**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) **Nucor Corporation Political Action Committee** 1915 Rexford Road ADDRESS (number and street) (Check if address is changed) Charlotte 28211-3441 NC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address PAC@Nucor.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00379628 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 Lacey, Lauren, , Date 10 25 2023 Signature of Treasurer Lacey, Lauren, , , 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:			
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			
Candidate Party Affiliation Office Sought: House Senate President	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 Republication	atic, an, etc.) Party		
Political Action Committee (PAC):			
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:		
X Corporation Corporation w/o Capital Stock Labor	Organization		
Membership Organization Trade Association Coop	erative		
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 or 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 (Hybrid	PAC).		
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.	o or more political		
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.			
Committees Participating in Joint Fundraiser			
1			

Mgr Fin Accounting

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١٨	FEC Form 1 (Revised 0  /rite or Type Committee Name	2/2009)	Page <b>3</b>	
v \		on Political Action Committee		
6.	Nucor Corporation Political Action Committee  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
0.	Nucor Corporation	gamzation, Annated Committee, Come Fundraising Representative, or Leade	rising i Ao oponsoi	
	- I I I I I I I I I I I I I I I I I I I			
	Mailing Address	1915 Rexford Road		
		Charlotte	1-3441	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in posse	ssion of committee	
	Lacey, Lau	en, , ,		
	Full Name			
	Mailing Address	1915 Rexford Road		
		Charlotte NC 2821	1-3441	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	Mgr Fin Accounting	Telephone number	366 7000	
8.	<b>Treasurer:</b> 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 Lacey, Lau	ren, , ,		
	of Treasurer			
	Mailing Address	1915 Rexford Road		
		Charlotte NC 2821	1-3441	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			

704

Telephone number

366

7000

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Full Name of Designated Agent Mailing Address	Keller, Mike, , ,  1915 Rexford Road  Charlotte	NC 28211-3441		
	CITY A	STATE ▲ ZIP CODE ▲		
Title or Position  Corporate Contro		mber 704 - 366 - 7000		
	<b>Depositories:</b> List all banks or other depositories in which the committees or maintains funds.	tee deposits funds, holds accounts, rents		
Name of Bank, Depository, etc.				
Mailing Address	Wells Fargo Bank  420 Montgomery St.			
	San Francisco CITY ▲	CA         94104           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:

Remove Carole Emily Wilson Pesta as Treasurer and add Lauren Lacey as Treasurer.

Form/Schedule: Transaction ID: