| FEC FORM 1 | STATEMENT OF ORGANIZATION | PAGE 1 / 4 |
|--|--|---|
| 1. NAME OF COMMITTEE (in full) | (Check if name Example: If typing, typing, typing, typing, typing, typing) (Check if name Example: If typing, typing) (Check if name Example: If typing, typing) (Check if name Example: If typ | pe 12FE4M5 |
| | | |
| | | |
| ADDRESS (number and street | 5470 Kietzke Lane) | |
| (Check if address is changed) | Suite 300 | |
| | Reno | NV 89511 |
| | CITY A | STATE A ZIP CODE A |
| COMMITTEE'S E-MAIL ADD | RESS | |
| (Check if address is changed) | bmcdowell@our-pac.com | |
| 5 / | Optional Second E-Mail Address | |
| COMMITTEE'S WEB PAGE (Check if address is changed) | ADDRESS (URL) | |
| 2. DATE 07 | D D / Y Y Y Y 06 2020 | |
| 3. FEC IDENTIFICATION | NUMBER ► C C00618496 | |
| 4. IS THIS STATEMENT | NEW (N) OR AMENDED | (A) |
| I certify that I have examine | d this Statement and to the best of my knowledge and be | elief it is true, correct and complete. |
| Type or Print Name of Treas | urer McDowell, Erma, , , | |
| Signature of Treasurer | CDowell, Erma, , , [Electronically File | ed] Date 07 13 2020 |
| NOTE: Submission of false, er | roneous, or incomplete information may subject the person signal ANY CHANGE IN INFORMATION SHOULD BE REPORT | |
| Office Use Only | For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100 | Precention Precenting Precening Precenin |

07/13/2020 13 : 33

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|---|---|
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| TYPE OF COMMITTEE | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate informat | lion below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign comm information below.) | ittee. (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Office Sought: House Senate P | State State District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized cor | mmittee. |
| Name of Candidate I | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line | e 6.) Its connected organization is |
| 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 s committee. (i.e., nonconnected committee) | separate segregated 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 Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net pro- committees/organizations, at least one of which is an authorized committee of a federal | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net proc committees/organizations, none of which is an authorized committee of a federal candid | |
| Committees Participating in Joint Fundraiser | |
| 1 FEC ID number | C |
| 2 FEC ID number | C |
| 3 FEC ID number | C |
| 4 | С |

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Write or Type Committee Name

Our United Resource PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Mailing Address | | | | | | | | | |
|---|------|----------------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | CITY | STATE ZIP CODE | | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Morgan, B | ietty, , , |
|-------------------|-----------------------|
| Full Name | |
| Mailing Address | 9100 Hummer Drive |
| | |
| | Reno NV 89521 - - - |
| Title or Position | CITY STATE ZIP CODE |
| Secretary | 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 of Treasurer | McDowell, Erma, , , |
|--------------------------------|---|
| Mailing Address | 3448 Cypress Way |
| | |
| | Reno NV 89502 - |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 775 - 360 - 5155 |

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| Full Name of Designated Agent | McDowell, | Brittney, , , | | | | I | | | | | | | | | | | | |
|-------------------------------------|-----------|------------------|----|----|--|------|------|------|-----|-----|-----|-----|------|-----|-----|----|-----|---|
| Mailing Address | | 3448 Cypress Way | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | Reno | | | | | | | L | NV | | 895 | 502 | | | | | |
| | | | CI | ΓY | | | | | S | ATE | | | | ZIP | COL | DE | | |
| Title or Position | 0 | | | | | Tele | phon | e nu | mbe | r | 650 |) | - [_ | 488 | | | 145 | 5 |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| Wells | Fargo Bank | | | |
|---------------------------|----------------|------|----------|----------|
| Mailing Address | 5100 Neil Road | | | |
| | | | | |
| | Reno | | NV 89502 | 2 |
| | (| СІТҮ | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | | |
| | | | |] |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | (| СІТҮ | STATE | ZIP CODE |