PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TERM LIMITS NOW POLITICAL ACTION COMMITTEE (TLN PAC) 228 S WASHINGTON STREET ADDRESS (number and street) **SUITE 115** (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dsatterfield@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.termlimitsnowpac.org (Check if address is changed) DATE 2018 C00635110 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] 10 15 2018 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. FEC FORM 1 (Revised 06/2012)

C	Office		For further information contact:
	Use		Federal Election Commission
	Only		Toll Free 800-424-9530 Local 202-694-1100

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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) <b>x</b>	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.		

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FEC Form 1 (Revis	·	Page 3
Write or Type Committee N		
TERM LIMITS	S NOW POLITICAL ACTION COMMITTEE (T	LN PAC)
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
		-
	CITY STATE Z	IP CODE
Relationship: Conne	cted Organization	lership PAC Sponsor
		' '
books and records.	Identify by name, address (phone number optional) and position of the person in possen, Jamie, , ,	sasion of committee
Mailing Address	2228 E. 6380 South	
	Holladay UT 84121	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records	Telephone number	
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	e and address of
Full Name Satterfi	ield, David, , ,	
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria VA 22314	
Title or Position	CITY STATE ZI	IP CODE
Treasurer	703   54	49  -  7705

Telephone number

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos	sitory, etc.	
safety deposit boxes of Name of Bank, Depos	or maintains funds.	4
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  3&T  300 S Washington Street	ZIP CODE
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  300 S Washington Street  Alexandria  VA 2231  CITY  STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	or maintains funds. sitory, etc.  300 S Washington Street  Alexandria  VA 2231  CITY  STATE	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds.  Sitory, etc.  300 S Washington Street  Alexandria  CITY  STATE  Sitory, etc.	
safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	or maintains funds. sitory, etc.  300 S Washington Street  Alexandria  CITY  STATE  SyBank	
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  300 S Washington Street  Alexandria  VA 2231  CITY STATE  Sitory, etc.  2yBank  3144 E State Street	ZIP CODE
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  300 S Washington Street  Alexandria  CITY  STATE  SyBank	ZIP CODE