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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) over the lines. is changed) Coca-Cola Consolidated, Inc. Political Action Committee 4100 Coca-Cola Plaza ADDRESS (number and street) (Check if address is changed) Charlotte 28211 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS alison.patient@cokeconsolidated.com (Check if address is changed) Optional Second E-Mail Address connie.long@cokeconsolidated.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00540104 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. Patient, Alison, , , Type or Print Name of Treasurer Patient, Alison, , , [Electronically Filed] 06 16 2020 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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		OMMITTEE	raye z				
Can	didate	idate 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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(D				
· · · · · ·		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 separate segregated function 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.)					
Join	t Fund	Iraising 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.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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V	Vrite or Type Committee Na	ame	
(Coca-Cola Co	onsolidated, Inc. Political Action Committee	:
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
С	oca-Cola Consolid	ated, Inc.	
	Mailing Address	4100 Coca-Cola Plaza	
	J		
		Charlotte NC 28211	
		CITY STATE	ZIP CODE
	Relationship: x Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name Long, C	Connie, , , 4100 Coca-Cola Plaza	
	3		
		Charlotte NC 2821	
	Title or Position	CITY STATE	ZIP CODE
	Custodian	Telephone number 704	571 - 7962
3.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
	Full Name Patient, of Treasurer	, Alison, , ,	
	Mailing Address	4100 Coca-Cola Plaza	
		Charlotte NC 28210	<u> </u>
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		557

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Full Name of Designated Agent	Gross, Kenneth, , ,				
Mailing Address	1440 New York Ave., NW				
	Washington	DC 20005 STATE ZIP CODE			
Title or Position Assistant Treasu		. 202 371 7000 .			
safety deposit bo	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, Depository, etc. Wells Fargo Bank, N.A.				
Mailing Address	6101 Fairview Road				
	Charlotte	NC 28210 -			
	CITY	STATE ZIP CODE			
Name of Bank, Depository, etc.					
Mailing Address					