FEC FORM 1

STATEMENT OF ORGANIZATION

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| FURIVI I | | | | | | | | | | Ot | fice Us | se Onl | y | | |
|---|------------------|------------|-----------------------------|-----------|-----------|---|--------------------|-------------|----------------|--------|---------|--------|--------------|----------|--------|
| 1. NAME OF COMMITTEE (ir | ı full) | | (Check if na is changed) | | - | ole:If typing, t ne lines. | ype | 12F | 'E4M | 5 | | | | | |
| Oncor Politic | al Actio | n Co | mmitte | e of O | ncor | Electric | Deliv | ery | Adm | ninis | stra | tior |) Co | orp. | |
| | | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | 1616 W | oodall Rodge | ers Frwy | | | | | | | | | | | |
| (Check if address is changed) | | Attn: Go | overnmental A | Affairs | | | | | | | | | | | |
| is shanged | •) | Dallas | | | | | | LTX STAT | E _ | 752 | 202-12 | | | DE 🛦 | |
| COMMITTEE'S E-MA | AIL ADDRES | SS | | | | | | | | | | | | | |
| (Check if a is changed | | nikki.el | llis@oncor.co | om | | | | | | | | | | | |
| | | - | I Second E- Iz@oncor.com | | ess | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed | address | RESS (L | JRL) | | | | | | | | | | | | |
| 2. DATE 1 | 1 19 |) / Y | 2025 | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | • | C coo |)487447 | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEV | V (N) | OR | × | AMENDED |) (A) | | | | | | | | |
| I certify that I have e | examined this | s Statem | ent and to t | he best o | of my kno | owledge and I | belief it i | s true, | correc | ct and | com | plete. | | | |
| Type or Print Name | of Treasurer | Marley | , Jenifer, Nico | ole, , | | | | | | | | | | | |
| Signature of Treasure | er <u>Marley</u> | , Jenifer, | Nicole, , | | | | | Date | 1 | 1 | D 1 | | / Y | 2025 | Y |
| NOTE: Submission of | false, erroned | | | | - | ot the person s | | | | | penal | ties o | f 52 L | J.S.C. { | }30109 |
| Office Use Only | | | | | Fe To | or further informederal Election Coll Free 800-424- | Commission 9530 | | | | | | ORN 06/20 | | |

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|--|--|----------------|--|--|--|--|--|
| 5. | 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 the candidate information below.) Name of Candidate | | | | | | | |
| | | | | | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| Name of Candidate | | | | | | | |
| | Party Committee: | | | | | | |
| | (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) | Party | | | | | |
| | Political Action Committee (PAC): | | | | | | |
| | (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | nization is a: | | | | | |
| | X Corporation Corporation w/o Capital Stock Labor Organiz. | ation | | | | | |
| | Membership Organization Trade Association Cooperative | allon | | | | | |
| | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee) | 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). | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | Joint Fundraising Representative: | | | | | | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate. | political | | | | | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate. | political | | | | | |
| | Committees Participating in Joint Fundraiser | | | | | | |
| | 1. C | | | | | | |

Title or Position ▼

Treasurer

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|----|---|--|---------------------------------|-------------------------|--|--|--|
| V | Vrite or Type Committee Name | | | | | | |
| | Oncor Political Ad | tion Committee of Oncor Elec | ctric Delivery Admi | nistration Corp. | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | |
| | Oncor Electric Delive | ry Administration Corp. | | | | | |
| | | | | | | | |
| | Mailing Address | 1616 Woodall Rodgers Fwy | | | | | |
| | | | | | | | |
| | | Dallas | TX | 75202-1234 | | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | | | |
| | Relationship: X Connected | Organization Affiliated Organization Jo | int Fundraising Representative | Leadership PAC Sponso | | | |
| 7. | Custodian of Records: Ident books and records. | ify by name, address (phone number optional) | and position of the person in p | ossession of committee | | | |
| | Cornwell, E | Beverly, C, , | | | | | |
| | Full Name | | | | | | |
| | Mailing Address | 1616 Woodall Rodgers Fwy | | | | | |
| | | | | | | | |
| | | Dallas | TX L | 75202-1234 | | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | | |
| | Custodian of Records | | elephone number 214 | 486 6670 | | | |
| 8. | Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer). | easurer of the committee; and | the name and address of | | | |
| | Full Name Marley, Je of Treasurer | nifer, Nicole, , | | | | | |
| | Mailing Address | 1616 Woodall Rodgers Fwy | | | | | |
| | | | | | | | |
| | | Dallas | TX L | 75202-1234 | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |

214

Telephone number

984

1060

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|---|--|-----------------------------|-----------------------|
| Full Name of Designated McClur Agent LILI Mailing Address | re, Kristopher, E, , 1616 Woodall Rodgers Fwy Dallas | | 5202-1234 |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Assistant Treasurer | | phone number 214 | - 486 - 5623 |
| Banks or Other Deposit safety deposit boxes or m | ories: List all banks or other depositories in which th naintains funds. | e committee deposits funds, | holds accounts, rents |
| Name of Bank, Depositor | y, etc. | | |
| Capita | al Bank N.A. | | |
| Mailing Address | 2275 Research Blvd Suite 600 | | |
| | Rockville | MD 20 | 0850 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depositor | y, etc. | | |
| Texas | s Capital Bank | | |
| Mailing Address | 2000 McKinney Avenue | | |
| | Suite 190 | | |
| | Dallas | | 201 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amendment #16 - Update Form F1 to include new banking relationship

Form/Schedule: Transaction ID: