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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) is changed) over the lines. Concho Resources Inc. PAC Plaza Office Building ADDRESS (number and street) (Check if address is changed) Bartlesville 74004 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS leanna.moon@conocophillips.com (Check if address is changed) Optional Second E-Mail Address joey.e.harrington@conocophillips.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00542092 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. Oropeza, Cynthia, , , Type or Print Name of Treasurer Oropeza, Cynthia,,, [Electronically Filed] 02 16 2021 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

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	raye <b>z</b>
Can	ndidate	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. (Con information below.)	nplete the candidate
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:	(Daniel and the
(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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	i ago <b>c</b>
Concho Resources Inc. PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
ConocoPhillips Spirit PAC	
Plaza Office Building	
Mailing Address	
Bartlesville OK 74004	
Dalities ville	
CITY STATE Z	IP CODE
Relationship: Connected Organization 🗶 Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in posse books and records.</li> </ol>	ession of committee
Harrington, Joey, , ,	
Full Name	
Mailing Address 325 Seventh Street NW	
Suite 1200	
Washington DC 20004	
Title or Position CITY STATE Z	IP CODE
	33 0935
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).</li> </ol>	e and address of
Full Name Oropeza, Cynthia, , ,	
of Treasurer	
Mailing Address   315 S. Johnstone Ave.	
POB-1360H	
Bartlesville OK 74004	
CITY STATE ZI Title or Position	IP CODE
Telephone number 918 - 66	61 7564

I LC roi	<b>m 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Harrington, Joey, , ,	
Mailing Address	325 Seventh Street NW	
	Suite 1200	
	Washington DC 20004	
		ZIP CODE
Title or Position Assistant Treas		833   -   0935
safety deposit b	or <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.  Depository, etc.	s accounts, rents
safety deposit b	poxes or maintains funds.	Light of the second of the sec
safety deposit b	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	decounts, rents
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	decounts, rents
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101	ZIP CODE
safety deposit b Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  VA 22101  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Chain Bridge Bank  1445-A Laughlin Avenue  McLean  CITY  STATE  Depository, etc.	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisin</b>	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
=	Organization, Affiliated Committee, Joint	Fundraising Representative	ve, or Leadership PAC Spon
ConocoPhillips			
	925 Eldridge Parkway		
Mailing Address			
	Houston	TX	77079 
Relationship:	CITY A	STATE A	ZIP CODE ▲
<b>v</b>	10 1 11 10 11		
Connected	d Organization Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC S
	by name, address (phone number – optio		tative Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify			tative Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify			Leadership PAC S
esignated Agent: Identify		nal)	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optio	nal)	
esignated Agent: Identify Full Name Ling Address	by name, address (phone number – optio	nal)	
Full Name Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in	nal)  STATE   Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in	nal)  STATE   Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	ries: List all banks or other depositories in	nal)  STATE   Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other depositories in	nal)  STATE   Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito aftety deposit boxes or material depository, etc.	ries: List all banks or other depositories in	nal)  STATE   Telephone Number	ZIP CODE A