

RECEIVED
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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

1 NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the lines. 12PB4N5

UNITY PAC

ADDRESS (number and street) PO Box 19206
(Check if address is changed) Washington DC 20036
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

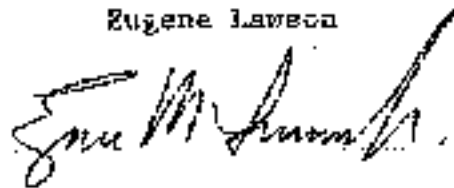
2. DATE 10 09 2002

3. FEC IDENTIFICATION NUMBER C 00365635

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 Eugene Lawson

Signature of Treasurer 

Date 10 09 2002

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.

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 |
|-----------------------------|---------------|-------|--------|-----------|----------------|

- (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

UNITY PAC

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

Full Name: EUGENE LAWSON
 Mailing Address: PO BOX 19206
 WASHINGTON DC 20036
 Title or Position: TREASURER
 Telephone number: 703 812 0400

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: EUGENE LAWSON
 Mailing Address: PO BOX 19206
 WASHINGTON DC 20036
 Title or Position: TREASURER
 Telephone number: 703 812 0400

Full Name of Designated Agent: CHARLES FRANCIS
 Mailing Address: PO BOX 19206
 WASHINGTON DC 20036
 Title or Position: CHAIRMAN
 Telephone number: 202 546 4242

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.

BANK OF AMERICA

Mailing Address

1301 G STREET NW

WASHINGTON

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | |
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| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <u>10/15/02</u> |
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| <input type="checkbox"/> No Postmark | |
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| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ and/or Date of Receipt |
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|  PREPARER | <u>10/15/02</u> DATE PREPARED |