Only

STATEMENT OF

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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** 203 South Union Street ADDRESS (number and street) Suite 300 (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbacker@dbcapitolstrategies.com (Check if address is changed) Optional Second E-Mail Address joe@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2015 C00550400 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. Dan Backer Type or Print Name of Treasurer Dan Backer [Electronically Filed] 10 02 2015 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	didate 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.)					
Nam Cand	e 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 Cand	e of didate						
Par	ty Con	nmittee:	/Damaau-+!-				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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	t Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Na	lame	
BIT PAC		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor
NONE		
Mailing Address		
]
	CITY STATE ZIP C	CODE
Relationship: Connec	ected Organization Affiliated Committee Joint Fundraising Representative Leadersh	ip PAC Sponso
. Custodian of Records:	Identify by name, address (phone number optional) and position of the person in possession	on of committee
books and records.		or commutee
Joseph		
Joseph Full Name		
Joseph	h Lilly	
Joseph Full Name	h Lilly 203 South Union Street	
Joseph Full Name	h Lilly 203 South Union Street Suite 300	
Joseph Full Name Mailing Address	Lilly 203 South Union Street Suite 300 Alexandria VA 22314	
Joseph Full Name Mailing Address Title or Position Assistant Treasurer	Alexandria CITY STATE ZIP C Telephone number and address (phone number optional) of the treasurer of the committee; and the name and	- 5431 - 1431
Joseph Full Name Mailing Address Title or Position Assistant Treasurer Joseph Full Name	203 South Union Street Suite 300 Alexandria CITY STATE ZIP C Telephone number and address (phone number optional) of the treasurer of the committee; and the name and g., assistant treasurer).	- 5431 - 1431
Joseph Full Name Mailing Address Title or Position Assistant Treasurer Joseph Full Name Joseph Full Name	203 South Union Street Suite 300 Alexandria CITY STATE ZIP C Telephone number and address (phone number optional) of the treasurer of the committee; and the name and g., assistant treasurer).	- 5431 - 1431
Joseph Full Name Mailing Address Title or Position Assistant Treasurer Joseph Full Name any designated agent (e.g. Full Name of Treasurer	203 South Union Street Suite 300 Alexandria CITY STATE ZIP C and address (phone number optional) of the treasurer of the committee; and the name and g., assistant treasurer).	- 5431 - 1431
Joseph Full Name Mailing Address Title or Position Assistant Treasurer Joseph Full Name any designated agent (e.g. Full Name of Treasurer	203 South Union Street Suite 300 Alexandria CITY STATE ZIP C and address (phone number optional) of the treasurer of the committee; and the name an g., assistant treasurer). acker	CODE SODE d address of

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Full Name of Designated Agent	Joseph Lilly	, , , , , , , , , , , , , , , , , , ,					
Mailing Address	203 South Union Street						
-	Suite 300						
	Alexandria VA 22314 CITY STATE ZIF	P CODE					
Title or Position Asst. Treasurer		0 - 5431					
safety deposit bo	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 ZI	P CODE					
Name of Bank, D	Depository, etc.						
Mailing Address							
	CITY STATE ZI	P CODE					