## STATEMENT OF

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FEC FORM 1		Č	DRGANIZ	ATIO	N				Of	fice I Is	se Only	,		
1. NAME OF		П	(Check if name		le: If typing, ty	ype	12F	E4M!			oc Only			
COMMITTEE (ir		_ 凵	is changed)	over th	ne lines.				_	_				
Citizens for	Law l	=ntor	cement											
		1 1 1			1 1 1 1	1 1 1	1 1	1 1	1 1	1 1	ı		1 1	, I
ADDRESS (number a	nd etroet)	228 S	Washington Street						1 1					
(Check if a	address	Suite 1	15											
is changed	i)	Alexar	ndria				, VA		223	14				
			CITY A				STATE				ZIP		 DE ▲	
COMMITTEE'S E-MA	AL ADDRE	SS												
(Check if a			erfield@hdafec.c	om										
is changed														
		Option	al Second E-Mail A	ddress		1 1 1	1 1	1 1	1 1	1 1	I	1 1	1 1	. 1
COMMITTEE'S WEB	PAGE ADI	DRESS (	LIRL)											
(Check if a	address	1	OTIL)											ı
is changed	i)													
2. DATE 1	M / D 18	3	2021											
3. FEC IDENTIFIC	CATION NU	JMBER	C	C00653030										
4. IS THIS STATEN	MENT	NE	W (N) OR	×	AMENDED	) (A)								
I certify that I have e	examined th	nis Stater	nent and to the bes	st of my kno	wledge and b	pelief it is	true,	correc	t and	com	olete.			
Type or Print Name	of Treasure	r Satter	field, David, , ,											
Signature of Treasure	er Satter	field, Davi	d, , ,	[E	lectronically Fil	<i>led]</i> [	Date	M 1	M /	1	8	Y	2021	Y Y
NOTE: Submission of			ncomplete information							penal	ties of	2 U.S	3.C. §	437g.
Office Use Only				Fe To	or further infornederal Election Coll Free 800-424-	Commission 9530						<b>DRN</b> 06/201		

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	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
	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · ·	Democratic, epublican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	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	raising 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 C	
	3.	FEC ID number	
	4.		

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Write or Type Committe	ee Name	
Citizens for	Law Enforcement	
6. Name of Any Conn	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
POLICE ACTION  Mailing Address  Relationship: Co	228 S WASHINGTON STREET  SUITE 115  ALEXANDRIA  CITY  STATE	ZIP CODE  Leadership PAC Sponsor
Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person in բ	cossession of committee
Full Name  Mailing Address	228 S Washington Street  Suite 115  Alexandria  VA  22314	
Title or Position	CITY STATE	ZIP CODE
Treasurer		
3. <b>Treasurer:</b> List the national and designated agent	ame and address (phone number optional) of the treasurer of the committee; and the t (e.g., assistant treasurer).	name and address of
Full Name Sa of Treasurer Mailing Address	tterfield, David, , ,  228 S Washington Street    Suite 115	
Title or Position Treasurer	Alexandria  CITY  STATE  Telephone number	ZIP CODE
<u> </u>	ielepnone number	

Full Name of Designated Agent	Black, Will, , ,	
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria VA 22 CITY STATE	314 ZIP CODE
Title or Position Assistant Treas		
	r Depositories: List all banks or other depositories in which the committee deposits funds, loxes or maintains funds.	holds accounts, rents
Name of Bank, [		
Name of Bank, [		
Name of Bank, I	Depository, etc.  Eagle Bank  1277 S Washington Street	
	Depository, etc.  Eagle Bank  1277 S Washington Street	
	Depository, etc.  Eagle Bank  277 S Washington Street	314
	Depository, etc.  Eagle Bank  277 S Washington Street	314 ZIP CODE
	Depository, etc.  Eagle Bank  277 S Washington Street  Alexandria  VA 222	
Mailing Address	Depository, etc.  Eagle Bank  277 S Washington Street  Alexandria  VA 222	
Mailing Address	Depository, etc.  Eagle Bank  277 S Washington Street  Alexandria  VA  222  CITY  STATE  Depository, etc.  Chain Bridge Bank  1445A Laughlin Ave	
Mailing Address  Name of Bank, I	Depository, etc.  Eagle Bank  277 S Washington Street  Alexandria  VA  222  CITY  STATE  Depository, etc.  Chain Bridge Bank  1445A Laughlin Ave	
Mailing Address  Name of Bank, I	Depository, etc.  Eagle Bank  277 S Washington Street  Alexandria  VA  222  CITY  STATE  Depository, etc.  Chain Bridge Bank  1445A Laughlin Ave	