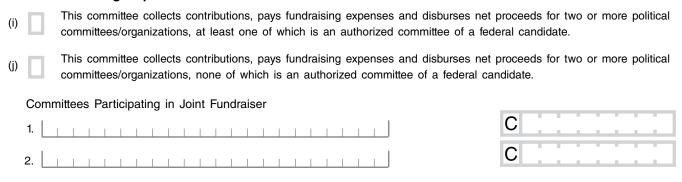
| FEC FORM 1 | STATEMEN ORGANIZ | - | Office U | PAGE 1 / 5 |
|---|---|--|------------------------------------|----------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Constellation Ener | gy Corporation Em | 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

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| 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.

| | FEC Form 1 (Revised (| 02/2009) | | Page 3 |
|----|------------------------------|--|------------|---------------|
| 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: