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) is changed) over the lines. COUPANG, INC. COMPANY PAC (COUPAC) 601 PENNSYLVANIA AVE. NW ADDRESS (number and street) NORTH BUILDING - SUITE 800 (Check if address is changed) Washington DC 20004-2601 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address coupac@coupanginc.com is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00889568 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 Parker, Michael, , 11 24 2025 Signature of Treasurer Parker, Michael, , , 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

| FE | C 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 information below.) | the candidate | | |
| | 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 Republication | atic, an, etc.) Party | | |
| | Political Action Committee (PAC): | | | |
| | (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | cted organization is a: | | |
| | X Corporation Corporation w/o Capital Stock Labor | Organization | | |
| | Membership Organization Trade Association Coope | erative | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ited 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: | | | |
| | 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 poli committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| | Committees Participating in Joint Fundraiser | | | |
| | 1 | | | |

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|------|--|---|--------------------------|-----------------------|--|
| - 14 | FEC Form 1 (Revised 0 Write or Type Committee Name | 2/2009) | | Page 3 | |
| V | | . COMPANY PAC (COUPAC) | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | |
| ٠. | Coupang, Inc. | | | | |
| | | | | | |
| | | | | | |
| | Mailing Address | 720 Olive Way | | | |
| | | Ste 600 | | | |
| | | Seattle | WA 98101 | -1859 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Relationship: X Connected | | draising Representative | Leadership PAC Sponso | |
| | neiationship. | Organization Aminated Organization 30mt run | idiaising nepresentative | Leadership FAC Sponso | |
| | | | | | |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | |
| | Parker, Michael, , , | | | | |
| | Full Name | | | | |
| | Mailing Address | 720 Olive WaySuite 600 | | | |
| | | | | | |
| | | Seattle | WA 98101 | -1859 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | |
| | Custodian of Records | Telepho | ne number 206 - [| 333 - 3839 | |
| | | | | | |
| 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 Parker, Mic | :hael, , , | | | |
| | Mailing Address | 720 Olive WaySuite 600 | | | |
| | | | | | |
| | | Coards | NA/A 5-: | 4050 | |
| | | Seattle | WA 98101 | -1859 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | |
| | Transurar | | . 206 | 222 2020 | |

Telephone number

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|---------------------------------------|---|-----------------------------|--|--|--|
| Full Name of Designated Agent | Zimmerman, Ari, Michael, , | | | | |
| Mailing Address | 601 Pennsylvania Ave NW | | | | |
| | North Building - Suite 800 | | | | |
| | Washington | DC 20004-2601 | | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | |
| Title or Position ▼ Assistant Treasur | er | one number 206 - 333 - 3839 | | | |
| | 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, D | epository, etc. | | | | |
| | Chain Bridge Bank | | | | |
| Mailing Address | 1445-A Laughlin Ave, | | | | |
| | | | | | |
| | McLean | VA 22101 | | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | |
| Name of Bank, D | epository, etc. | | | | |
| | <u> </u> | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | |

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amending to update the committee's email addresses.

Form/Schedule: Transaction ID: