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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) Xcel Energy Employee Political Action Committee (XPAC) 701 Pennsylvania Ave NW ADDRESS (number and street) Suite 250 (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Robin.L.Morgan@xcelenergy.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00107771 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. Morgan, Robin, L.,, Type or Print Name of Treasurer Morgan, Robin, L.,, [Electronically Filed] 01 19 2022 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 COMMITTEE  Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate
Name of Candidate	<u></u>
Candidate Office Party Affiliation Sought: House Senate Pres	Statesident
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
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	S.) 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 sep committee. (i.e., nonconnected committee)	parate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed	
committees/organizations, at least one of which is an authorized committee of a federal ca  (h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	eds for two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

	FEC <b>Form 1</b> (Revi	icad 02/2000)	Page <b>3</b>
V	Vrite or Type Committee		rage 3
		Employee Political Action Committee (XI	PAC)
6.		ted Organization, Affiliated Committee, Joint Fundraising Representative, or	·
X	cel Energy		
ı			
	Mailing Address	1800 Larimer Street	
	ag / taa. eee	Suite 1200	
		Denver CO	80202
		CITY STATE	ZIP CODE
	Relationship: 🗶 Conn	nected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
<b>'</b> .	Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
	Morg Full Name	gan, Robin, L., ,	1
	Mailing Address	701 Pennsylvania Ave NW	
	3	Suite 250	
		Washington	20004
	Title or Position	CITY STATE	ZIP CODE
	XPAC Treasurer	Telephone number	2   661   - 4482
3.		ne and address (phone number optional) of the treasurer of the committee; ar e.g., assistant treasurer).	nd the name and address of
	Full Name Morga	an, Robin, L., ,	
	Mailing Address	701 Pennsylvania Ave NW	
		Suite 250	
		Washington	20004
	Title or Position	CITY STATE	ZIP CODE
	XPAC Treasurer	Telephone number	2 - 661 - 4482

I LC FOII	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number =	
safety deposit be	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	
safety deposit be Name of Bank, Mailing Address	Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit be Name of Bank,	Depository, etc.  Chain Bridge Bank	
safety deposit be Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA  22101	ZIP CODE
safety deposit be Name of Bank,	Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.  US Bank  950 17th Street	ZIP CODE

## : 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:

Amended Statement of Organization to disclose Chain Bridge bank account.

Form/Schedule: Transaction ID: