

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

One Nation PAC

ADDRESS (number and street)

PO BOX 10144

☐ (Check if address is changed)

Palm Desert

CA

92255

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

dbacker@DBcapitolstrategies.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.onenationpac.org

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

3. FEC IDENTIFICATION NUMBER

C C00468447

4. 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 Mr. Dan Backer Esq.

Signature of Treasurer

Mr. Dan Backer Esq.

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
02 / 16 / 2012

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

5. 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 the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: ☐ House ☐ Senate ☐ President State _____ District _____

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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 6.) Its connected 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 segregated fund or party 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.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

Write or Type Committee Name

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

NONE

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.

Full Name Kelly S Eustis

Mailing Address P.O. Box 2543

Palm Springs

CA

92263

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 518 - 796 - 8999

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 Mr. Dan Backer Esq.

Mailing Address PO BOX 75021

Washington

DC

20013

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number 202 - 210 - 5431

Full Name of
Designated
Agent

Kelly S Eustis

Mailing Address

P.O. Box 2543

Palm Springs

CITY

CA

STATE

92263

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

518

796

8999

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.

Bank of America

Mailing Address

42095 Washington Street

Palm Desert

CITY

CA

STATE

92211

ZIP CODE

Name of Bank, Depository, etc.

JPMorgan Chase Bank

Mailing Address

499 South Palm Canyon Drive

Palm Springs

CITY

CA

STATE

92262

ZIP CODE