FEC FORM 1		STATEMEN ORGANIZA			PAGE 1 / 13
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
PacifiCorp - I	Pacific		untain Power PAC		
ADDRESS (number an	nd street)	825 N E MULTNOMAH SUITE	2000 LCT		
(Check if a is changed					
		PORTLAND └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └		OR 197 STATE ▲	7232
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		aline.crinon@pacificorp.com			
		Optional Second E-Mail Add steven.piper@midamerican.com			
COMMITTEE'S WEB	ddress	RESS (URL)			
2. DATE 07	M / D 19	2019			
3. FEC IDENTIFIC	ATION NU	MBER ► C co	0082800		
4. IS THIS STATEM	IENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	xamined thi	s Statement and to the best of	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name c	of Treasurer	Piper, Steve, , ,			
Signature of Treasure	r Piper,	Steve, , ,		Date 01	/ D D / Y Y Y Y 19 / 2024
NOTE: Submission of f	alse, errone		nay subject the person signing the ION SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109
Office Use Only			For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202401199600125353

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FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	omplete the candidate
Name of Candidate '','','',',',',',',',',',',',',',',','	
Candidate Office Party Affiliation Sought: House Senate Presic	
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
(d) This committee is a	Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) $ imes$ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected 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 committee. (i.e., nonconnected committee)	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 (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 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)	Page 3
Write or Type Committee Name	

PacifiCorp - Pacific Power/Rocky Mountain Power PAC

6.	Name of Any Connected Or	ganization, Affiliated	Committee,	Joint	Fundr	aising	Repre	sentative, o	r Leadershi	PAC Sponsor
	PacifiCorp									
	Mailing Address	825 NE Multnomah, S	te. 2000							
		Portland						OR	97232	
			CITY 🔺					STATE 🔺	Z	P CODE
	Relationship: X Connected	Organization Affilia	ated Organizat	tion	Joi	nt Fund	Iraising	Representativ	ve Lea	adership 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.

Crinon	, Aline, , ,
Full Name	
Mailing Address	825 NE Multnomah St.
	Portland OR 97232
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Associate	Telephone number 503 - 813 - 6644

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	Piper, Steve, , ,
Mailing Address	9416 Enfield Drive
	Johnston
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1 (Revised	d 02/2009)
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Full Name of Designated Agent	Bolton, Scott, , ,
Mailing Address	825 NE Multonomah
	Suite 2000 LCT
	Portland OR 97232 Image: Ima
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Assistant Treasu	er Telephone number503 813 7202

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.

Key Ban	k 		
Mailing Address	825 NE Multnomah		
	Portland	OR 97232	
	CITY 🔺	STATE ▲	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	ID number	C
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
	of Any Connected (dAmerican Energy (Drganization, Affiliated Committee, Jo	nt Fundraising Re	epresentative	e, or Leadership PAC Sponsor
	Mailing Address	666 Grand Ave.			
		P.O. Box 657			
		Des Moines	1		50306
	Relationship:			STATE	
	Connected	Organization X Affiliated Committee	Joint Fundraisi	ng Representa	ative Leadership PAC Sponsor
Desig	nated Agent: Identify	by name, address (phone number - op	tional)		
-		by name, address (phone number – op	tional)		
Fu	III Name	by name, address (phone number – op	tional)		
Fu		by name, address (phone number – op	tional)		
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Fu Ma T 	ailing Address	CITY A	Telephone	Number	
Fu Ma T Banks safety Name	ailing Address	CITY ▲ CITY ▲	Telephone	Number	
Fu Ma T Banks safety Name	ailing Address	CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone	Number	
Fu Ma T Banks safety Name	III Name		Telephone	Number	
Fu Ma T Banks safety Name	III Name		Telephone	Number	

	h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadershin PAC Sponsor
0. 1	-	LOYEES INSURANCE COMPANY POLITIC/		
	Mailing Address			
		WASHINGTON		20076
	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint H	Fundraising Representa	tive Leadership PAC Sponsor
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8. D e	esignated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	Mailing Address			
	Mailing Address			
	Mailing Address TITLE OR POSITION	•		
		•	STATE	∠
		Tele ies: List all banks or other depositories in which the second seco	ephone Number	
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5(g) or	(h). Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4		FEC ID number	С
- 6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e or Leadership PAC Sponsor
	-	INC. FEDERAL POLITICAL ACTION COM		,
	Mailing Address	4747 MCLANE PARKWAY		
			TX	76503
	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address	1		
		CITY ▲		
	TITLE OR POSITION	•		
_		<u> </u> Tel	ephone Number	
	Banks or Other Depositor afety deposit boxes or ma	ies: List all banks or other depositories in which t intains funds.	he committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
1		CITY A	STATE A	ZIP CODE

