FEC FORM 1	STATEMEN ORGANIZA		с	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Ameren Corporatio	on Federal Political	Action Committee	(Ameren F	EDPAC)
ADDRESS (number and street)	1331 Pennsylvania Ave., NW			
(Check if address is changed)	Suite 550S			
	Washington │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		DC 20 STATE ▲	004-1710  ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
<ul> <li>(Check if address is changed)</li> </ul>	chickling@ameren.com			
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
	23 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	IUMBER ► C CO	0206136		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	this Statement and to the best o	of my knowledge and belief it i	s true, correct and	d complete.
Type or Print Name of Treasure	er LaMartina, Richard, , ,			
Signature of Treasurer LaM	lartina, Richard, , ,		Date 04	/ D D / Y Y Y Y 30 2024
NOTE: Submission of false, error	neous, or incomplete information n ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202405029636880087

05/02/2024 13 : 51

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. ( information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pres	State sident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
(d) This committee is a	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):         (e)       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 committee. (i.e., nonconnected committee)	e 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.)	
(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 contribution and non-contribution accounts	s (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.
 (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
 2.

	FEC Form 1 (Revised 02/2009)	Page <b>3</b>
V	Vrite or Type Committee Name	
	Ameren Corporation Federal Political Action Committee (Ameren F	EDPAC)
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Ameren Corporation	

Mailing Address	1901 Chouteau Ave		
	Saint Louis		8103-3003
		STATE 🔺	ZIP CODE
Relationship: X Connected	I Organization Affiliated Organization Joint F	undraising Representative	Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Hickling, Ch	nristopher, , ,
Full Name	
Mailing Address	1331 Pennsylvania Ave NW
	Ste 550S
	Washington         DC         20004-1710
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number     703     -     608     -     8969

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).

Full Name of Treasurer	LaMartina, Richard, , ,		
Mailing Address	1901 Chouteau Ave		
	Saint Louis         MO         63103-3003		
	CITY ▲ STATE ▲ ZIP CODE ▲		
Title or Position ▼			
Treasurer       314       422       6417         Telephone number       -       -       -			

FEC Form 1 (Revised 02/2009)
------------------------------

Full Name of Designated Agent	Moore, Laura, , Ms.,	
Mailing Address	1901 Chouteau Ave	
	Saint Louis         MO         63103-3003	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Assistant Treasur	ar     314     -     554     -     3821       Telephone number     -     -     -     -     -	

## 9. 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.

US Ba	nk		
Mailing Address	721 Locust St		
	St. Louis	MO 63101	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amendment updates the Treasurer, Assistant Treasurer, and Custodian of Records.

Form/Schedule: Transaction ID: