**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SunPower Corporation Political Action Committee (SunPower PAC) 880 Harbour Way South ADDRESS (number and street) Suite 600 (Check if address is changed) Richmond 94804 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address patrick.sterns@sunpowercorp.com is changed) Optional Second E-Mail Address lisa.tignor@us.dlapiper.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00451575 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. Type or Print Name of Treasurer Sterns, Patrick, 05 20 2024 Signature of Treasurer Sterns, Patrick, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>					
TYPE OF COMMITTEE:						
Candidate 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.)						
Name of						
Candidate						
Candidate Office House Senate President	State					
Party Affiliation Sought: House Senate President	District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:						
(Mational, State (Democ	cratic, ican, etc.) Party					
Political Action Committee (PAC):						
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:					
X Corporation Corporation w/o Capital Stock Labor	or Organization					
	pperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation	gated fund or party					
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.)						
(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 (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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	· ·					
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						
1C						
C						

Title or Position ▼

Treasurer

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14	FEC Form 1 (Revised  Vrite or Type Committee Nam	•			Page <b>3</b>	
V			ction Comr	nittoo (SunDow	or DAC)	
6.	SunPower Corporation Political Action Committee (SunPower PAC)  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
0.	SunPower Corporat	_	milee, Joint Fundi	aising nepresentative, or	Leadership PAC Sponsor	
	Juli Ower Corporat					
	Mailing Address	880 Harbour Way South				
		Suite 600				
		Richmond		CA	94804	
		CIT	<b>Y</b> ▲	STATE ▲	ZIP CODE ▲	
	Relationship: X Connecte	Organization Affiliated Or	ganization Joi	nt Fundraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Idea books and records.	tify by name, address (phone r	number optional) a	and position of the person in	possession of committee	
	Sterns, P Full Name					
	Mailing Address	880 Harbour Way South				
		Suite 600				
		Richmond		CA	94804	
		CITY		CTATE A	ZID CODE A	
	Title or Position ▼	CIT	•	STATE ▲	ZIP CODE ▲	
	Treasurer/Bookeeper		Te	lephone number 512		
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number assistant treasurer).	optional) of the trea	asurer of the committee; ar	d the name and address of	
	Full Name Sterns, P	atrick, , ,				
	Mailing Address	880 Harbour Way South				
	<u>J</u>	Suite 600				
		Richmond		, CA	94804	
		CIT	<b>/</b> ▲	STATE ▲	ZIP CODE ▲	

512

Telephone number

735

0100

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep		FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number		Designated		
Title or Position   Telephone number  Telephone		Mailing Address		
Title or Position   Telephone number  Telephone				
Title or Position   Telephone number  Telephone				
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  P.O. Box 63020  CITY A STATE A ZIP CODE A  Name of Bank, Depository, etc.		Tills on Brother -		ZIP CODE ▲
Name of Bank, Depository, etc.  Wells Fargo Bank, N.A.  Mailing Address  P.O. Box 63020  San Francisco  CITY ▲  STATE ▲  ZIP CODE ▲  Mailing Address		Title or Position		
Wells Fargo Bank, N.A.    P.O. Box 63020     San Francisco   CA   94163     CITY ▲ STATE ▲ ZIP CODE ▲    Name of Bank, Depository, etc.     Mailing Address	•			ds, holds accounts, rents
Mailing Address  P.O. Box 63020  San Francisco  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.		Name of Bank, D	epository, etc.	
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Mailing Address		Mailing Address		
Mailing Address  L				
		Name of Bank, D	epository, etc.	
CITY ▲ STATE ▲ ZIP CODE ▲		Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲				
CITY ▲ STATE ▲ ZIP CODE ▲				
			CITY ▲ STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F1A Transaction ID:

Amended to reflect new treasurer and custodian of records.

Form/Schedule: Transaction ID: