FEC FORM 1

## STATEMENT OF ORGANIZATION

PAGE 1 / 4 =

FORM 1		J	NGAN															
												0	ffice (	Use C	nly			
1. NAME OF COMMITTEE (in	n full)		Check if nams changed)		xample: ver the l		, type		12	FE4	1M5	_	_					
Corning Inco	rporate	d Emp	oloyees	Politica	al Ac	tion (	Com	mit	tee	) (	CO	RE	EP/	AC	) _			
											1							
ADDRESS (number a	nd street)	1001 Per	nnsylvania Ave	enue, NW														
(Check if a is changed		Suite 420	) 															
	•	Washing							DO			200	004			- 🗀		
			TY▲						STA	TE <b>4</b>	<b>\</b>			Z	IP C	ODE	≛▲	
COMMITTEE'S E-MA																		
		PACSer	vices@ddcpu	blicaffairs.c	om													
			Second E-Ma corning.com	ail Address	1 1 1	1 1	1 1	1 1		1	ı	1 1	ı	1 1	ı	1 1		, I
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)															
(Check if a is changed																		
ű	,	I + +				1 1	1 1			ı	ı		ı	1 1	ı	1 1	ı I	<sub>1</sub>
2. DATE 12		) / Y	2024															
3. FEC IDENTIFIC	CATION NUI	MBER ▶		C00033	589													
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R	×	AMEND	ED (A)	١										
I certify that I have e	examined this	s Stateme	nt and to the	best of m	y knowle	edge an	d belie	f it is	s true	e, co	rrect	and	cor	nplet	e.			
Type or Print Name	of Treasurer	Chew, A	llen, , ,															
Signature of Treasure	er Chew,	Allen,,,						[	Date		12	M /	D	19	1		2024	Y
NOTE: Submission of	false, erroned		omplete inform	-			-	-					pena	alties	of 5	2 U.S	3.C. §	30109
Office Use Only					Feder Toll F	urther inf al Election ree 800-4 202-694-	n Comm 24-9530	nission								<b>RM</b> /2012		_ 」

FEC Form 1 (Revised 03/2022)	Page <b>2</b>									
. TYPE OF COMMITTEE:										
Candidate Committee:										
(a) This committee is a principal campaign committee. (Complete the ca	andidate information below.)									
(b) This committee is an authorized committee, and is NOT a principal information below.)	campaign committee. (Complete the candidate									
Name of Candidate										
Candidate Office Sought: House	Senate Senate State District									
(c) This committee supports/opposes only one candidate, and is NOT a	n authorized committee.									
Name of Candidate										
Party Committee:										
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, he Republican, etc.) Party									
Political Action Committee (PAC):										
(e) X This committee is a separate segregated fund. (Identify connected o	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:									
X Corporation Corporation w/o Cap	ital Stock Labor Organization									
Membership Organization Trade Association	Cooperative									
X In addition, this committee is a Lobbyist/Registrant PAC.										
(f) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party									
In addition, this committee is a Lobbyist/Registrant PAC.										
In addition, this committee is a Leadership PAC. (Identify s	sponsor on line 6.)									
(g) This committee is an independent expenditure-only political committee	ee (Super PAC).									
In addition, this committee is a Lobbyist/Registrant PAC.										
(h) This committee is a political committee with both contribution and no	on-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 committees/organizations, at least one of which is an authorized contributions.	·									
This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee	·									
Committees Participating in Joint Fundraiser										
1.	C									
2.	C									

Title or Position ▼

Treasurer

	_							
	FEC Form 1 (Revised (	·	Page <b>3</b>					
V	Write or Type Committee Name		(CODEDAC)					
_		rated Employees Political Action Committee (	,					
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor							
	Corning Incorporated	<u></u>						
	Mailing Address	1 Riverfront Plaza						
		Corning	14831					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Relationship: X Connected	Organization Joint Fundraising Representative	Leadership PAC Spons					
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the person in po	ossession of committee					
	Walker, Ka	ındace, , ,						
	Mailing Address	1001 Pennsylvania Avenue, NW						
		Suite 420						
		Washington	20004					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	Custodian of Records	Telephone number	6828					
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of					
	Full Name Chew, Alle of Treasurer	n, , ,						
	Mailing Address	1001 Pennsylvania Avenue, NW						
		Suite 420						
		Washington	20004					

CITY 🔺

ZIP CODE ▲

1490

993

STATE lacktriangle

Telephone number

202

FEC <b>Form</b> 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	1	
Mailing Address		
Title or Position	CITY ▲ STATE	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	sits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	M&T Bank	
Mailing Address	58 Pulteney Street	
	Corning	
	CITY ▲ STATE	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE	ZIP CODE ▲