**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Draft Beto 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.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00692020 FEC IDENTIFICATION NUMBER > 3. X 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. Lerner, Nathan, , , Type or Print Name of Treasurer Lerner, Nathan, , , [Electronically Filed] 23 2018 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

FEC <b>For</b> i	n 1 (Revised 02/2009)	Page 2
TYPE OF CO	OMMITTEE  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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliatio	Office Sought: House Senate President	State
(c) <b>x</b>	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	O'Rourke, Beto, , ,	
Party Com		
(d)	· · · · ·	(Democratic, Republican, etc.) Party
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loint Fundr	aising Representative:	
_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	vo or more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Comn	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

F50 F 1/5 :		5 . 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
Draft Beto		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hin DAC Spansor
-	rganization, Anniated Committee, Joint Fundraising Representative, or Leaders	riip PAC Sporisor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
. Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in pos	ssession of committee
Lerner, Na	than, , ,	1
	240 Kent ave B19	
Mailing Address		
	Brookyn NY 11249	
Title or Position	CITY STATE	ZIP CODE
		3733099
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of
Full Name Lerner, Na of Treasurer	than, , ,	
Mailing Address	240 Kent ave B19	
	Brookyn	
Title or Position	CITY STATE	ZIP CODE
		373 - 3099

FEC Form 1 (R	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY	TE ZIP CODE
Title or Position		
	Telephone number	
<ul> <li>Banks or Other Depo safety deposit boxes of Name of Bank, Deposit</li> </ul>		
safety deposit boxes of Name of Bank, Deposi	Bank  1701 Route 70 East	NJ   08034
safety deposit boxes of Name of Bank, Deposi	Bank  1701 Route 70 East	NJ 08034 -   -
safety deposit boxes of Name of Bank, Deposi	D Bank  1701 Route 70 East  Cherry Hill  CITY  STA	NJ 08034 -   -
safety deposit boxes of Name of Bank, Deposit	D Bank  1701 Route 70 East  Cherry Hill  CITY  STA	NJ 08034 -   -
safety deposit boxes of Name of Bank, Deposit	D Bank  1701 Route 70 East  Cherry Hill  CITY  STA	NJ 08034 -   -
safety deposit boxes of Name of Bank, Deposition   TD   Mailing Address  Name of Bank, Deposition	D Bank  1701 Route 70 East  Cherry Hill  CITY  STA	NJ 08034 -   -
safety deposit boxes of Name of Bank, Deposition   TD   Mailing Address  Name of Bank, Deposition	D Bank  1701 Route 70 East  Cherry Hill  CITY  STA	NJ 08034 -   -