Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Stop Trump PAC P.O. Box 36-20197 ADDRESS (number and street) (Check if address is changed) New York 10129 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nlerner802@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2016 C00612853 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. Nathan Lerner Type or Print Name of Treasurer Nathan Lerner [Electronically Filed] 03 25 2016 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

ŗ	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	1 49 <del>6</del> <b>4</b>
Can	didate	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. (Complinformation below.)	ete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segrecommittee. (i.e., nonconnected committee)	regated 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.)	
Join	t 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.	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.	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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Write or Type Committee Nar		r ago <b>c</b>
Stop Trump PA		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
		-
	CITY STATE	ZIP CODE
	end Organization Affiliated Committee Joint Fundraising Representative Lead Organization Affiliated Committee Joint Fundraising Representative Lead Organization Affiliated Committee Joint Fundraising Representative Lead Organization In Proceedings of the December 1 of the December 1 of the December 1 of the December 2 of the December	eadership PAC Sponsor
books and records.		
Nathan I	Lerner	
Full Name	1207 Willow Ave	
Mailing Address		
	Hoboken , NJ , 07030	
	TIOS COLUMN TO THE COLUMN THE COLUMN TO THE	
Title or Position	CITY STATE	ZIP CODE
		373 3099
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the n , assistant treasurer).	ame and address of
Full Name Nathan L	erner	
Mailing Address	1207 Willow Ave	
	Hoboken NJ 07030 CITY STATE	ZIP CODE
Title or Position	1 802   1	373   3099
	Telephone number	- 3099

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Ally Financial	1
Mailing Address	P.O. Box 380901  Bloomington  MN 55438	
Mailing Address		ZIP CODE
Mailing Address  Name of Bank,	Bloomington MN 55438  CITY STATE	ZIP CODE
	Bloomington MN 55438  CITY STATE	ZIP CODE
	Bloomington MN 55438  CITY STATE  Depository, etc.	
Name of Bank,	Bloomington MN 55438  CITY STATE  Depository, etc.	
Name of Bank,	Bloomington MN 55438  CITY STATE  Depository, etc.	

## : 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: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: