Only

STATEMENT OF

PAGE 1 / 4

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. One By One 300 M St SW ADDRESS (number and street) #808 (Check if address is changed) Washington 20024 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS onebyonepac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) onebyonepac.com (Check if address is changed) DATE 03 2017 C00639377 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Hager, Sarah, E,, Type or Print Name of Treasurer Hager, Sarah, E,, [Electronically Filed] 80 2017 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

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE • 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.)					
Nam Cand	e of didate						
	didate / Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee: (National, State	(Democratic,				
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party				
Poli	tical A	ction 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 par 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.)					
Join	t Fund	Iraising Representative:					
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. 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.					
	Committees Participating in Joint Fundraiser						
	1.						
	2.						
	3.	FEC ID number C					
	4.						

	sed 02/2009)	Page 3
Write or Type Committee N	Name	
One By One		
. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative Identify by name, address (phone number optional) and position of the person	Leadership PAC Sponso
books and records.	ructury by furtie, address (prioric furtiber optional) and position of the person	The possession of commune
Hager	r, Sarah, E, ,	
	300 M St SW	
Mailing Addrocc		
Mailing Address	#808	
Mailing Address		20024
Mailing Address Title or Position		20024 ZIP CODE
	Washington DC 2	
Title or Position	Washington CITY STATE Telephone number e and address (phone number optional) of the treasurer of the committee; and	ZIP CODE
Title or Position Treasurer: List the name any designated agent (e.	Washington CITY STATE Telephone number e and address (phone number optional) of the treasurer of the committee; and	ZIP CODE
Title or Position Treasurer: List the name any designated agent (e. Full Name Hager,	CITY STATE CITY STATE Telephone number — 760 e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer).	ZIP CODE
Title or Position Treasurer: List the name any designated agent (e. Full Name of Treasurer	CITY STATE CITY STATE Telephone number — 760 e and address (phone number optional) of the treasurer of the committee; and .g., assistant treasurer). To state the committee of the committee; and .g., assistant treasurer.	ZIP CODE
Title or Position Treasurer: List the name any designated agent (e. Full Name of Treasurer	CITY STATE Telephone number — optional) of the treasurer of the committee; and .g., assistant treasurer). Sarah, E, , 300 M St SW #808	ZIP CODE
Title or Position Treasurer: List the name any designated agent (e. Full Name of Treasurer	CITY STATE Telephone number — optional) of the treasurer of the committee; and .g., assistant treasurer). Sarah, E, , [300 M St SW]	ZIP CODE J- 964 - 5752 the name and address of

FEC Form 1 (Rev	vised 02/2009)		Page 4				
Full Name of Designated Agent LLC, C	One By One, , ,						
Mailing Address	300 M St SW						
	#808						
	Washington CITY	DC 20 STATE	0024 ZIP CODE				
Title or Position		phone number 760	- 964 - 5752				
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. Sun Trust							
Sun							
Mailing Address	2250 M St NW						
			007				
	Washington	DC 20	0037				
_	CITY	STATE	ZIP CODE				
Name of Bank, Deposito	ory, etc.						
Mailing Address							
	CITY	STATE	ZIP CODE				