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STATEMENT OF **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. DAVIS WRIGHT POLITICAL ACTION COMMITTEE 1919 PENNSYLVANIA AVE NW SUITE 800 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20006 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 08 2016 C00163238 FEC IDENTIFICATION NUMBER > 3. 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] 12 08 2016 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 Only Local 202-694-1100

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TYPE O	F COMMITTEE	. ugo <b>=</b>
Candid	ate 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
Name of Candidat	e	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [	
Party C	committee:	(Damas : '
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	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 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.)	
Joint F	ındraising 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.	wo or more political
(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
C	ommittees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2	FEC ID number	
3	FEC ID number	
4		

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l	FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
W	rite or Type Committee Nar	me	
	DAVIS WRIGH	HT POLITICAL ACTION COMMITTEE	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
N	ONE		1 1 1 1 1 1 1
_			
L			
	Mailing Address		
		CITY STATE 2	ZIP CODE
	Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
		lentify by name, address (phone number optional) and position of the person in poss	session of committee
	books and records.		
	Satterfie Full Name	eld, David, , ,	
	Mailing Address	228 S Washington Street	
	-	Suite 115	<b>.</b>
		Alexandria VA 22314	
	Title or Position	CITY STATE Z	ZIP CODE
	The of Position	CITY STATE Z	LIP CODE
	Treasurer	Telephone number	
3.	<b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the nam , assistant treasurer).	ne and address of
	Full Name Satterfiel	ld, David, , ,	
	of Treasurer		
	Mailing Address	228 S Washington Street	
		Suite 115	
		Alexandria VA 22314	
	Title or Position	CITY STATE Z	IP CODE
	Treasurer	Tolophono number	

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Full Name of Designated Agent	1 , , ,		
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position			
safety deposit bo	oxes or main	ilaliis iulius.	
Name of Bank, I	Depository, 6		
Name of Bank, I		atc.	
		300 S Washington Street	ZIP CODE
	BB&T	300 S Washington Street  Alexandria  CITY  STATE	
Mailing Address	BB&T	300 S Washington Street  Alexandria  CITY  STATE	ZIP CODE
Mailing Address  Name of Bank, I	BB&T Depository, e	300 S Washington Street  Alexandria  CITY  STATE	ZIP CODE