Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **USA For All** 1400 N. Edgemont Ave Apt. 209 ADDRESS (number and street) (Check if address is changed) Los Angeles 90027 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jspar999@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2016 C00618652 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. Mr. John Sparacio Type or Print Name of Treasurer Mr. John Sparacio [Electronically Filed] 05 2016 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		<u>-</u>
(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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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Write or Type Committee	Name	
USA For All		
. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative s: Identify by name, address (phone number optional) and position of the perso	Leadership PAC Sponson
books and records.		
Mr. J Full Name	John Sparacio	
Mailing Address	1400 N. Edgemont Street	
Mailing Address		
	Los Angeles CA	90027
Title or Position	Los Angeles CA STATE	20027 ZIP CODE
Title or Position Treasurer		
Treasurer Treasurer: List the name	CITY STATE	ZIP CODE
Treasurer Treasurer: List the nam any designated agent (6)	CITY STATE 918 Telephone number — optional) of the treasurer of the committee; and	ZIP CODE
Treasurer Treasurer: List the name any designated agent (6) Full Name Mr. Jo	CITY STATE 918 Telephone number — 918 me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	ZIP CODE
Treasurer Treasurer: List the name any designated agent (expected of the following stream of the foll	CITY STATE 918 Telephone number — optional) of the treasurer of the committee; and (e.g., assistant treasurer). John Sparacio	ZIP CODE
Treasurer Treasurer: List the name any designated agent (expected of the source) Full Name Mr. Journal of Treasurer	CITY STATE 918 Telephone number optional) of the treasurer of the committee; and (e.g., assistant treasurer). John Sparacio 1400 N. Edgemont Street	ZIP CODE
Treasurer Treasurer: List the name any designated agent (expected of the following stream of the foll	CITY STATE 918 Telephone number optional) of the treasurer of the committee; and (e.g., assistant treasurer). John Sparacio 1400 N. Edgemont Street	ZIP CODE

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Full Name of Designated Agent	Mr. Michael Sparacio	
Mailing Address	230 St. David Drive	
	Mt. Laurel NJ 08054 CITY STATE	ZIP CODE
Title or Position Agent designate		235 - 8692
		s accounts, rents
	Wells Fargo Bank	
Mailing Address	2999 C09 1 GHZ DIVU	
	Los Angeles CA 90039	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address		

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: