Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Framatome Inc PAC 1201 F Street, NW ADDRESS (number and street) **Suite 1100** (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tom.deponty@framatome.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.framatome.com (Check if address is changed) DATE 09 2022 C00395285 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. Williams, Katherine, , , Type or Print Name of Treasurer Williams, Katherine, , , [Electronically Filed] 02 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

F	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE  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. (Cominformation below.)	nplete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	mittee:	(Dama avatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is
		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 so committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4		

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Write or Type Committee Nan		. age c
Framatome Inc		
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Framatome Inc.		
Mailing Address	1201 F Street NW	
	Suite 1100	
	Washington DC	20004
	CITY STATE	ZIP CODE
Relationship: X Connect	ared Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	on in possession of committee
Madrigal Full Name	l, Joshua, , ,	
	1201 F Street NW	
Mailing Address	Suite 1100	
	, Washington	20004
Title or Position	CITY STATE	ZIP CODE
PAC Director	Telephone number	
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and, assistant treasurer).	d the name and address of
Full Name Williams,	, Katherine, , ,	
Mailing Address	Framatome Inc.	
3	7207  BM Drive	
	Charlotte   NC	28262
	CITY STATE	ZIP CODE
Title or Position SVP & CFO	Telephone number	

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Full Name of Designated Agent							
Mailing Address							
	CITY STATE Z	ZIP CODE					
Title or Position							
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.  Bank of America							
Mailing Address	7316 Wisconsin Avenue						
<u> </u>							
	Bethesda MD 20814						
	CITY STATE 2	ZIP CODE					
Name of Bank, D	epository, etc.						
		1					
Mailing Address							
Mailing Address							
Mailing Address							

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

Form/Schedule: F1A Transaction ID:

This amendment is to update the email address.

Form/Schedule: Transaction ID: