## STATEMENT OF

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| FEC<br>FORM 1           |                 | 0           | RGAN                 | IZA        | ΙΟΙ      | 1                       |           |          |       |        |       |        |        |      |        |          |        |
|-------------------------|-----------------|-------------|----------------------|------------|----------|-------------------------|-----------|----------|-------|--------|-------|--------|--------|------|--------|----------|--------|
| 1. NAME OF              |                 | ((          | Check if nam         | e          | Exampl   | e:If typir              | na. tvpe  |          | 100   | 313.41 | \# F  | Office | Use    | Only |        |          |        |
| COMMITTEE (ir           | n full)         |             | changed)             |            | over the |                         | -9, -7,   |          | 12F   | 'E4.   | VI5   | _      | -      |      |        |          |        |
| DAYTON PC               | WER A           | ND LIC      | SHT CO               | MPAN       | NY R     | ESPO                    | DNSI      | BLE      | ECI   | TIZ    | ΈN    | ISH    | IIP    | FU   | ΝD     | ; TI     | ΗE     |
|                         |                 |             |                      |            |          |                         |           | 1 1      |       |        |       | 1 1    |        |      |        |          |        |
| ADDRESS (number a       | nd atract)      | 1065 WO     | ODMAN DRIV           | /E         |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| (Check if a             | address         |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| is changed              | d)              | DAYTON      |                      |            |          |                         |           | 1        | ı OH  |        | 4     | 15432  |        |      | _      |          |        |
|                         |                 | CI          | ΓΥ 🛦                 |            |          |                         |           | _        | STAT  | E 🛦    | L     |        |        | ZIP  |        | <b>=</b> |        |
| COMMITTEE'S E-MA        | AIL ADDRES      | SS          |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| (Check if a             |                 | dustin.i    | llyes@aes.           | .com       |          | 1 1 1                   | 1 1       | 1 1      | 1 1   | 1      | 1 1   | 1 1    | ı      | 1 1  | 1      | 1 1      | , I    |
| is changed              | 1)              | Optional    | Second E-Ma          | ail Addres | SS       |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 | sarah.l     | nowdeshe             | lt@aes     | s.com    |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| COMMITTEE'S WEB         |                 | DRESS (UF   | RL)                  |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| 2. DATE                 | M / D 1         | D / Y       | Y   Y   Y   Y   2023 |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         |                 |             |                      |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
| 3. FEC IDENTIFIC        | CATION NU       | IMBER >     | C                    | C001       | 02947    |                         |           |          |       |        |       |        |        |      |        |          |        |
| 4. IS THIS STATEN       | MENT            | NEW         | (N) <b>O</b>         | R          | ×        | ΔΜΕΝ                    | DED (A    | .)       |       |        |       |        |        |      |        |          |        |
| 4. 10 11110 017(12)     | VIEIVI          | NEW         | (11)                 |            | _        | 71101214                | DLD (71   |          |       |        |       |        |        |      |        |          |        |
| I certify that I have e | examined th     | is Statemer | nt and to the        | best of    | my knov  | wledge a                | ınd beli  | ef it is | true, | corr   | ect a | nd co  | mple   | ete. |        |          |        |
| Type or Print Name      | of Treasurer    | Illyes, Du  | stin, , ,            |            |          |                         |           |          |       |        |       |        |        |      |        |          |        |
|                         | Illves          | Dustin, , , |                      |            |          |                         |           | _        |       | IV     | - M   | /      | D   D  | /    |        | Y   Y    | Y      |
| Signature of Treasure   | er <u>,es</u> , | , , ,       |                      |            | [Ele     | ectronical              | iy Filed] |          | Date  |        | 01    | L      | 09     | _    | 2      | 2023     |        |
| NOTE: Submission of     | false, errone   |             | mplete inform        |            |          |                         |           |          |       |        |       | ne pe  | naltie | s of | 52 U.S | S.C. §   | 30109. |
| Office                  |                 | 1           |                      |            | Foi      | further i               | nformatio | on con   | tact: |        |       | F      | EC     | FΩ   | RM     | 1        |        |
| Use                     |                 |             |                      |            |          | deral Elect<br>Free 800 |           |          |       |        |       |        |        |      | 5/2012 |          | I      |

Local 202-694-1100

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|--|--|--|--|--|--|--|--|--|
| TYPE OF COMMITTEE:   |  |  |  |  |  |  |  |  |
| Candidate Committee:   |  |  |  |  |  |  |  |  |
| (a) This committee is a principal campaign committee. (Complete the candidate  | e 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 Party Affiliation Sought: House Senate  | State President District   |  |  |  |  |  |  |  |
| (c) This committee supports/opposes only one candidate, and is NOT an author   |  |  |  |  |  |  |  |  |
| Name of Candidate  |  |  |  |  |  |  |  |  |
| Party Committee:   |  |  |  |  |  |  |  |  |
| (d) This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party  |  |  |  |  |  |  |  |
| Political Action Committee (PAC):  |  |  |  |  |  |  |  |  |
| (e) This committee is a separate segregated fund. (Identify connected organization)  | tion on line 6.) Its connected organization is a   |  |  |  |  |  |  |  |
| Corporation Corporation w/o Capital Stor   | ck 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 committee. (i.e., nonconnected committee)                                      | NOT a separate 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 (Sup-  | er PAC).   |  |  |  |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |  |  |
| (h) This committee is a political committee with both contribution and non-contr   | ribution accounts (Hybrid PAC).  |  |  |  |  |  |  |  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |  |  |  |
| Joint Fundraising Representative:  |  |  |  |  |  |  |  |  |
| (i) This committee collects contributions, pays fundraising expenses and disbur committees/organizations, at least one of which is an authorized committee |  |  |  |  |  |  |  |  |
|  | 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  |  |  |  |  |  |  |  |
|  | C  |  |  |  |  |  |  |  |

|    | _  |   |                       |  |  |  |  |  |  |
|----|--|---|-----------------------|--|--|--|--|--|--|
| 1  | FEC Form 1   | (Revised 02/2009)   | Page <b>3</b>         |  |  |  |  |  |  |
| ٧  | Vrite or Type Commi  | ittee Name  |                       |  |  |  |  |  |  |
|    | DAYTON P   | OWER AND LIGHT COMPANY RESPONSIBLE CITIZENSHIP  | FUND; THE             |  |  |  |  |  |  |
| 6. | <del>-</del>   | nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders rporation Political Action Committee | hip PAC Sponsor       |  |  |  |  |  |  |
|    |  |   |                       |  |  |  |  |  |  |
|    |  |   |                       |  |  |  |  |  |  |
|    | Mailing Address  | 4300 Wilson Boulevard   |                       |  |  |  |  |  |  |
|    |  | 11th Floor  |                       |  |  |  |  |  |  |
|    |  | Arlington VA 22203  | -                     |  |  |  |  |  |  |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |  |  |  |  |  |  |
|    | 5 i ii ii 🗖  |   |                       |  |  |  |  |  |  |
|    | Relationship:  | Connected Organization  | _eadership 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. |   |                       |  |  |  |  |  |  |
|    |  | Raga, Tom, , ,  |                       |  |  |  |  |  |  |
|    | Full Name  |   |                       |  |  |  |  |  |  |
|    | Mailing Address  | 1065 Woodman Drive  |                       |  |  |  |  |  |  |
|    |  |   |                       |  |  |  |  |  |  |
|    |  | Dayton OH 45432   | -                     |  |  |  |  |  |  |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |  |  |  |  |  |  |
|    | Title or Position ▼  |   | 211 0002 -            |  |  |  |  |  |  |
|    | Chair  |   | 259  -  7124          |  |  |  |  |  |  |
|    |  |   |                       |  |  |  |  |  |  |
| 8. |  | e name and address (phone number optional) of the treasurer of the committee; and the nagent (e.g., assistant treasurer).     | me and address of     |  |  |  |  |  |  |
|    | Full Name  | Illyes, Dustin, , ,   |                       |  |  |  |  |  |  |
|    | of Treasurer   |   |                       |  |  |  |  |  |  |
|    | Mailing Address  | 1065 Woodman Drive  |                       |  |  |  |  |  |  |
|    |  |   |                       |  |  |  |  |  |  |
|    |  | Dayton OH 45432   | -                     |  |  |  |  |  |  |
|    |  | CITY ▲ STATE ▲  | ZIP CODE ▲            |  |  |  |  |  |  |
|    | Title or Position ▼  |   |                       |  |  |  |  |  |  |
|    | Treasurer  | Telephone number 317 - L  | 864   -   5307        |  |  |  |  |  |  |

Telephone number

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|----------------------------|--|------------------------------|--------------------------|
|                            | (101.000 00.000)   |                              |                          |
| Full Name of<br>Designated | Howdeshelt, Sarah, , ,   |                              |                          |
| Agent                      |  |                              |                          |
| Mailing Address            | 1065 Woodman Drive   |                              |                          |
|                            |  |                              |                          |
|                            | Dayton   | OH (                         | 45432<br>                |
| Title or Position          | CITY ▲   | STATE ▲                      | ZIP CODE ▲               |
|                            |  |                              |                          |
| Assistant Treasu           | rer T  | elephone number              |                          |
|                            | <b>Depositories:</b> List all banks or other depositories in which xes or maintains funds. | the committee deposits funds | s, holds accounts, rents |
| Name of Bank, [            | Depository, etc.   |                              |                          |
|                            | Fifth Third Bank   |                              |                          |
| Mailing Address            | P.O. Box 630900  |                              |                          |
|                            |  |                              |                          |
|                            | Cincinnati   | OH   4                       | 5263                     |
|                            | CITY ▲   | STATE ▲                      | ZIP CODE ▲               |
| Name of Bank, [            | Depository, etc.   |                              |                          |
|                            |  |                              |                          |
| Mailing Address            |  |                              |                          |
|                            |  |                              |                          |
|                            |  |                              |                          |
|                            | CITY ▲   | STATE ▲                      | ZIP CODE ▲               |