Only

STATEMENT OF

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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. Be of Good Cheer 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) (Check if address is changed) DATE 25 2019 C00700120 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] 03 25 2019 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

Local 202-694-1100

(le) This accomplished in an explicit	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	; ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [FEC ID number	
2.	FEC ID number	
3.		

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Write or Type Committee Nan		
Be of Good Ch	eer PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Hollingsworth, Trey,	· ·	
Mailing Address	P.O. Box 421	
aming / routess		
	Jeffersonville IN 4	47130
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: Ide	entify by name, address (phone number optional) and position of the perso	n in possession of committee
	d, David, , ,	
Full Name	228 S Washington Street	
	Suite 115	
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	_ 549 7705
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Satterfiel of Treasurer	d, David, , ,	
Mailing Address	228 S Washington Street	
	Suite 115	
	Alexandria	22314
Title or Position Treasurer	CITY STATE	ZIP CODE 7705
	Telephone number	

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		nber	
safety deposit bo	 Depositories: List all banks or other depositories in which the committ oxes or maintains funds. 	ee deposits tu	nus, noius accounts, rents
Name of Bank, I	BB&T		
Mailing Address	BB&T		
	BB&T	VA	22314
	BB&T 300 S Washington Street Alexandria	VA	22314
	BB&T 300 S Washington Street Alexandria CITY		
Mailing Address	BB&T 300 S Washington Street Alexandria CITY		
Mailing Address	BB&T 300 S Washington Street Alexandria CITY Depository, etc.		
Mailing Address Name of Bank, I	BB&T 300 S Washington Street Alexandria CITY Depository, etc.		
Mailing Address Name of Bank, I	BB&T 300 S Washington Street Alexandria CITY Depository, etc.		