FEC FORM 1	STATEMEN ORGANIZ	ATION	Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street	203 South Union Street			
(Check if address is changed)	Ste 300			
	Alexandria │ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		VA     22314           STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	dbacker@dbcapitolstra	-		
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE . (Check if address is changed)	ADDRESS (URL) <pre>http://www.stophillarypac.org/</pre>			
2. DATE 08 /	17 / Y Y Y Y 17 2016			
3. FEC IDENTIFICATION	NUMBER ► C co	00544767		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treas	urer Dan Backer			
Signature of Treasurer	an Backer	[Electronically Filed]	Date 08	17 / Y Y Y Y 2016
NOTE: Submission of false, er	roneous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing to ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	on <b>F</b> I	EC FORM 1 Revised 06/2012)

08/17/2016 14 : 04

-			
FEC I	Form 1 (Revised 02/2009) Page 2		
	COMMITTEE		
Candida	ate 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 candida information below.)	ate	
Name of Candidate			
Candidate Party Affili			
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	ommittee:		
(d)	This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.)	Part	
Political	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizati	ion is	
	Corporation Corporation w/o Capital Stock Labor Organiza	ation	
	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 committee. (i.e., nonconnected committee)	<sup>,</sup> part	
	In addition, this committee is a Lobbyist/Registrant PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fu	ndraising 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.	al	
(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.	ιl	
Co	ommittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.	FEC ID number		

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## STOP HILLARY PAC

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fur	ndraising 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.

Dan Backe	)r
Full Name	
Mailing Address	203 South Union Street
	Ste 300
	Alexandria         VA         22314           -         -         -         -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     202     210     5431

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	Dan Backer
Mailing Address	203 South Union Street
	Ste 300
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     202     210     5431

Full Name of Designated Agent	Sarah K Granger	
Mailing Address	203 South Union Street	
	Ste 300	
	Alexandria VA 22314	
	CITY STATE ZIP CODE	
Title or Position	rer	

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.

l	Access National Bank		
Mailing Address	4221 Walney Road		
	Suite 120		
	Chantilly		20151
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
l			
Mailing Address			
	CITY	STATE	ZIP CODE