

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

WILLIAM RUSSELL FOR CONGRESS

ADDRESS (number and street)

PO BOX 630

(Check if address is changed)

JOHNSTOWN

PA

15907

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Scott@FECreports.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://russellbrigade.com/

COMMITTEE'S FAX NUMBER

3202159596

2. DATE

MM 01

DD 06

YYYY 2009

3. FEC IDENTIFICATION NUMBER

C

4. 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

Type or Print Name of Treasurer

SCOTT B MACKENZIE

Signature of Treasurer

*[Handwritten Signature]*

Date

MM 01

DD 06

YYYY 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 30 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

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By

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5. TYPE OF COMMITTEE (Check One)

Candidate 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. (Complete the candidate information below.)

Name of Candidate WILLIAM RUSSELL

Candidate Party Affiliation REP Office Sought:  House  Senate  President State PA District 12

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (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
- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating In Joint Fundraiser

1.	_____	FEC ID number	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>
5.	_____	FEC ID number	<u>C</u>

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Write or Type Committee Name

**WILLIAM RUSSELL FOR CONGRESS**

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**NONE**

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization     Affiliated Committee     Leadership PAC Sponsor     Joint Fundraising Representative

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name    **SCOTT B MACKENZIE**

Mailing Address    **1155 - 15TH STREET NW**

**WASHINGTON**

**DC**

**20005** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**TREASURER**

Telephone number    **703** - **868** - **1776**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer    **SCOTT B MACKENZIE**

Mailing Address    **1155 - 15TH STREET NW**

**WASHINGTON**

**DC**

**20005** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**TREASURER**

Telephone number    **703** - **868** - **1776**

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Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FIRST VIRGINIA COMMUNITY BANK

Mailing Address

11325 RANDOM HILLS RD

FAIRFAX

VA

22030

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NORTHWEST SAVINGS BANK

Mailing Address

1918 MINNO DRIVE

JOHNSTOWN

PA

15905

CITY

STATE

ZIP CODE

29039971577

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input checked="" type="checkbox"/> Received from Electronic Filing Office	Date of Receipt 1/7/09
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	1/7/09 DATE PREPARED

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