

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

United Seniors PAC, Inc.

ADDRESS (Home or street) **4904 Oxbow Avenue**

(Check if address is changed) **Suite 305**

Sioux Falls **SD** **57106**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

unitedseniorspac@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6058628501

2. DATE **05 / 22 / 2003**

3. FEC IDENTIFICATION NUMBER **C C00077354**

4. 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

Type or Print Name of Treasurer **Paul Erickson**

Signature of Treasurer Electronically Filed by Paul Erickson Date **05 / 22 / 2003**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-894-1110

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

United Seniors PAC, Inc.

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Paul Erickson**

Mailing Address **4904 Oxbow Avenue**
Suite 305
Sioux Falls SD 57106

Title or Position ▼ **Chairman/Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **605 - 362 - 8500**

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).

Full Name of Treasurer **Paul Erickson**

Mailing Address **4904 Oxbow Avenue**
Suite 305
Sioux Falls SD 57106

Title or Position ▼ **Chairman/Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **605 - 362 - 8500**

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number _____ - _____ - _____

9. **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.

First Virginia Bank

Mailing Address

1224 W. Broad Street

Falls Church

VA

22046 -

CITY Δ

STATE Δ

ZIP CODE Δ