FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		See instructions)	IION		Office use only
1. NAME OF COMMITTEE (in	(Cher	ck if name anged)	Example: If typying, type over the lines	12FE4M5	
STOP UNION	POLITICAL ABUSE (SI	JPA)		11111	
ADDRESS (number and	38172 Los	st Lane			
X (Check if addr is changed)	ess Purcellvil				20132
		CI	TY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI					1
	PAGE ADDRESS (URL)				
www.stopunio	onpoliticalabuse.org				
COMMITTEE'S FAX N 5406689804	NUMBER				
2. DATE 0.7	1 / D D / Y Y 10 20	° 7			
3. FEC IDENTIFICA	TION NUMBER	С	C00399246		
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)					
I certify that I have exami	ned this Statement and to the	best of my knowle	dge and belief it is true, correct ar	nd complete	
Type or Print Name of	Treasurer Chris	Gersten			
Signature of Treasurer	Electronically Filed by	Chris Gerste	en	Date 07 <sup>M</sup>	10 / Y Y Y Y Y Y Y Y
NOTE: Submission of fa	·	-	bject the person signing this State	•	s of 2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(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 information below.)	candidate			
	Name of Candidate				
	Candidate Office House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		Democratic, Republican,etc.) Party.			
	(e) This committee is a separate segregated fund				
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party			
6.	Name of Any Connected Organization or Affiliated Committee				
L					
	Mailing Address 38172 Lost Lane				
	Purcellville VA VA	20132			
	CITY <b>≜</b> STATE ▲	ZIP CODE			
	Relationship Affiliated PAC				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organiza	ation			
	Membership Organization Trade Association Cooperative				

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Write or Type	Committee Name				
STOP U	NION POLITICAL AB	USE (SUPA)			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name	Chris Gerste	en 			
Mailing Add	dress	38172 Lost Lane			
	_	Purcellville		20132	
Title or Pos	sition <b>∀</b>	CITY 🛦	STATE▲	ZIP CODE A	
	Treasurer		<b>703</b> Telephone number	203 2888	
B. <b>Treasurer</b> :	: List the name and a d address of any design	ddress (phone number option nated agent (e.g., assistant trea	al) of the treasurer of the comm surer).	nittee; and the	
Full Name of Treasure	er Chris Gerste	en			
Mailing Add	dress	38172 Lost Lane			
		Purcellville		20132	
Title or Pos	ition 🔻	CITY A	STATE▲	ZIP CODE ▲	
	Treasurer		Telephone number 703		
Full Name of Designated Agent					
Mailing Add	dress				
Tido or De-		CITY			
Title or Pos	otion ▲	CITY A	STATE <b>A</b>	ZIP CODE A	
			Telephone number		

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9.	<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, re safety deposit boxes or maintains funds.</li> </ol>			
	Name of Bank, Depository, etc.	).		
	Wacho	ovia Bank NA		
	Mailing Address	47040 Community Plaza		
		Sterling VA 201	64   _	
		CITY 👙 STATE 👙 ZIF	P CODE A	

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Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository,	intains funds.	e deposits funds, holds accounts, rents  [ ADDITIONAL ]
Mailing Address		
	CITY 🛆	STATE   ZIP CODE   A
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
Latino Alliance		
Mailing Address	38172 Lost Lane	
ag . taa. 333		
	Purcellville	VA     20132  _
	CITY▲	STATE ▲ ZIP CODE ▲
Relationship Affi	iliated PAC	
Type of Connected Organ	ization:	
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Ora	anization Trade Association	Cooperative

Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position ♥	CITY A		ZIP CODE A
	т	Felephone number	