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. We The People USA PAC 47 Flintlock Drive ADDRESS (number and street) (Check if address is changed) Shirley 11967 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nancy@campaignsunlimitedny.com (Check if address is changed) Optional Second E-Mail Address nancy@campaignsunlimitedny.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00785717 FEC IDENTIFICATION NUMBER > 3. 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. Marks, Nancy, , , Type or Print Name of Treasurer Marks, Nancy, , , [Electronically Filed] 07 2021 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 4go 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

I	
FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
We The People USA PAC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraisin	ing Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fun	ndraising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) are books and records. 	and position of the person in possession of committee
Marks, Nancy, , ,	
Full Name 47 Flintlock Dr	
Mailing Address	
	. NY11967
Shirley	NY 11967
Title or Position CITY	STATE ZIP CODE
Treasurer Telepho	one number 516 383 - 6352
3. Treasurer: List the name and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer).	er of the committee; and the name and address of
Full Name Marks, Nancy, , , of Treasurer	
Mailing Address 47 Flintlock Dr	
Shirley	NY
CITY	STATE ZIP CODE
Title or Position Treasurer Telepho	one number 516 383 - 6352

120101	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	or Depositories: List all banks or other depositories in which the committee deposits funds, he poxes or maintains funds.	
safety deposit b	Depository, etc. Flushing Bank	
safety deposit b	Depository, etc. Flushing Bank 1044 William Floyd Parkway	
safety deposit b Name of Bank,	Depository, etc. Flushing Bank 1044 William Floyd Parkway	
safety deposit b Name of Bank,	Depository, etc. Flushing Bank 1044 William Floyd Parkway	, , , , , , , , , , , , , , , , , , ,
safety deposit b Name of Bank,	Depository, etc. Flushing Bank 1044 William Floyd Parkway	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley NY 1196	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. Flushing Bank 1044 William Floyd Parkway Shirley CITY STATE Depository, etc.	