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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hy-Vee Inc Employees' Political Action Committee 5820 Westown Parkway ADDRESS (number and street) (Check if address is changed) West Des Moines 50266 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ARoth@hy-vee.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00243659 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 Haack, Abbey, , 80 01 2023 Signature of Treasurer Haack, Abbey, , , 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| FEC Form 1 (Revised 03/2022) | Page 2 | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|--|--|
| 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 | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| Name of Candidate | | | | | | |
| Party Committee: | | | | | | |
| (d) This committee is a (National, State or subordinate) committee of the Republican | c, etc.) Party | | | | | |
| Political Action Committee (PAC): | | | | | | |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: | | | | | |
| Corporation Corporation w/o Capital Stock Labor C | rganization | | | | | |
| Membership Organization Trade Association Coopera | ative | | | | | |
| 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 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 PA | AC). | | | | | |
| 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. | | | | | | |
| 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 | | | | | | |

| | FEC Form 1 (Revised 0 | 2/2009) | | Page 3 |
|----|-------------------------------------------------|-------------------------------------------------------|---------------------------------|-----------------------|
| ٧ | Vrite or Type Committee Name | | | |
| | Hy-Vee Inc Emp | loyees' Political Action Committe | е | |
| 6. | Name of Any Connected Or | ganization, Affiliated Committee, Joint Fundraising | Representative, or Leader | ship PAC Sponsor |
| | Hy-Vee PAC | | | I |
| | | | | |
| | | | | |
| | Mailing Address | 5820 Westown Parkway | | |
| | | | | |
| | | West Des Moines | IA 50266 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: X Connected | Organization Affiliated Organization Joint Fundr | raising Representative | Leadership PAC Sponso |
| | | | | |
| | | | | |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number optional) and posi | ition of the person in possess | sion of committee |
| | | | | |
| | Roth, Anne | ,,, | | |
| | | 5820 Westown Parkway | | |
| | Mailing Address | | | |
| | | | | |
| | | West Des Moines | IA50266 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Government Director | Telephone | e number 515 - | 314 - 2705 |
| | | | 5 Hambor | |
| 8. | Treasurer: List the name and | d address (phone number optional) of the treasurer of | of the committee: and the n | ame and address of |
| | any designated agent (e.g., a | | , | |
| | Full Name Haack, Abb | pey, , , | | |
| | of Treasurer | | | |
| | Mailing Address | 5820 Westown Parkway | | |
| | | | | |
| | | West Des Moines | IA 50266 | |
| | | | | |
| | Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Financial Reporting | 1 | 515 | 267 2800 |
| | L I I I I I I I I I I I I I I I I I I I | Telephone | e number | |

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|-------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------|------------------------------|--|
| Full Name of Designated Agent | Bellinghausen, Michael, , , | | | |
| Mailing Address | 5820 Westown Parkway | | | |
| | | | | |
| | West Des Moines | IA L | 50266 | |
| Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Accounting | Telephone r | number 5 | 267 - 2800 | |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the commodes or maintains funds. | nittee deposits f | funds, holds accounts, rents | |
| Name of Bank, D | epository, etc. | | | |
| Midwest Heritage Bank | | | | |
| Mailing Address | 3580 EP True Parkway | | | |
| | | | | |
| | West Des Moines | LIA L | 50265 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| Name of Bank, D | epository, etc. | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F1A Transaction ID:

Treasurer Update

Form/Schedule: Transaction ID: