Image#	11932442308
--------	-------------

FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Serving Ameri	ca's Citizens PAC (SACPAC)	
	treet)	
(Check if address is changed)	Elk Grove	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)	
X (Check if address is changed)	vona@onemain.com	· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)	
2. DATE 0.9	/ D D / Y Y Y 19 / 2011	
 FEC IDENTIFICA IS THIS STATEM 		
I certify that I have examin	reasurer Vona L. Copp	I complete
Signature of Treasurer	Electronically Filed by Vona L. Copp	Date 09 / 19 / Y Y Y Y 0 9 / 1 9
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office	For further information or	antaot.

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

2.

3.

4.

	FE	C Fo	rm 1 (Revised 02/2009)	Page 2
5	TYPE O	F COI	MMITTEE (Check One)	
(Candida	ate Co	mmittee:	
(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 information below.)	ne candidate
	Name of Candida			
	Candida Party Aff		Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candida			
I	Party Co	ommi	ttee:	
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
ļ	Political	Actio	on Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			Corporation Corporation w/o Capital Stock	oor Organization
			Membership Organization Trade Association Co	operative
	(f)	_	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 committee. (i.e., nonconnected committee)	l fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
J	oint Fur	ndrais	ing Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	(Comm	ittees Participating in Joint Fundraiser	
			1. FEC ID number C	

	FEC ID number	C
	FEC ID number	C
[]	FEC ID number	C
[]	FEC ID number	C

Ū				
	FEC Form 1 (Revised 0	2/2009)		Page 3
W	rite or Type Committee Name			
	Serving America's Citiz	ens PAC (SACPAC)		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fun	draising Representative, or L	eadership PAC Sponsor
	Rep. Daniel E. Lungren			
	Mailing Address	2002 Discovery Village	Lane	
		Gold River		95670
		СІТУ	STATE 🛦	ZIP CODE
	Relationship: Connected Organization	Affiliated Committee Joi	nt Fundraising Representative	X Leadership PAC Sponsor
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone numbe books and records.	r optional), and position	of the person in
	Full Name	Copp		
	Mailing Address	9321 Silverbend Lane		

	Elk Grove	CA	95624 _
Title or Position ▼		STATE	
Custodian of Reco	rds	Telephone number 916	- <u>686</u> - <u>1815</u>

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).

Tr	easurer		Telephone number	_ 686 _ 1815
Title or Position ♥		CITY A	STATE	
		Elk Grove	CA	95624 _
Mailing Address		9321 Silverbend Lane	•	
Full Name of Treasurer	Vona L. Copp			

FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent	None		
Mailing Address			
Title or Position ▼	CITY		
	Τε	lephone number –	=
Banks or Other Deposi	itories: List all banks or other depositories in which the	e committee deposits funds, holds	accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank / / / / / / / / / / / / / / / / / / /	e committee deposits funds, holds	accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank	e committee deposits funds, holds	accounts, rents
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall 		
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall Sacramento CITY A		
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall Sacramento CITY A		
safety deposit boxes or n Name of Bank, Deposito Mailing Address	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall Sacramento CITY A		ц
safety deposit boxes or n Name of Bank, Deposito	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall Sacramento CITY A		ц
safety deposit boxes or n Name of Bank, Deposito Mailing Address	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall Sacramento CITY A ry, etc.		
safety deposit boxes or n Name of Bank, Deposito Mailing Address	naintains funds. ry, etc. /ells Fargo Bank 400 Capitol Mall 400 Capitol Mall Sacramento CITY ▲ ry, etc.	CA CA STATE ▲	

A. Form/Schedule : F1A Transaction ID : Amendment to add email address.