PAGE 1 / 4 STATEMENT OF **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. E Pluribus Unum PAC 203 South Union Street ADDRESS (number and street) **STE 300** (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbacker@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2014 C00546036 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. Dan Backer Type or Print Name of Treasurer Dan Backer [Electronically Filed] 06 03 2014 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 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye <b>£</b>
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

l		
FEC Form 1 (Revised		Page 3
Write or Type Committee Nar		
E Pluribus Unu		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
Dan Bac	ker	
Mailing Address	203 South Union Street	
ý	STE 300	
	Alexandria VA 22314	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		210 - 5431
8. <b>Treasurer:</b> List the name a any designated agent (e.g.	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name Dan Bac	ker	
Mailing Address	203 South Union Street	
	STE 300	
	Alexandria VA 22314	
Title or Position	CITY STATE	ZIP CODE
Treasurer		210 5431

I LC FOIII I (Re	evised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit		ing funds, roles associate, forts
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. cess National Bank	
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  cess National Bank  1800 Robert Fulton Drive	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. cess National Bank	20191
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  cess National Bank  1800 Robert Fulton Drive	
safety deposit boxes or Name of Bank, Deposit	remaintains funds.  tory, etc.  Cess National Bank  1800 Robert Fulton Drive  Reston  VA  CITY  STATE	20191
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Safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	remaintains funds.  tory, etc.  Cess National Bank  1800 Robert Fulton Drive  Reston  VA  CITY  STATE	
safety deposit boxes or Name of Bank, Deposit  Acco	remaintains funds.  tory, etc.  Cess National Bank  1800 Robert Fulton Drive  Reston  VA  CITY  STATE	
Safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	remaintains funds.  tory, etc.  Cess National Bank  1800 Robert Fulton Drive  Reston  VA  CITY  STATE	20191
Safety deposit boxes or Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	remaintains funds.  tory, etc.  Cess National Bank  1800 Robert Fulton Drive  Reston  VA  CITY  STATE	