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2009 DEC -8 AM 9: 31

## **FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

				Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	or union y nominal d	
One Nation PAC					
	<u> </u>		<u> </u>		
ADDRESS (number and street)	P.O. Box 614				
(Check if address is changed)		<u></u>	1 1 1 1 1 1		
	Sacramento		CA	95812 - 0614	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	• •	•			
(Check if address is changed)	kelly@onenationpac.org				
	<del>Liiiiii</del>	بننبىبن		لىتىنىيىل	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			the second second second second	
	http://www.onenationpac.org				
(Check if address is changed)			<del>                                     </del>		
2. DATE 12 01	2009				
3. FEC IDENTIFICATION N	. <b>~</b> ∷ ∩∩	468447			
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)			
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct	and complete.	
Two as Driet Name of Transver	. Kelly S. Eusti:	· 5			
Type or Print Name of Treasure Signature of Treasurer	MAC	شهلون	Date 12	01 2009	
NOTE: Submission of false, erron	•	may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.	
Office Use		For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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	COMMITTEE	
Candidate	e 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. (Cominformation below.)	plete the candidate
Name of Candidate	<u> </u>	
Candidate Party Affiliat	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	nmittee:	
(d)		(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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)   X	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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	draising Representative:	·
(g) [-	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
(h) (F)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 C	ស្រាល់ ទី ៤៩៤ ខេត្ត មសាសាសាសាសាសាសាស
2.	FEC ID number C	era representativa eta. Seutueta litalia eta eta eta eta eta eta eta eta eta et
3.	FEC ID number C	ragangaagaagaagaag Til Talaanan ah la salaan
4.	FEC ID number C	

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Write or Type Committee	Name	
One Nation PAC		
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
1 ~7	5-71 (5-40 ) 1 PT	
Relationship: i. Conr	nected Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Spons
	· · · · · ·	
	: Identify by name, address (phone number optional) and position of the person in p	ossession of committe
books and records.		
Full Name	ly S. Eustis	
Mailing Address	P.O. Box 614	
Walling / Radioos		
	Sacramento , CA , 95	812 , 0614
Title or Position	CITY STATE	ZIP CODE
Executive Dire	ector :	
	Telephone number	
Transcript List the new		
	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	name and address of
Full Name , Kel	ly S. Eustis	
of Treasurer	<del>                                     </del>	
Mailing Address	P.O. Box 614	
	Sacramento	12     0614
	CITY STATE	ZIP CODE
Title or Position   Executive Dire	ector I I I I I I I I I I I I I I I I I I I	1 1
	Telephone number	

CITY

PA L

STATE

15219

ZIP CODE

Pittsburgh

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Full Name of Designated Agent

Mailing Address

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