Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. Bet On America 240 Kent ave ADDRESS (number and street) B19 (Check if address is changed) Brookyln 11249 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nate@draftbeto.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00692020 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Lerner, Nathan, , , Type or Print Name of Treasurer Lerner, Nathan, , , [Electronically Filed] 07 10 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE	OF C	OMMITTEE	1 4go 2			
Cano	didate	Committee:				
(a)	Ш	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. (Cominformation below.)	plete the candidate			
Name Candi						
Candid Party	date Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid						
Party	y Con	nmittee:				
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.			
Politi	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	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	Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name		
Bet On America		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in p	ossession of committee
Lerner, Na	han, , ,	
	240 Kent ave B19	
Mailing Address		
	Brookyn , NY , 11249	
	Distriction of the second of t	
Title or Position	CITY STATE	ZIP CODE
		373 3099
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the r ssistant treasurer).	name and address of
Full Name Lerner, Nat	han, , ,	
Mailing Address	240 Kent ave B19	
	Brookyn	
Title or Position	CITY STATE	ZIP CODE
luc of rosidon		373 3099

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Fitle or Position			
	Telepl	hone number	
safety deposit boxes or Name of Bank, Deposit		committee deposits funds, ho	lds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. itory, etc. Bank 1701 Route 70 East		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. Bank	e committee deposits funds, ho	
safety deposit boxes or Name of Bank, Deposit	maintains funds. itory, etc. Bank 1701 Route 70 East		
safety deposit boxes or Name of Bank, Deposit	maintains funds. itory, etc. Bank 1701 Route 70 East Cherry Hill CITY	NJ 08034	
safety deposit boxes or Name of Bank, Deposit TD Mailing Address	maintains funds. Itory, etc. Bank 1701 Route 70 East Cherry Hill CITY Itory, etc.	NJ 08034 STATE	
Name of Bank, Deposit Mailing Address	maintains funds. itory, etc. Bank 1701 Route 70 East Cherry Hill CITY	NJ 08034	
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safety deposit boxes or Name of Bank, Deposit	maintains funds. Itory, etc. Bank 1701 Route 70 East Cherry Hill CITY Itory, etc.	NJ 08034 STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A 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: