

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

USANA Health Sciences, Inc PAC

ADDRESS (number and street) 3838 West Parkway Blvd

(Check if address is changed)

Salt Lake City

CITY ▲

UT

STATE ▲

84120

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

alex.kennedy@usanainc.com

Optional Second E-Mail Address

veronica.anderson@usanainc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

usana.com

2. DATE

10 / 13 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00709295

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 Kennedy, Alexander, , ,

Signature of Treasurer

Kennedy, Alexander, , ,

[Electronically Filed]

Date

10 / 13 / 2020

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 Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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.)

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 _____

Party Committee:

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

Political Action 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 party 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.)

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.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

USANA Health Sciences, Inc PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

USANA Health Sciences, Inc.

Mailing Address

3838 West Parkway Blvd

Salt Lake City

UT

84120

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Anderson, Veronica, , ,

Mailing Address

3838 West Parkway Blvd

Salt Lake City

UT

84120

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

801

954

7149

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 Kennedy, Alexander, , ,

Mailing Address

3838 West Parkway Blvd

Salt Lake City

UT

84120

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

801

954

7264

Full Name of Designated Agent

Anderson, Veronica, , ,

Mailing Address

3838 West Parkway Blvd

Salt Lake City

UT

84120

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

801

954

7149

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

300 South Fourth Street

2nd Floor

Las Vegas

NV

89101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Jones, Elise, Walker, ,
Full Name

3838 W Parkway Blvd
Mailing Address

Salt Lake City UT 84120
CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone Number - -
TITLE OR POSITION ▼

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