Only

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) is changed) over the lines. Stars and Stripes Forever PAC 228 S Washington Street ADDRESS (number and street) Suite 115 (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dsatterfield@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.starsandstripesforever.org (Check if address is changed) DATE 2017 C00635243 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. Satterfield, David, , , Type or Print Name of Treasurer Satterfield, David, , , [Electronically Filed] 03 17 2017 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 Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|--|-------------------------------------|
| | | OMMITTEE | |
| Car | ndidate | e Committee: | |
| (a) | Ш | 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 |
| Nam Can | ne of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, epublican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | 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 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 | nt 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 | |
| | 4. | | |

| FFC Forms 1 (Davised 6 | 22/2000) | Dama 2 |
|--|--|-------------------------------|
| FEC Form 1 (Revised C | | Page 3 |
| • • | es Forever PAC | |
| • | | Loodorchin DAC Snoncor |
| - | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| THE 2016 COMMITTE | : E | |
| | | |
| Mailing Address | 370 MAPLE AVENUE W | |
| J | SUITE 4 | |
| | VIENNA | 22180-5615 |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization 🗶 Affiliated Committee 📗 Joint Fundraising Representative | re Leadership PAC Sponsor |
| Custodian of Records: Identification books and records. | ntify by name, address (phone number optional) and position of the pers | on in possession of committee |
| Satterfield, | , David, , , | 1 |
| Full Name | 228 S Washington Street | |
| Mailing Address | Suite 115 | |
| | Alexandria | 22314 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; are assistant treasurer). | nd the name and address of |
| Full Name Satterfield, | David, , , | ı |
| of Treasurer | 228 S Washington Street | |
| Mailing Address | | |
| | Suite 115 | |
| | | 22314 |
| Title or Position , Treasurer | CITY STATE | ZIP CODE |
| | Telephone number | |

| FEC Form 1 (Re | Revised 02/2009) | Page 4 |
|---|---|--|
| | | |
| Full Name of Designated Agent | | 1 1 1 1 1 1 1 |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit boxes or Name of Bank, Deposit | itory, etc. | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | |
| safety deposit boxes or Name of Bank, Deposit | ar maintains funds. itory, etc. 8T 300 S Washington Street | |
| safety deposit boxes or Name of Bank, Deposit | we maintains funds. itory, etc. 8T 300 S Washington Street | |
| safety deposit boxes or Name of Bank, Deposit | ar maintains funds. itory, etc. 8T 300 S Washington Street | |
| safety deposit boxes or Name of Bank, Deposit | ar maintains funds. itory, etc. Alexandria CITY STATE | 4 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | ar maintains funds. itory, etc. Alexandria CITY STATE | 4 ZIP CODE |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | r maintains funds. itory, etc. &T 300 S Washington Street Alexandria CITY STATE itory, etc. st Virginia Community Bank | 4 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit Firs | r maintains funds. itory, etc. &T 300 S Washington Street Alexandria CITY STATE itory, etc. st Virginia Community Bank | 4 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit Firs | r maintains funds. itory, etc. &T 300 S Washington Street Alexandria CITY STATE itory, etc. st Virginia Community Bank | 4 |