| Image# 202307109582477218 | | | | PAGE 1 / 5 |
|---|-------------------------------|--|-----------------------------|-------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| | (0) 1 7 | | Office Us | e Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| AVANGRID Polit | ical Action Comr | nittee | | |
| | | | | |
| | 607 14th Street, NW | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | Suite 540 | | | |
| | Washington | | | 96 |
| | CITY ▲ | | STATE ▲ | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | AvangridPAC@avang | rid.com | | |
| | Optional Second E-Mail Ad | dress | | |
| | outsourcing@aristot | e.com | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | | | | |
| 2. DATE 07 0 | | | | |
| 3. FEC IDENTIFICATION N | | 00406801 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| | | | | |
| I certify that I have examined th | nis Statement and to the best | ot my knowledge and belief i | t is true, correct and comp | NETE. |
| Type or Print Name of Treasure | Phillips, Justin, , , | | | |
| Signature of Treasurer | ps, Justin, , , | [Electronically Filed] | Date 07 10 | |
| NOTE: Submission of false, erron | | may subject the person signing TION SHOULD BE REPORTED | | ies of 52 U.S.C. §301 |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | ion FEC | FORM 1 ised 06/2012) |

07/10/2023 13 : 46

| FEC | Form 1 (Revised 03/2022) | Page 2 | | |
|---------|---|--------------------|--|--|
| 5. T | YPE OF COMMITTEE: | | | |
| C | Candidate Committee: | | | |
| (8 | a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | |
| (t | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | |
| | Name of Candidate | | | |
| | Candidate Party Affiliation Office Sought: House Senate President | State | | |
| (0 | c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | |
| | Name of Candidate | | | |
| P ((| Party Committee: (National, State (Democratic, or subordinate) committee of the (Democratic, Republican, e | tc.) Party | | |
| | Political Action Committee (PAC): Image: I | organization is a: | | |
| | Corporation Corporation w/o Capital Stock | anization | | |
| | Membership Organization Trade Association Cooperative | /e | | |
| | 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 committee. (i.e., nonconnected committee) | 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.) | | | |
| (ç | g) This committee is an independent expenditure-only political committee (Super PAC). | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| (۲ | n) This committee is a political committee with both contribution and non-contribution accounts (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)

Write or Type Committee Name

AVANGRID Political Action Committee

| 6. | Name of Any Connected Or AVANGRID | ganization, Affiliated | Committee, Joint | Fundraising Repre | sentative, or Leade | ership PAC Sponsor |
|----|--------------------------------------|------------------------|------------------|-------------------|---------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | Mailing Address | 180 Marsh Hill Rd | | | | |
| | | | | | | |
| | | Orange | | | CT 0647 | 7-3629 |
| | | | CITY A | | STATE ▲ | ZIP CODE |
| | Relationship: X Connected | Organization Affilia | ted Organization | Joint Fundraising | 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.

| Phillips, Ju | stin, , , |
|----------------------|---|
| Full Name | |
| Mailing Address | 205 Pennsylvania Ave SE |
| | 1 |
| | Washington DC 20003-1164 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Custodian of Records | Telephone number 202 - 543 - 8345 |

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 | Phillips, Justin, , , | | | |
|---------------------|---|--|--|--|
| of Treasurer | | | | |
| Mailing Address | 205 Pennsylvania Ave SE | | | |
| | | | | |
| | Washington DC 20003-1164 | | | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | | | |
| Title or Position ▼ | | | | |
| Treasurer | Telephone number 202 543 8345 | | | |

| FEC Form 1 (Revised 0 | 02/2009) | | | Page 4 |
|-------------------------------------|----------|-------------|---------|---------------|
| Full Name of Designated Agent | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | | | STATE 🔺 | ZIP CODE |
| Title or Position ▼ | | | | |
| | | Telephone r | 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.

| | Utilities Employees Credit Union | | |
|-----------------|----------------------------------|---------|----------|
| Mailing Address | PO Box 14864 | | |
| | | | |
| | Reading | PA 190 | 612 |
| | CITY 🔺 | STATE A | ZIP CODE |
| Name of Bank, D | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY A | STATE A | 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 :

Update to Treasurer, Custodian of Records, and committee email address.

Form/Schedule: Transaction ID: