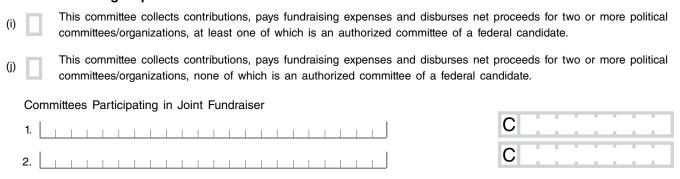
FEC FORM 1		STATEMEN ORGANIZA				C	Dffice Use Or	PAGE 1 / 5 ·	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		ple:If typing, type the lines.	12FE	E4M5		-	
Constellation	Energ	y Corporation Em	ploye	e Political Ac	tion C	Comm	ittee (C	CEPAC)	.
ADDRESS (number ar	nd street)	250 Massachusetts Ave, NW S	Ste 760						
(Check if a is changed									
		Washington └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └			LDC STATE		0001 ZI	L P CODE ▲	
COMMITTEE'S E-MA	IL ADDRES	S							
(Check if a is changed		constellationemployeepac@	constella	tion.com					
		Optional Second E-Mail Add PACSERVICES@DDCPUBLIC		СОМ					
COMMITTEE'S WEB	ddress	RESS (URL)							
2. DATE 07 02 2024									
3. FEC IDENTIFIC	ation NU	MBER ► C co	0793711						
4. IS THIS STATEM	1ENT	NEW (N) OR	×	AMENDED (A)					
I certify that I have e	xamined this	s Statement and to the best	of my kr	owledge and belief it	is true, c	correct an	d complete		
Type or Print Name of	of Treasurer	Armstrong, Thomas, , ,							
Signature of Treasure	r Armstr	ong, Thomas, , ,			Date	07	/ D D D 02	/ 2024	Y
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 Use Only				For further information co Federal Election Commissio Foll Free 800-424-9530 Local 202-694-1100				ORM 1 06/2012)	

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5. 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 Party Affiliation Sought: 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					
(d) his committee is a	nocratic, ublican, etc.) Party				
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:				
Corporation Corporation w/o Capital Stock	abor Organization				
Membership Organization Trade Association C	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 seg committee. (i.e., nonconnected committee)	gregated 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 (Hy	rbrid PAC).				

Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

Relationship:

X Connected Organization

	FEC Form 1 (Revised 0	2/2009)		Page 3
V	Vrite or Type Committee Name			
	Constellation Ene	rgy Corporation Employee Political Action	Committee (0	CEPAC)
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership	PAC Sponsor
	Constellation Energy			
	Mailing Address	250 Massachusetts Ave, NW Ste 760		
		Washington DC	20001	
		CITY STATE	▲ ZIP	CODE 🔺

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

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Crane, Cath	nerine, , ,				
Mailing Address	1615 L St NW				
	Suite 400				
	Washington			DC 20036	
		CITY A		STATE 🔺	ZIP CODE
Title or Position ▼					
Custodian of Records			Telephone nur	mber 202 -	830 - 2083

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	Armstrong, Thomas, , ,
Mailing Address	200 Energy Way
	Kennett Square PA 19348
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image: Telephone number 610 765 6920

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	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.

Ch	ain Bridge Bank NA		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA 221	01
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depos	sitory, etc.		
Mailing Address			
	CITY 🔺	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 :

Amendment to update Treasurer's Address and Custodian of Records.

Form/Schedule: Transaction ID: