Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Responsible Federal Government Committee of Gulf Power Company Employees, Inc. One Energy Place ADDRESS (number and street) (Check if address is changed) Pensacola FL 32520 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Tracy.Clark@nexteraenergy.com (Check if address is changed) Optional Second E-Mail Address Richard.Brock@nexteraenergy.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00610782 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. Clark, Tracy, , , Type or Print Name of Treasurer Clark, Tracy, , , [Electronically Filed] 06 26 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 C	COMMITTEE 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the control of the confidence	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	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.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

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Write or Type Committee Name	r age 3
Responsible Federal Government Committee of Gulf Power Company Em	nnlovees Inc
· · · · · · · · · · · · · · · · · · ·	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Gulf Power Company	
One Energy Place Mailing Address	
Pensacola FL 32520	
CITY	7ID CODE
CITY STATE 2	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in poss books and records. 	session of committee
Clark, Tracy, , ,	ı
Full Name One Energy Place	
Mailing Address	
Pensacola FL 32520	
Title or Position CITY STATE Z	ZIP CODE
Treasurer Telephone number 850 - 4	144 - 6664
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). 	ne and address of
Full Name Clark, Tracy, , ,	
of Treasurer	
Mailing Address One Energy Place	
Pensacola FL 32520	
CITY STATE Z Title or Position	CIP CODE
Tourism	44 - 6664

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Full Name of			
Designated Agent			
Mailing Address			
	CITY STAT	E ZIP CODE	
Title or Position			
	Telephone number		
safety deposit b Name of Bank,			ents
safety deposit b	Depository, etc. Gulf Power Employees Credit Union 1200 N Pace Blvd		ints
safety deposit b Name of Bank,	Depository, etc. Gulf Power Employees Credit Union 1200 N Pace Blvd		
safety deposit b Name of Bank,	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd		HIS
safety deposit b Name of Bank,	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd	EL 32505	HIS
safety deposit b Name of Bank,	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd Pensacola F CITY STAT	EL 32505	HILS
safety deposit b Name of Bank, Mailing Address	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd Pensacola F CITY STAT	EL 32505	HILS
safety deposit b Name of Bank, Mailing Address	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd Pensacola F CITY STAT	EL 32505 TE ZIP CODE	
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safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Gulf Power Employees Credit Union 200 N Pace Blvd Pensacola Pensacola CITY STAT	EL 32505 TE ZIP CODE	

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
NEXTERA ENER	RGY, INC. POLITICAL ACTION COMI	MITTEE	
Mailing Address	801 PENNSYLVANIA AVE., NW		
	SUITE 220		
	Washington	DC	20004
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail to boxes.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A