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FEC FORM 1

STATEMENT OF ORGANIZATION

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					ince ose only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Oliya for Congress	<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
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ADDRESS (number and street)	P.O.	Box 905			
(Check if address is changed)	سا				
	Mah	opac		NY 1	0541
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)		erfield@hdafeç.c	comanant		
ta is changed)		al Second E-Mail Ac			
	لــــا				
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)	[NO	NE I I I I			
	سا				
2. DATE $0\frac{1}{2}$ $0\frac{1}{2}$	⁰ / [2015		1	
3. FEC IDENTIFICATION NU	MBER	► <u>C</u>			
4. IS THIS STATEMENT X	NE	W (N) OR	AMENDED (A)		
I certify that I have examined th	is Staten	nent and to the bes	t of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasurer	Da	wid Satterfield			
Signature of Treasurer	1)-	I New	the first	Date Date	ठिमें टिंग ७
NOTE: Submission of false, errone			n may subject the person signing to		penalties of 52 U.S.C. §30109
Office Use Only			For further Information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009)	Page 2			
		COMMITTEE				
	aldate	e Committee:	•			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	olete the candidate			
Name Cano	e of lidate	Phil Oliya, Jr,	<u> </u>			
	lidate Affiliati	tion REP Office Sought: X House Senate President	State NY			
1 (11)	7 1111104	Godgin. gr. House Genale President	District 18			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cano	e of fidate					
Par	ty Cor	mmittee:				
(d)			(Democratic, Republican, etc.) Party.			
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising 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.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mmittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number C				
	3.	FEC ID number				
	4.					

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		<u></u>
Oliva for Congress		
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE	<u> </u>	
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the p	erson in possession of committee
Full Name Davi	d Satterfield	
Mailing Address	228 S Washington Street, Suite 115	
	_	
·	Alexandria VA	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 70	93 ₁ - 549 ₁ - 7705 ₁
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	; and the name and address of
Full Name of Treasurer Dayi	d Satterfield	, <u> </u>
Mailing Address	228 S _I Washington Street, Suite 115	
•		
	[Alexandria] [V _i A] CITY STATE	22314 - ZIP CODE
Title or Position	1 77	
Treasurer	Telephone number	03 - 549 - 7705

	·		
FEC Form 1 (Revi	sed 02/2009)·		Page 4
Full Name of Designated Agent			
Mailing Address	<u> </u>		
	CITY	STATE	ZIP CODE
Title or Position	Telep	phone number	بـــا-لـــا
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor		e committee deposits fu	nds, holds accounts, rents
<u>B</u> B&	<u>T</u>	<u> </u>	
Mailing Address	300 S ₁ W ₁ ashington Street		
			
	Alexandria	<u> </u>	22314 -
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.	,,	
Mailing Address			
	CITY	STATE	ZIP CODE

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