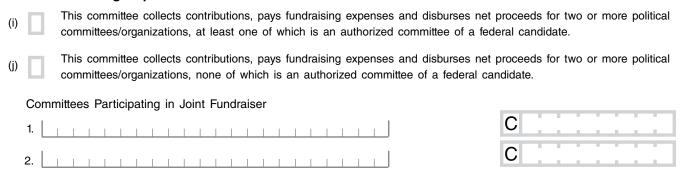
FEC FORM 1	STATEMEN ORGANIZ	-	Office U	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Constellation Ener	gy Corporation Em	ployee Political Ac	tion Committee	e (CEPAC)
	1250 Massachusetts Ave, NW	Ste 760		
ADDRESS (number and street)				
(Check if address is changed)				
	Washington └── └── └── └── └── CITY ▲		DC 20001 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	constellationemployeepac@	constellation.com		
	Optional Second E-Mail Add			1
COMMITTEE'S WEB PAGE AU (Check if address is changed)	DDRESS (URL)			
	19 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	IUMBER ► C C	00793711		
4. 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 com	plete.
Type or Print Name of Treasur	er <u>Armstrong, Thomas, , ,</u>			
Signature of Treasurer Arm	nstrong, Thomas, , ,		Date 09 / 1	9 / Y Y Y Y 2023
NOTE: Submission of false, error		may subject the person signing the TION SHOULD BE REPORTED V		ties of 52 U.S.C. §30109
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		C FORM 1 vised 06/2012)

Image# 202309199597107804

09/19/2023 15 : 09

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	<u> </u>
CandidateOfficeParty AffiliationSought:HouseSenatePresident	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	eted organization is a:
X Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Coope	erative
X 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)	ted 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).

Joint Fundraising Representative:



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

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V	Vrite or Type Committee Name			
	Constellation Ene	ergy Corporation Employee Political Action Committee	ə (C	CEPAC)
6.	Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip F	AC Sponsor
	Constellation Energy	Corporation		
	Mailing Address	250 Massachusetts Ave, NW Ste 760	<u> </u>	
		Washington DC 20001		

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

STATE **▲**

Joint Fundraising Representative

ZIP CODE 🔺

Leadership PAC Sponsor

CITY **▲**

Affiliated Organization

books and records.

Relationship:

X Connected Organization

Chipps, Ka	tie, , ,		
Full Name			
Mailing Address	1615 L Street, NW Suite 400		
	Washington	DC 20036	
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records	Telephone n	umber 860 – [490 - 1311

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	Armstrong, Thomas, , ,
Mailing Address	200 Exelon Way
	Kennett Square PA 19348 Image: Imag
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 610 765 6920

FEC Form 1 (Revised 02/2009)										
Full Name of Designated Agent										
Mailing Address										
	CIT	ITY 🔺	STATE ▲	ZIP CODE						
Title or Position ▼										
		Telephone num	ber							

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.

	Chain Br	idge Bar	nk NA	\ 																		
Mailing Address		1445-A L	aughlii	n Ave	nue																	
		McLean										Ľ	VA			221	01			-L		
					C	CITY						STA	ΤE					ZIF	o co	DDE		
Name of Bank, I	Depository, e	tc . _				1 1			1 1	 	1 1					[
Mailing Address																						
															l					- [
					(CITY						STA	ΤE					ZIF	o CC	DDE		

: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 :

This filing serves to update the Committee's address.

Form/Schedule: Transaction ID: