type Committee Na	•	<u> </u>		
	First Solar In	c. Political Action Committee			
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor		
	First Solar Inc.				
	Mailing Address	350 West Washington Street			
		Tempe AZ	2 85281		
	_	CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Relationship: X Connec	cted Organization Affiliated Organization Joint Fundraising Repr	resentative 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.				
	Sloan,	Samantha, , ,			
	Full Name				
	Mailing Address	930 Alden Bridge Dr.			
		Cary	27519		
		CITY ▲ STAT	E ▲ ZIP CODE ▲		
	Title or Position ▼	5 = 01A1			
	Custodian of Records	Tolophone	480 239 9381		
		Telephone number			
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).				
		Samantha, , ,			
	Full Name Sloan, of Treasurer				
	Mailing Address	930 Alden Bridge Dr.			
		Cary	C 27519 - -		
	Title or Position ▼	CITY ▲ STAT	ZIP CODE ▲		
	Treasurer	I	480 _ 239 _ 9381		
		Telephone number			

Telephone number

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	Full Name of Designated	(101,000 02,2000)		
	Agent			
ľ	Mailing Address			
٦	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone r	number	
E S	Banks or Other later to deposit box	Depositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits f	unds, holds accounts, rents
Ν	Name of Bank, D	epository, etc.		
		Burke & Herbert		
N	Mailing Address	100 South Fairfax Street		
		Alexandria	VA L	22314
		CITY ▲	STATE ▲	ZIP CODE ▲
N	Name of Bank, D	epository, etc.		
N	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲

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

Form/Schedule: F1A Transaction ID:

This registration is being amended to reflect the new Treasurer, Custodian of Records and committee e-mail.

Form/Schedule: Transaction ID: