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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. **BIT PAC** 441 North Lee Street, Suite 100 ADDRESS (number and street) (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dan@political.law (Check if address is changed) Optional Second E-Mail Address notices@feccr.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://bitpac.us (Check if address is changed) DATE 2018 C00668178 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Backer, Dan, , , Type or Print Name of Treasurer Backer, Dan,,, [Electronically Filed] 02 25 2019 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 Only

Local 202-694-1100

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| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 |
| | e 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.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion 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 Cor | | _ |
| (d) | | Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated 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.) | |
| Joint Fund | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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. | o or more political |
| Com | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

| FEC Form 1 (Re | evised 02/2009) | Page 3 |
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| Write or Type Committee | e Name | |
| BIT PAC | | |
| 6. Name of Any Conne | ected Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Cor | nnected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponso |
| Custodian of Record books and records. | s: Identify by name, address (phone number optional) and position of the person | on in possession of committee |
| | cker, Dan, , , | |
| Full Name | 441 North Lee Street, Suite 100 | |
| Mailing Address | | |
| | Alexandria | 22314 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 5431 |
| . Treasurer: List the nate any designated agent | me and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer). | d the name and address of |
| Full Name Bac of Treasurer | ker, Dan, , , | |
| Mailing Address | 441 North Lee Street, Suite 100 | |
| | | |
| | Alexandria | 22314 |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |

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|---|--------------------------------|----------------------|--|--|
| | | | | |
| Full Name of Designated Agent | Cortez-Lira, Fernando, , , | | | |
| Mailing Address | 950 N. Washington St. | | | |
| | Suite 105 | | | |
| | Alexandria VA 22314 CITY STATE | ZIP CODE | | |
| Title or Position Assistant Treaso | urer Telephone number 703 - 6 | 3794 - 3794 | | |
| 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. | | | | |
| | Access National Bank | | | |
| Mailing Address | 4221 Walney Road | | | |
| | Suite 120 | | | |
| | Chantilly VA 20151 | | | |
| | CITY STATE | ZIP CODE | | |
| Name of Bank, [| Depository, etc. | | | |
| | | | | |
| | | 1 | | |
| Mailing Address | | | | |
| Mailing Address | | | | |
| Mailing Address | | | | |

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

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