**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Berkshire Hathaway Energy Company PAC 666 Grand Avenue ADDRESS (number and street) P.O. Box 657 (Check if address is changed) Des Moines 50306-0657 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Steven.Piper@midamerican.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00324483 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 Piper, Steven, D,, 01 18 2024 Signature of Treasurer Piper, Steven, D,, 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

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

	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Nam	ne		
	Berkshire Hatha	away Energy Company PAC		
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leaders	hip PAC Sponsor
	Berkshire Hathawa	y Energy Company		
	Mailing Address	PO Box 657		
		Des Moines	IA   50306-0	0657
		CITY ▲ ST/	TATE A	ZIP CODE ▲
	Relationship: X Connecte	ed Organization Affiliated Organization Joint Fundraising Re	presentative	Leadership PAC Spons
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the	e person in possessi	ion of committee
	Piper, St	even, D, ,		
	Full Name			
	Mailing Address	9416 Enfield Drive		
		Johnston I.	IA 50131	
		CITY ▲ STA	ATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	r 515 – L	281
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the con, assistant treasurer).	mmittee; and the na	ame and address of
	Full Name Piper, St of Treasurer	even, D, ,		
	Mailing Address	9416 Enfield Drive		
		Johnston	IA 50131	
	Title or Position ▼	CITY ▲ STA	ATE A	ZIP CODE ▲
	Treasurer	1	ı 515 <sub>I I</sub>	281   2789
		Telephone number	, , , , , , , , , , , , , , , , , , , ,	-   -

Telephone number

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits xes or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	pepository, etc.	
	Bankers Trust Company	
Mailing Address	453 7th Street	
	Des Moines IA	50309
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

The Russell PAC has filed its termination with the FEC and therefore, the Russell PAC is no longer affiliated with the Berkshire Hathaway Energy PAC. This amended Statement of Organization Form 1 removes the Russell PAC as an affiliate.

Form/Schedule: Transaction ID:

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1 2						
2. 🔟				FEC I	D number	C
				FEC I	D number	С
3. 🔟				FEC I	D number	C
4.				FEC I	D number	C
			Affiliated Committee, Joint		presentativ	re, or Leadership PAC Spons
Mail	iling Address	PO Box 425				
		Fort Worth		, , , , I	<sup>TX</sup>	76101
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
Designate			X Affiliated Committee ess (phone number – optio	Joint Fundraisin	g Represent	tative Leadership PAC Spo
Full Na	ed Agent: Identify				g Represent	tative Leadership PAC Spo
Full Na	ed Agent: Identify				g Represent	tative Leadership PAC Spo
Full Na	ed Agent: Identify				g Represent	tative Leadership PAC Spo
Full Na	ed Agent: Identify		ess (phone number – optio			
Full Na	ed Agent: Identify	by name, addre			g Represent	Leadership PAC Sports and Leadership PAC Spo

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
BNSF Railway Com	pany RAILPAC (BNSF RAILPAC)	1 1 1 1 1 1 1	
Mailing Address	PO Box 961039		
	Fort Worth		76161
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	ONE GEICO PLAZA		
	Relationship:	WASHINGTON CITY A	DC STATE A	20076 ZIP CODE ▲
			Fundraising Represent	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		<u> </u>
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main sa	CITY   CITY   Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  Tele  ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

r(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fundra Y INC. FEDERAL POLITICAL ACTION COMM		e, or Leadership PAC Sponso
Mailing Address	4747 McLane Parkway		
Relationship:	Temple CITY ▲	TX STATE ▲	76503 ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Full Name			
Mailing Address			
TITLE OR POSITION	N ▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	lephone Number	
Banks or Other Deposit safety deposit boxes or n Name of Bank,	ories: List all banks or other depositories in which t naintains funds.	the committee deposit	s funds, holds accounts, rents
Depository, etc.			
Depository, etc.			

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ome of Any Connector	Organization Affiliated Committee Joint Fun	draining Danracantative	o at Londovskip DAC Coop
MidAmerican Energy	Organization, Affiliated Committee, Joint Fund Company PAC	uraising nepresentative	e, or Leadership PAC Spon
Mailing Address	666 Grand Avenue		
	P.O. Box 657		
	Des Moines	I IA	50306-0657
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee Joi	nt Fundraising Representa	
			Leadership PAC Sp
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	by by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afty deposit boxes or mame of Bank,	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in whice aintains funds.	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundrai</b> :	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	ed Organization, Affiliated Committee, Joint Forence Power/Rocky Mountain Power PAC	undraising Representativ	re, or Leadership PAC Spons
Mailing Address	825 NE Multnomah		
	Suite 2000 LCT		
Relationship:	Portland	OR OR	97232
neialionsnip.	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Ider	ted Organization X Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Spo
Designated Agent: Ider			tative Leadership PAC Spo
Designated Agent: Ider			tative Leadership PAC Spo
Designated Agent: Ider			tative Leadership PAC Spo
Designated Agent: Ider  Full Name  Mailing Address	tify by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Ider	tify by name, address (phone number – optiona		
Designated Agent: Ider  Full Name  Mailing Address  TITLE OR POSITIO	tify by name, address (phone number – optiona  CITY   tories: List all banks or other depositories in whemaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ider  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depose Safety deposit boxes or Name of Bank, Depository, etc.	tify by name, address (phone number – optiona  CITY   tories: List all banks or other depositories in whemaintains funds.	STATE A  Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
NETJETS, Inc. PAC	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	4111 Bridgeway Avenue		
	Columbus	OH	43219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional		
	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, repository, etc.	CITY A  CITY A  pries: List all banks or other depositories in wh	STATE   Telephone Number	

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spons
Mailing Address	P.O. Box 81500		
Polotic coliti	Las Vegas	NV NV	89180
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Designated Agent: Identi	d Organization X Affiliated Committee  fy by name, address (phone number – optional	Joint Fundraising Represer	ntative Leadership PAC Spo
			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optiona		Leadership PAC Spo
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional line)   CITY ▲	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional content of the conten	STATE A  Telephone Number	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	of <sup>14</sup>	

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Lubrizol Corp Emplo	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Lubile Corp Emplo			
Mailing Address	29400 Lakeland Boulevard		
	Wickliffe	OH	44092
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification	d Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification	Affiliated Committee Jory by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Affiliated Committee  Journal of Organization  Affiliated Committee  Aff	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Journal of Organization  Journal of Organization  Affiliated Committee  Affiliated Committee  Journal of Organization  Affiliated Committee  Aff	STATE A  Telephone Number	ZIP CODE A