PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION PAC (MEMA PAC) PO BOX 65853 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20035 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS satterfield.david@arentfox.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2012 C00479964 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. Mr. Craig Engle Type or Print Name of Treasurer Mr. Craig Engle [Electronically Filed] 01 2013 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		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. (Compinformation below.)	lete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	Dama avatia
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization X Trade Association	Cooperative
		X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (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	Iraising 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	
	1		

Title or Position Treasurer

. 20 . 0 (sed 02/2009)	Page 3
Write or Type Committee N	Name	
MOTOR AND E	QUIPMENT MANUFACTURERS ASSOCI	ATION PAC (MEMA PAC)
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representation	entative, or Leadership PAC Sponsor
Motor & Equipment	t Manufacturers Association	
Mailing Address	1225 New York Avenue NW #300	
ý		
	Washington	DC 20005
	CITY	STATE ZIP CODE
books and records. Mr. D. Full Name Mailing Address	vavid Satterfield c/o Arent Fox LLP	
	1717 K Street NW	
	Washington	DC 20036
Title or Position	CITY ST	TATE ZIP CODE
Title or Position Custodian of Records	CITY ST	202 857 6467
Custodian of Records	Telephone number e and address (phone number optional) of the treasurer of the co	er 202 – 857 – 6467
Custodian of Records Custodian of Records Treasurer: List the name any designated agent (e	Telephone number e and address (phone number optional) of the treasurer of the co	er 202 – 857 – 6467
Custodian of Records Treasurer: List the name any designated agent (e	Telephone number e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).	er 202 – 857 – 6467
Custodian of Records Treasurer: List the name any designated agent (e Full Name Mr. Cr of Treasurer	Telephone number e and address (phone number optional) of the treasurer of the co.g., assistant treasurer). Talephone number optional) of the treasurer of the co.g., assistant treasurer).	er 202 – 857 – 6467

CITY

STATE

Telephone number

202

ZIP CODE

6467

857

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent Ann V	Vilson	
Mailing Address	1225 New York Avenue NW #300	
		DC 20005 - L ZIP CODE
Title or Position Assistant Treasurer	Telephone numbe	er 202 - 312 - 9246
. Banks or Other Depos	sitories: List all banks or other depositories in which the committee	deposits funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposite	ory, etc.	
Name of Bank, Deposite		
Name of Bank, Deposito	ory, etc. Ils Fargo	
Name of Bank, Deposite	ory, etc. Ils Fargo	DC 20036
Name of Bank, Deposite	Ils Fargo 1100 Connecticut Ave NW Washington	DC 20036 -
Name of Bank, Deposite	Ils Fargo 1100 Connecticut Ave NW Washington CITY S	
Name of Bank, Deposite Wel	Ils Fargo 1100 Connecticut Ave NW Washington CITY S	
Name of Bank, Deposite Wel	Ils Fargo 1100 Connecticut Ave NW Washington CITY Sory, etc.	
Name of Bank, Deposite Wel Mailing Address Name of Bank, Deposite	Ils Fargo 1100 Connecticut Ave NW Washington CITY Sory, etc.	
Name of Bank, Deposite Wel Mailing Address Name of Bank, Deposite	Ils Fargo 1100 Connecticut Ave NW Washington CITY Sory, etc.	