FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) FirstEnergy Corp Political Action Committee 341 White Pond Drive ADDRESS (number and street) (Check if address is changed) Akron 44320 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address astansky@firstenergycorp.com is changed) Optional Second E-Mail Address fepac@firstenergycorp.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2025 C00140855 FEC IDENTIFICATION NUMBER 3. X 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 complete. Type or Print Name of Treasurer Helinski, Amanda M, , Ms. Helinski, Amanda M,, Ms., 03 31 2025 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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|---------------------|--|------------------------------|--|--|--|--|
| TYPE OF | COMMITTEE: | | | | | |
| Candida | te Committee: | | | | | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| | This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.) | e the candidate | | | | |
| Name of Candida | | | | | | |
| Candida Party Af | | State | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District | | | | |
| Candid | Name of CandidateParty Committee: | | | | | |
| | This committee is a (National, State (Democ | cratic, ican, etc.) Party | | | | |
| Political | Action Committee (PAC): | | | | | |
| | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected organization is | | | | |
| _ | X Corporation Corporation w/o Capital Stock Lab | or Organization | | | | |
| | | perative | | | | |
| | X In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| ` ' | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | | |
| | 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 (Hybri | d PAC). | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fu | ndraising Representative: | | | | | |
| (1) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | |
| (1) | 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. | | | | | |
| Comm | ittees Participating in Joint Fundraiser | | | | | |
| 1. | C | | | | | |

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|----|--|----------------------------|----------------------|--|--|--|
| V | Vrite or Type Committee Name | Political Action Committee | | | | |
| 6. | FirstEnergy Corp Political Action Committee Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | |
| Ο. | FirstEnergy Corp. | | | | | |
| | i i i i i i i i i i i i i i i i i i i | | | | | |
| | | | | | | |
| | Mailing Address | 341 White Pond Drive | | | | |
| | | | | | | |
| | | Akron | 44320 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Relationship: X Connected | | | | | |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | |
| | Helinski, Amanda M., , Ms., | | | | | |
| | Full Name | | | | | |
| | Mailing Address | 341 White Pond Drive | | | | |
| | | | | | | |
| | | Akron | 44320 | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Title or Position ▼ | | | | | |
| | Treasurer | Telephone 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 Helinski, Ar of Treasurer | nanda M, , Ms., | | | | |
| | Mailing Address | 341 White Pond Drive | | | | |
| | | | | | | |
| | | Akron | 44320 | | | |
| | Title or Position ▼ | CITY ▲ STATE ▲ | ZIP CODE ▲ | | | |
| | Treasurer | | 216 - 272 - 8623 | | | |

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|--|---|----------------------------------|---------------------------|
| Full Name of Designated Helinski, Agent L | , Amanda M, , , | | |
| Mailing Address | 341 White Pond Drive | | |
| | | | |
| | Akron | OH L | 44320 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position ▼ Treasurer | | | |
| Treasurer | | Telephone number | |
| . Banks or Other Deposito safety deposit boxes or ma | ories: List all banks or other depositories in what aintains funds. | hich the committee deposits fund | ls, holds accounts, rents |
| Name of Bank, Depository, | , etc. | | |
| The Hu | untington National Bank | | |
| Mailing Address | PO Box 1558 EA1W37 | | |
| | | | |
| | Columbus | OH _ | 43216-1558 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository, | , etc. | | |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | 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:

Updating address for PAC, Treasurer, Custodian of Record, and Treasurer

Form/Schedule: Transaction ID: