Image# 11971764566				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ		0#	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
MOTOR AND EQU	JIPMENT MANUFA	ACTURERS ASSO	OCIATION PA	C (MEMA PAC).
				, , , , , , , , , , , , , , , , , , ,
ADDRESS (number and street)	PO BOX 65853			
_	1			
(Check if address is changed)			DC 2003	35 , , , , ,
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e	-mail address)		
	satterfield.david@arentfox.			
(Check if address is changed)				
le changea/				
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
(Check if address is changed)				
Ç ,				
	21 / 2011			
3. FEC IDENTIFICATION N	NUMBER C C	00479964		
4. IS THIS STATEMENT	K 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. Croig Eagla			
Type or Print Name of Treasur	er Mr. Craig Engle			
Signature of Treasurer	raig Engle	[Electronically Filed]	Date 10	21 / Y Y Y Y Y 2011
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI			penalties of 2 U.S.C. §437g.
Office		For further information		FEC FORM 1
Use Only		Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	551011	(Revised 02/2009)
	· · ·	2000 202 004 1100		

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F	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. (Cor information below.)	nplete the candidate
Name Cand	e of lidate		
	lidate / Affiliati	on Office Sought: House Senate President	State District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Poli	tical A	ction Committee (PAC):	
(e)	Х	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		Corporation V/o Capital Stock	Labor Organization
		Membership Organization	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 s committee. (i.e., nonconnected committee)	egregated fund or part
		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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

MOTOR AND EQUIPMENT MANUFACTURERS ASSOCIATION PAC (MEMA PAC)

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

Motor & Equipment M	anufacturers Association		
Mailing Address	1225 New York Avenue NW #300		
	Washington	DC	20005
	CITY	STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Join	t Fundraising Representat	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number option	al) and position of the pe	rson in possession of committee
Mr. David	Satterfield		
Full Name			
Mailing Address	1050 Connecticut Ave NW #400		
	Washington		20036
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records	Te	elephone number	02 857 6467

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	Mr. Craig Engle
Mailing Address	1050 Connecticut Ave NW #400
	[
	Washington DC 20036
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 857 6467

Full Name of Designated Agent	Ann Wilson																		
Mailing Address	L	1225 New York	Avenue N	IW #30	00														
	L																		
	L	Washington						1					2	0005			· 🕒		
			CI	ΤY						STA	ΤE				ZIF	o COI	DE		
Title or Position	urer					Те	leph	one	num	lber	l	20	02		312	2		924	6

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.

Wells	-argo		
Mailing Address	1100 Connecticut Ave NW		
	Washington	DC 20036	-
	CITY	STATE ZIP CO	DE
Name of Bank, Depository,	etc.		
Mailing Address			
			-
	CITY	STATE ZIP CO	DE