		PAGE 1/4
FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2012 JUL 30 AM 8: 34
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, typ is changed) over the lines.	De <u>Office Use Only</u> <u>FEC MAIL CENTER</u> 12FE4M5
	SE TRUTHS	
	2776 S ARLINGTON MILL DR #806	
ADDRESS (number and street)		VA $ VA $ $ VA$
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE (Check if address is changed) COMMITTEE'S WEB PAGE AD	SS (Please provide only one e-mail address)'	
(Check if address is changed) 2. DATE 07 2	3     2012	
3. FEC IDENTIFICATION N 4. IS THIS STATEMENT	31	
I certify that I have examined to Type or Print Name of Treasure Signature of Treasurer	his Statement and to the best of my knowledge and be ar SCOTT B MACKENZIE T B MACKENTE eous, or incomplete information may subject the person sig	elief it is true, correct and complete.
Office Use Only	ANY CHANGE IN INFORMATION SHOULD BE REPORT For further informa Federal Election Con Toll Free 800-424-95 Local 202-694-1100	ation contact: mmission 530 (Revised 02/2009)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
ТҮРІ	E OF C	OMMITTEE	
Can	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	0	This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	ete the candidate
Nam Cano	e of lidate		
	didate / Affiliati	on Office Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of lidate		
Par	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
.(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a
<i>x-7</i>	linati		-
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate seguin committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on lice 6.)	
		Laered	
		draising Representative:	
(g)	D	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundrainer	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	and a construction of the second s
	4.	FEC ID number	
			nar a denser 7 verska barn let vitristika før det klasti //C. Sartist Billing.

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Write or Type Committee Name

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## WE HOLD THESE TRUTHS...

6.	Name of Any	y Connected Or	ganization, Affi	liated Committee	, Joint Fundraising	Representative,	or Leadershi	p PAC Sponsor
----	-------------	----------------	------------------	------------------	---------------------	-----------------	--------------	---------------

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship:	Organization	nt Fundraising Representativ	e Leadership PAC Sponsor

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

, SCOTT B	MACKENZIE
Full Name	
	,2776 S ARLINGTON MILL DR #806
Mailing Address	
Title or Position	CITY STATE ZIP CODE
	703     868     1776       Telephone number     1111

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			
Mailing Address	2776 S ARLINGTON MILL DR #806		
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	

FEC Form 1 (Revised 02/2009)

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Full Name of Designated Agent			
Mailing Address			
Title or Position			
		ione number	
<ol> <li>Banks or Other Deposit boxes of Name of Bank, Deposit</li> </ol>		committee deposits fu	nds, holds accounts, rents
W			<u></u>
Mailing Address	1711 FERN STREET		
		1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
	СІТҮ	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
			<u> </u>
Mailing Address	1		
			]
	L		L
	СІТҮ	STATE	ZIP CODE

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busi	ness Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Date of Other (Specify):	of Receipt or Postmarked			
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