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) is changed) over the lines. Steve Smith for Congress P.O. Box 1164 ADDRESS (number and street) (Check if address is changed) Maricopa 85139 ΑZ 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) www.SteveSmithAZ.com (Check if address is changed) DATE 2017 C00641431 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] 05 2017 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

FEC F	orm 1 (Revised 02/2009) Page 2
	COMMITTEE te Committee:
(a) x	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. (Complete the candidate information below.)
Name of Candidate	Smith, Steve, , ,
Candidate Party Affilia	AZ State Office Sought: House Senate President District District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	(National, State (Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 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 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.)
Joint Fun	draising Representative:
(g)	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.
(h)	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.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number C
4	FEC ID number

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		T age
Steve Smith for	or Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY S	TATE ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position o	of the person in possession of committee
	ield, David, , ,	
Full Name	228 S Washington Street	
Mailing Address	Suite 115	
	, Alexandria	VA 22314
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.c.	and address (phone number optional) of the treasurer of the cong., assistant treasurer).	nmittee; and the name and address of
	ield, David, , ,	
of Treasurer	228 S Washington Street	
Mailing Address		
	Suite 115	NA - 100044
		VA 22314 -
Title or Position , Treasurer	CITY STA	ATE ZIP CODE
	Telephone number	

	n 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		ne number	
	oxes or maintains funds.		
Name of Bank, I	BB&T		
Name of Bank, I	BB&T		
	BB&T	VA 223	314
	BB&T 300 S Washington Street	VA 223	214 ZIP CODE
	BB&T 300 S Washington Street Alexandria CITY		
Mailing Address	BB&T 300 S Washington Street Alexandria CITY	STATE	ZIP CODE
Mailing Address	BB&T 300 S Washington Street Alexandria CITY Depository, etc.	STATE	ZIP CODE
Mailing Address Name of Bank, I	BB&T 300 S Washington Street Alexandria CITY Depository, etc.	STATE	ZIP CODE
Mailing Address Name of Bank, I	BB&T 300 S Washington Street Alexandria CITY Depository, etc.	STATE	ZIP CODE