

**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

**Rental Equity Initiative PAC**

ADDRESS (number and street)

168 Hollingston Place

☐ (Check if address is changed)

East Windsor

CITY ▲

NJ

STATE ▲

08520

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

eduardlerman@gmail.com

Optional Second E-Mail Address

jmiczak@weichert.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00792663

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 Lerman, Eduard, , ,

Signature of Treasurer

Lerman, Eduard, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2021

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  
OnlyFor 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 | C | _____ |
| 2. | _____ | FEC ID number | C | _____ |
| 3. | _____ | FEC ID number | C | _____ |
| 4. | _____ | FEC ID number | C | _____ |

Write or Type Committee Name

# Rental Equity Initiative PAC

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

NONE

Mailing Address

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

D'Autorio, Robert, , ,

Mailing Address

180 Arlene Court

Lakewood

NJ

08701

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

732

678

8219

**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

Lerman, Eduard, , ,

Mailing Address

2656 Colony Drive

Dunedin

FL

34698

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

732

618

7692

Full Name of  
Designated  
Agent

Miczak, Joseph, , ,

Mailing Address

168 Hollingston Place

East Windsor

CITY

NJ

STATE

08520

ZIP CODE

Title or Position

Designated Agent

Telephone number

732

682

3740

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.

BB&amp;T Bank NA

Mailing Address

8 Jacobstown Road

New Egypt

CITY

NJ

STATE

08533

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5`F9DCFHŽG7<98I @`CF`+H9A-N5HCB  
.

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 raised in 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: