Only

STATEMENT OF

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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. America One PO Box 26421 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.americaonepac.org (Check if address is changed) DATE 25 2019 C00728667 FEC IDENTIFICATION NUMBER > 3. X 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. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 25 2019 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

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a Candidate or subordinate) committee of the Republican, etc.) Fe Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on individual or property of the committee of the committee of the committee organization on line 6.) Its connected organization on line 6.) Its connected organization on line 6.) Its committee organization on line 6.) Its connected organization on line 6.) Its committee organization on line 6.) Its connected organization on line 6.) Its committee organization on on line 6.) Its committee organization on line 6.) Its committee organiza			
Name of Candidate Candidate Party Affiliation City 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 "Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation Corporation w/o Capital Stock Labor Organization 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 segregated fund or promittee. (i.e., nonconnected committee) 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. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
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2. FEC ID number	Co	ommittees Participating in Joint Fundraiser	
2. FEC ID number			
3. FEC ID number		FEC ID number	
4.			

FEC Form 1 (Revis		Page 3
Write or Type Committee N		
America One		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	n possession of committee
	s, Cabell, , ,	
Full Name	s, Cabell, , , , PO Box 341027	
Full Name		734
Full Name	PO Box 341027	
Full Name	PO Box 341027	ZIP CODE
Full Name	PO Box 341027 Austin TX 787	
Full Name Mailing Address Title or Position Treasurer	PO Box 341027 Austin CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee; and the	ZIP CODE - 345 - 1213
Full Name Mailing Address Title or Position Treasurer Treasurer: List the name any designated agent (e.	PO Box 341027 Austin CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee; and the	ZIP CODE - 345 - 1213
Full Name Mailing Address Title or Position Treasurer Treasurer: List the name any designated agent (e. Full Name Hobbs	PO Box 341027 Austin CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ZIP CODE - 345 - 1213
Title or Position Treasurer Treasurer: List the name any designated agent (e. Full Name of Treasurer	PO Box 341027 Austin CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ZIP CODE - 345 - 1213
Title or Position Treasurer Treasurer: List the name any designated agent (e. Full Name of Treasurer	PO Box 341027 Austin CITY STATE Telephone number and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ZIP CODE - 345 - 1213 - 1

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		- -
safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits fun oxes or maintains funds.	
safety deposit bo Name of Bank, I Mailing Address	oxes or maintains funds. Depository, etc. BB&T 1901 K St, NW	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. BB&T 1901 K St, NW	
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. BB&T 1901 K St, NW	20006
safety deposit bo Name of Bank, I	oxes or maintains funds. Depository, etc. BB&T 1901 K St, NW	20006 ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. BB&T 1901 K St, NW Washington CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. BB&T 1901 K St, NW Washington CITY STATE	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. BB&T 1901 K St, NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. BB&T 1901 K St, NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. BB&T 1901 K St, NW Washington CITY STATE Depository, etc.	ZIP CODE

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Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: