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) Motor and Equipment Manufacturers Association PAC (MEMA PAC) P.O. Box 65853 ADDRESS (number and street) (Check if address is changed) Washington 20035 DC CITY 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) (Check if address is changed) DATE 29 2015 C00479964 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. **David Satterfield** Type or Print Name of Treasurer David Satterfield [Electronically Filed] 01 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:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on 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:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 scommittee. (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 Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revi	sed 02/2009)	Page <b>3</b>
Write or Type Committee N	Name	
Motor and Ed	quipment Manufacturers Association PAC (	MEMA PAC
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	
Notor & Equipment	t Manufacturers Association	
	1030 15th St. NW	
Mailing Address	Suite 500 East	
	2000	
	Washington DC 2000	5
Relationship: X Conn	Washington  CITY  STATE  ected Organization  Affiliated Committee  Joint Fundraising Representative	ZIP CODE
	CITY STATE	ZIP CODE  Leadership PAC Spor
Custodian of Records: books and records.	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in	ZIP CODE  Leadership PAC Spor
Custodian of Records: books and records.	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE  Leadership PAC Spor
Custodian of Records: books and records.  David	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in	ZIP CODE  Leadership PAC Spor
Custodian of Records: books and records.	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in	ZIP CODE  Leadership PAC Spor
Custodian of Records: books and records.  David	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in  Satterfield  228 S Washington St	ZIP CODE  Leadership PAC Spor  possession of commit
Custodian of Records: books and records.  David	CITY STATE  ected Organization Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in  Satterfield  228 S Washington St  Suite 115	ZIP CODE  Leadership PAC Spon  possession of commit

Full Name David Satterfield of Treasurer 228 S Washington St Mailing Address Suite 115 22314 VA Alexandria CITY STATE ZIP CODE Title or Position Treasurer 703 549 7705 Telephone number

FEC Forn	1 (Revised 02/2009)			Page <b>4</b>
Full Name of Designated	Ann Wilson			ı
Agent				
Mailing Address	1030 15th St. NW			
	Suite 500 East			
	Washington		DC   20005	
	CIT	Υ	STATE	ZIP CODE
Title or Position Assistant Treasu	rer	Telephone nui	nber 202	312 - 9246
Banks or Other safety deposit bo	Depositories: List all banks or other dees or maintains funds.  epository, etc.	epositories in which the commit	tee deposits funds, hold	ds accounts, rents
	BB&T			
Mailing Address	300 S Washington St			
	Alexandria		VA 22314	
	СП	Υ	STATE	ZIP CODE
Name of Bank, [	epository, etc.			
Mailing Address				
Mailing Address				
Mailing Address				