FEC FORM 1		STATEME ORGANIZ			PAGE 1 / 5
1. NAME OF		(Check if name	Example: If typing, type	12FE4M5	office Use Only
	,	is changed)	over the lines.		
ADDRESS (number a	nd street)	228 S Washington Street			
(Check if a is changed	address	Suite 115			
is changed	(,	Alexandria CITY ▲		VA 222 STATE ▲	314 – ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	S			
(Check if a is changed	address	dsatterfield@hdafec.c	com		
	*)	Optional Second E-Mail A	ddress		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE	9 / D 1 29	2016			
3. FEC IDENTIFIC	CATION NU	MBER ► C	C00626663		
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined this	s Statement and to the be	st of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name	of Treasurer	David Satterfield			
Signature of Treasure	er David S	Satterfield	[Electronically Filed]	Date 09	29 / Y Y Y Y Y 2016
NOTE: Submission of			n may subject the person signing t TION SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC F	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	te 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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	tion Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Stronger NY PAC

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

Mailing Address											
	CITY		STATE	ZIP CODE							
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor											

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

, Da	avid Satterfield							
Full Name								
Mailing Address	228 S Washington Street							
	Suite 115							
	Alexandria VA 22314							
Title or Position	CITY STATE ZIP CODE							
Treasurer Telephone number								

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	David Satterfield
of Treasurer	
Mailing Address	228 S Washington Street
	Suite 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1	1																									
Mailing Address																														
					1																		L					·		
CITY									STATE ZIP CODE																					
Title or Position																														
														Tel	epł	ion	e n	um	ber						- [·		

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.

BB&T]
Mailing Address	300 S Washington Street		
	Alexandria		2314
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address]
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: