FEC FORM 1		STATEMEI ORGANIZ	-		PAGE 1 / 5
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
					AC
ADDRESS (number an	d street)	1299 Pennsylvania Ave NW			
 (Check if a is changed) 		Suite 1300			
, , , , , , , , , , , , , , , , , , ,		Washington └────────────────────────────────────		LDC STATE ▲	20004-2400 – – ZIP CODE ▲
COMMITTEE'S E-MA		SS			
(Check if a is changed)		bkaumaya@cleanpower.or	g 		
		Optional Second E-Mail Ad outsourcing@aristotle.com	dress		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 06	/ D 19				
3. FEC IDENTIFIC	ation nu	MBER ► C c	00259572		
4. IS THIS STATEM	ENT	NEW (N) OR	× AMENDED (A)		
I certify that I have ex	kamined thi	s Statement and to the best	of my knowledge and belief it	is true, correct	and complete.
Type or Print Name o	f Treasurer	Kaumaya, Biljana, , ,			
Signature of Treasure	Kaum	aya, Biljana, , ,		Date 06	M / D D / Y Y Y Y 19 2024
NOTE: Submission of fa	alse, errone		may subject the person signing t TION SHOULD BE REPORTED		the penalties of 52 U.S.C. §30109 S.
Office Use Only			For further information cc Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate i	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	n committee. (Complete the candidate
Name of Candidate	
Candidate Office	State
Party Affiliation Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authori	zed committee.
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization	on on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization X Trade Association	Cooperative
X In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is N committee. (i.e., nonconnected committee)	IOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor o	n 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-contrib	ution accounts (Hybrid 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.

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

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Write or Type Committee Name	
AMERICAN CLEAN POWER ASSOCIATION CLEANPOWER PAC	

6.	Name of Any Connected Or	ganization, Affiliated	Committe	e, J	oint	Fur	ndra	ising	Rej	ores	senta	tive	, or	Lea	ders	hip	PAC	Sp	ons	or	
		er Association																			
	Mailing Address	1299 Pennsylvania Ave	e NW																		
		Ste 1300																			
		Washington												20	004-2	400		- [_			
			CITY 🔺							ŝ	STATI	E 🔺				ZIP	CO	DE			
	Relationship: X Connected	Organization Affiliat	ted Organi	zatio	n		Joint	Fund	draisi	ng	Repre	esen	tativ	е	L	∟ead	lershi	pP/	AC S	Spor	isor

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

Godlevskay	/a, Diana, , ,		1
Full Name			
Mailing Address	1299 Pennsylvania Ave NW		
	Suite 1300		
	Washington		04-2400
	CITY ▲	STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records	Telept	none number	

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	Kaumaya, Biljana, , ,
Mailing Address	1299 Pennsylvania Ave NW
	Ste 1300
	Washington DC 20004-2400
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

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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.

	Bank of A	merica				
Mailing Address		100 North	Tryon Stree	et 		
		Charlotte				
				CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, [Depository, etc	C.				
Mailing Address						
				CITY 🔺	STATE A	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 :

Amended to update address

Form/Schedule: Transaction ID: