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STATEMENT	OF
ORGANIZATI	ON

FORM 1			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street)	228 S Washington Street		
(Check if address	Suite 115		
is changed)	Alexandria CITY ▲		VA 22314 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	dsatterfield@hdafec.	.com	
	Optional Second E-Mail A	Address	1
 (Check if address is changed) 	N/A		
2. DATE 11 0'			
3. FEC IDENTIFICATION NU	JMBER ► C	C00827790	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the be	est of my knowledge and belief it	s true, correct and complete.
Type or Print Name of Treasure	r Satterfield, David, , ,		
Signature of Treasurer	field, David, , ,	[Electronically Filed]	Date 11 / D D / Y Y Y Y 01 / 2022
NOTE: Submission of false, errone		on may subject the person signing th MATION SHOULD BE REPORTED \	is Statement to the penalties of 52 U.S.C. §30109 VITHIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

EC Form	1 (Revised 03/2022)		Page 2
TYPE (DF COMMITTEE:		
Candio	late Committee:		
(a)	This committee is a principal campaign com	mittee. (Complete the candidate informa	tion below.)
(b)	This committee is an authorized committee, a information below.)	and is NOT a principal campaign comm	ittee. (Complete the candidate
Name Candi			
Candi Party	date Office Affiliation Sought:	House	State President
(c)	This committee supports/opposes only one c	andidate, and is NOT an authorized co	District
	ne of didate		
	• <u>•</u> ••••••••••••••••••••••••••••••••••		
Party	Committee:		(D
(d)		nal, State ordinate) committee of the	(Democratic, Republican, etc.) Party
		,	· · · · · · · · · · · · · · · · · · ·
Politica	al Action Committee (PAC):		
(e)	This committee is a separate segregated fun	d. (Identify connected organization on li	ne 6.) Its connected organization is a
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee is a Lob	obyist/Registrant PAC.	
(f) X	This committee supports/opposes more than committee. (i.e., nonconnected committee)	one Federal candidate, and is NOT a s	separate segregated fund or party
	In addition, this committee is a Lob	obyist/Registrant PAC.	
	In addition, this committee is a Lea	adership PAC. (Identify sponsor on line	6.)
(g)	This committee is an independent expenditur	re-only political committee (Super PAC).	
	In addition, this committee is a Lot	obyist/Registrant PAC.	
(h)	This committee is a political committee with	both contribution and non-contribution a	ccounts (Hybrid PAC).
	In addition, this committee is a Lot	obyist/Registrant PAC.	

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 (j) Committees Participating in Joint Fundraiser
 2.

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	(11001000	02/2000)	

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Write or Type Committee Name

Lexicon PAC

6.	Name of Any NONE	Con	nec	ted	Or	gar	niza	atio	n,	Affi	lia	ted	C	om	mit	ttee	e, J	oir	nt F	un	dra	isi	ng	Re	pre	se	nta	tive	e, o	r L	ead	der	ship	• P/	AC	Sp	on	sor	
	Mailing Addres	s																																					
									1																														
																										L				L									
														СІТ	Y											ST	ATE						ZI	PC		DE			
	Relationship:	0	Conr	ect	ed (Org	aniz	zatio	on		A	ffilia	ateo	d O	rga	niza	atio	n	C].	Join	t Fi	und	rais	ing	Re	pre	sen	tativ	ve			Lea	der	ship	ρP	AC	Spo	onsoi

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

Satterfield,	David, , ,
Full Name	
Mailing Address	228 S Washington Street
	Suite 115
	Alexandria
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 703 - 549 - 7705

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	Satterfield, David, , ,
of Treasurer	
Mailing Address	228 S Washington Street
	Suite 115
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 703 - 549 - 7705

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Full Name of Designated Agent																							1	1	<u> </u>	
Mailing Address																										
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					Cľ	ΤY								\$	STA	ΛTE				ZI	РC	COD	E.			
Title or Position ▼																										
										Tele	eph	one	e ni	umt	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.

	Chain Bridge Bank		1
Mailing Address	1445A Laughlin Ave		
	McLean	VA 22101	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I			
Mailing Address			
	CITY ▲	STATE A	ZIP CODE ▲