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5(g) or (h)	Joint Fundraising	y Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. Nar	me of Any Connected (Organization, Affiliated Committee, Joint Fundra	nising Representative	or Leadershin PAC Sponsor
L				
	Mailing Address	P.O. BOX 961039		
				76161
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Des	signated Agent: Identify	by name, address (phone number - optional)		
	ignated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name			
	Full Name			
9. Ba n	Full Name	Image: Image	ephone Number	
9. Ban safe Nan	Full Name	Image: Image	ephone Number	
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5(g) or (h).	Joint Fundraising	Participant:		
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4.			FEC ID number	С
	e of Any Connected C ETJETS INC. PAC	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	4111 BRIDGEWAY AVENUE		
		COLUMBUS		43219
	Relationship:		STATE ▲	
	Connected	Organization × Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number - optional)		
F		by name, address (phone number - optional)		
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F M - - 9. Bank	ull Name		ephone Number	
9. Bank safety Name	TITLE OR POSITION		ephone Number	
9. Bank safety Name	ull Name Mailing Address TITLE OR POSITION sor Other Depositori deposit boxes or mail of Bank,		ephone Number	
9. Bank safety Name	Aailing Address		ephone Number	
9. Bank safety Name	Aailing Address		ephone Number	

0(9)0.	(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
- 6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	-	ANY GOOD GOVERNMENT FUND FOR FE		
	Mailing Address	P. O. BOX 425		
				76101
	Relationship:		STATE A	
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
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8. C	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address		└ · · · · · · · · · · · · · · · · · · ·	
		•		
_	Mailing Address	•	STATE	
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5(g) or (h).	Joint Fundraising	Participant:		
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2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
		organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
I	Mailing Address	P.O. BOX 81500		
		ATTN: JOHN J. VINSKI, ASST. TREAS.		
		LAS VEGAS	NV I	89180
I	Relationship:		STATE A	
	Connected	Organization × Affiliated Committee	undraising Representa	tive Leadership PAC Sponsor
			5 1	
8. Design	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number - optional)		
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Fu	II Name		STATE	
Fu Ma T 9. Banks	II Name		phone Number	
Fu Ma T 9. Banks safety Name	II Name		phone Number	
Fu Ma T 9. Banks safety Name	II Name		phone Number	
Fu Ma T 9. Banks safety Name	II Name		phone Number	
Fu Ma T 9. Banks safety Name	II Name		phone Number	

		Participant:					
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2.			FEC ID	number	С		
3.			FEC ID	number	С		
4.			FEC ID	number	С		
Nome of	Any Connected C	rganization, Affiliated Committee, Joint Fu	advoicing Dony	ocontotiv		hin DAC Cr	
Mail	ing Address	666 GRAND AVENUE					
		P.O. BOX 657					
				IA 	50306-0	0657	
Rela	tionship:			STATE A	<u> </u>	ZIP CODE	
		by name, address (phone number - optional)					
Full N	ame	by name, address (phone number – optional)		1 1 1			
Full N		by name, address (phone number – optional)					
Full N	ame	by name, address (phone number - optional)					
Full N	ame						
Full Nailing	ame						

1. 2. 								
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3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name of Any	y Connected C	Organization, Affi	iliated Committee, Joir	nt Fundraising R	epresentativo	e, or Leade	rship PAC Sj	oonso
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		· · · · · · ·		· · · · · · ·				
Mailing	Address	29400 LAKELAI	ND BOULEVARD					
					ОН	44092		
Relation	nship:		CITY 🔺		STATE A		ZIP CODE	
	Connected	Organization X	Affiliated Committee	Joint Fundrais	na Representa	ative	eadership PAC	C Spor
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