PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. UNITING FOR FREE EXPRESSION 2200 WILSON BOULEVARD, SUITE 102 ADDRESS (number and street) #113 (Check if address is changed) ARLINGTON 22201 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@unitingforopportunity.org (Check if address X is changed) Optional Second E-Mail Address dsatterfield@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00710707 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] 01 2020 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| FF0 = | 4 (Davided 00/0000) | D 0 |
|-----------------------------|---|--|
| | 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 (Revised 0 | 12/2009) | Page 3 |
|---|---|-------------------------|
| Write or Type Committee Name | | raye 3 |
| • | FREE EXPRESSION | |
| | organization, Affiliated Committee, Joint Fundraising Representative, or Lead | dership PAC Sponsor |
| UNITING FOR OPPOR | | |
| | | |
| | 2200 WILSON BOULEVARD, SUITE 102 | |
| Mailing Address | #113 | |
| | ARLINGTON VA 2220 | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person in | possession of committee |
| Satterfield, | David, , , | |
| Full Name | 228 S Washington Street | |
| Mailing Address | Suite 115 | |
| | Alexandria , VA , 223° | 14 |
| | , in the second | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number 703 | 549 7705 |
| Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer). | e name and address of |
| Full Name Satterfield, of Treasurer | David, , , | |
| Mailing Address | 228 S Washington Street | |
| | Suite 115 | |
| | Alexandria VA 2231 CITY STATE | 4 ZIP CODE |
| Title or Position Treasurer | | 549 - 7705 |

| FEC Form 1 (Re | Revised 02/2009) | | Page 4 |
|---|--|--------------|------------------------------|
| | | | |
| Full Name of Designated Agent Howe | rell, Margaret, , , | | |
| Mailing Address | 2200 Wilson Boulevard, Suite 102 | | |
| | #113 | | |
| | Arlington CITY | VA STATE | 22201 ZIP CODE |
| Title or Position Assistant Treasurer | | 1 | |
| | | | |
| Banks or Other Depos safety deposit boxes or | esitories: List all banks or other depositories in which the committed remaintains funds. | tee deposits | funds, holds accounts, rents |
| | r maintains funds. | tee deposits | funds, holds accounts, rents |
| safety deposit boxes or | r maintains funds. itory, etc. | tee deposits | funds, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | tee deposits | funds, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | tee deposits | funds, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. itory, etc. | tee deposits | funds, holds accounts, rents |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. itory, etc. 8T 8200 Greensboro Drive, Suite 800 | | |
| safety deposit boxes or Name of Bank, Deposit BB8 Mailing Address | maintains funds. | VA | 22102 |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. | VA | 22102 |
| safety deposit boxes or Name of Bank, Deposit BB8 Mailing Address | maintains funds. | VA | 22102 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | maintains funds. | VA | 22102 |
| safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit | maintains funds. | VA | 22102 |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| (g) or (h). | Joint Fundraising | Participant: | | |
|------------------------------|--|---|--------------------|-------------------------------|
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | C |
| 3. | | | FEC ID number | С |
| 4. | | | FEC ID number | С |
| | | | | |
| | = | Organization, Affiliated Committee, Joint Fundra | ising Representati | ve, or Leadership PAC Sponsor |
| UN | NITING FOR EC | ONOMIC OPPORTUNITY | | |
| | | | | |
| | Mailing Address | 2200 WILSON BOULEVARD, SUITE 102 | | |
| ' | Mailing Address | l #113 | | |
| | | ARLINGTON | ı VA ı | |
| | Deletionship | | | |
| ! | Relationship: | CITY ▲ Organization | STATE A | ZIP CODE ▲ |
| . Desigi | nated Agent: Identify | by name, address (phone number - optional) | | |
| Fu | ıll Name | by name, address (phone number – optional) | | |
| Fu | | by name, address (phone number – optional) | | |
| Fu | ıll Name | by name, address (phone number – optional) | | |
| Fu | ıll Name | | | 710 0005 |
| Fu Ma | ıll Name | CITY A | STATE A | ZIP CODE A |
| Fu Ma | ull Name | CITY A | STATE A | ZIP CODE A |
| Fu Ma | ailing Address | CITY A | ephone Number | |
| Fu Ma T . Banks | ailing Address | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or main | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or mair of Bank, | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or main of Bank, sitory, etc. | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |
| Fu Ma | ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or main of Bank, sitory, etc. | CITY A Tele es: List all banks or other depositories in which the | ephone Number | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

| h). Joint Fundraisi r | | FEC ID number | C |
|--|--|----------------------------|---------------------------|
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4 | | FEC ID number | С |
| | | | |
| | Organization, Affiliated Committee, Joint Fundr | raising Representative | e, or Leadership PAC Spon |
| UNITING FOR F | KEE IKADE | | |
| | | | |
| Mailing Address | 2200 WILSON BOULEVARD, SUITE 102 | | |
| Walling Address | #113 | | |
| | ARLINGTON | VA | 22201 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE A |
| | | | |
| | d Organization Affiliated Committee Joint y by name, address (phone number – optional) | Fundraising Representa | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Represent | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identif | | Fundraising Representation | Leadership PAC S |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| esignated Agent: Identif | y by name, address (phone number – optional) | STATE A | Leadership PAC S |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which | STATE A | ZIP CODE A |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| h). Joint Fundraisi | • | | |
|---|--|--------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| = | Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spon |
| | | | |
| Mailing Address | 2200 WILSON BOULEVARD, SUITE 102 | | |
| | #113 | | |
| | ARLINGTON | VA | 22201 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Represent | ative Leadership PAC Sp |
| | d Organization Affiliated Committee Join y by name, address (phone number – optional) | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | nt Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |