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2009 OCT 13 AM 11: 18

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ONGANIZ	AHON			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	i i	
One Nation PAC	1.4 1.1 1.1 1.1	<u> </u>		_1_11111111	
			1 1 1 1 1		
ADDRESS (number and street)	P.O. Box 614		<u> </u>	<del>                                      </del>	لـــــا
(Check if address		11111111			لبل
: is changed)	Sacramento		CA	95812 - 061	14
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	•				
(Check if address	kelly@onenationr	bac.org		11111	4
is changed)					
COMMITTEE'S WEB PAGE AD	DRESS (URL)				
(Check if address	http://www.onena	ationpac.org	1 1 1 1 1	1.	لببا
is changed)			<del>                                      </del>	<del></del>	
2. DATE 10 08	2009				
3. FEC IDENTIFICATION NO	<b>ЈМВЕ</b> Р С	on earnoung ware percusar 			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	nis Statement and to the bes	t of my knowledge and belief i	t is true, correct a	and complete.	
Type or Print Name of Treasure	Kelly S. Eusti	s			
Signature of Treasurer	MACES		Date 10	08 200	(
NOTE: Submission of false, errone	•	may subject the person signing		ne penalties of 2 U.S.C	C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM (Revised 02/2009)	•

	FE	EC For	rm 1 (Revised 02/2009) Page 2	<u>.</u>   '
			OMMITTEE	
	(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 candinformation below.)	idate
	Name Candid			
	Candid Party A	late Affiliatio	Office State  Sought: House Senate President  District	
1	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid	-		
	Party	Com	imittee:	
(	(d)		This committee is a (National, State (Democratic, Republican, et	c.) Party.
1	Politic	cal A	ction Committee (PAC):	
(	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:
			Corporation Corporation w/o Capital Stock Labor Organ	 ization 
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	<b>(f)</b> ·	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	}
J	loint i	Fund	raising Representative:	
(	g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politicommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ical
(1	h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polit committees/organizations, none of which is an authorized committee of a federal candidate.	ical
		Comr	mittees Participating in Joint Fundraiser	
		1.		.==::==:
			FEC ID number	
		2.		nusi mus
		3.	FEC ID number C	ا  د <u>ا حدث جات</u> ارا الا تحریب الله
		4.	FEC ID number C	

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FEC Form 1 (Revised C		Page 3	
One Nation PAC			
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Spo	nsor
NONE			
Mailing Address			
	CITY STATE	ZIP CODE	
Relationship: . Connected	Organization Affiliated Committee Joint Fundraising Representative	eadership PAC	Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in p	ossession of c	ommittee
Full Name Kelly	3. Eustis	<del></del>	
Mailing Address	P.O. Box 614	1.1.1.1	
		 <del> </del>	
	Sacramento CA 95	812 	614
Title or Position	CITY STATE	ZIP CODE	
Executive Directo	r Telephone number		
<ol><li>Treasurer: List the name and any designated agent (e.g., a</li></ol>	address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and addr	ess of
Full Name   Kelly	3. Eustis		!
of Treasurer	P.O. Box 614	<del>- 1 - 1 - 1 - 1</del>	<u></u>
Mailing Address			<u></u>
	Sacramento    CA    9581		 614
	CITY STATE	ZIP CODE	
Title or Position   Executive Directo		 	

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Full Name of		T
Designated Agent		4-
Mailing Address	1	
	1	
	CITY STATE ZIP CODE	4
Title or Position	CITY STATE ZIP CODE	
		1
<del></del>		T
	Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reexes or maintains funds.	nts
	Depository, etc.  Bank of America  1100 Alhambra Boulevard	
safety deposit bo Name of Bank, f	Depository, etc.  Bank of America  1100 Alhambra Boulevard	nts
safety deposit bo Name of Bank, f	Depository, etc.  Bank of America  1100 Alhambra Boulevard	
safety deposit bo Name of Bank, f	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE	
safety deposit be Name of Bank, f Mailing Address	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE	
safety deposit bo Name of Bank, f	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE	215
safety deposit bo Name of Bank, f	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE  Depository, etc.	215
Name of Bank, Mailing Address  Name of Bank, Marne	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE  Depository, etc.	215
Name of Bank, Mailing Address  Name of Bank, Marne	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE  Depository, etc.	215
safety deposit be Name of Bank, f Mailing Address	Depository, etc.  Bank of America  1100 Alhambra Boulevard  Sacramento  CITY  STATE  ZIP CODE  Depository, etc.	215

(3/2005)

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