FAX COVER SHEET

ТО	NEW FORM 1	
COMPANY	FEDERAL ELECTION COMMISSION	
FAX NUMBER	12022190174	
FROM	Scott Mackenzie	
DATE	2009-03-20 20:27:22 GMT	
RE	STATEMENT OF ORGANIZATION	

COVER MESSAGE

ATTACHED IS A NEW FORM 1 FOR THE REPUBLICAN MEMBER SENATE FUND.

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FEC FORM 1

STATEMENT OF ORGANIZATION

	(See instructions)	Office use only
1. NAME OF COMMITTEE (in 1	(Check If name Example: If typying, type full) is changed) over the lines	12FE4M5
REPUBLICAN	MEMBER SENATE FUND	
سسس		
ADDRESS (number and s	(1990) 8801 Lehman	
(Check if addre		
is changed)	Montague	M1 49437
	CITY_	STATE ZIP CODE
COMMITTEE'S E-MAIL	LADDRESS	<u>-</u>
Scott@FECrep	orts.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
2. DATE 0 3	UMBER ' 20 ' 2009'	
3. FEC IDENTIFICAT	TION NUMBER C C00413872	
4. IS THIS STATEM	ENT X NEW (N) OR X AMENDED (A)	
t certify that (have examin	ned this Statement and to the best of my knowledge and belief it is true, correct t	and complete
Type or Print Name of	Treasurer SCOTT B MACKENZIE	
Signature of Treasurer	Foll Q	Date 3'20'7
NOTE: Submission of fals	se, erronedus, or ricomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	•
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

	FEC F	orm 1 (Revised 12/2007)	Page 2			
5.	TYPE OF C	DMMITTEE (Check One)				
	Candidate (Candidate Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate info	ormation below.)			
	(b)	This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate			
	Name of Candidate					
	Candidate Party Affiliat	on Sought: House Senate	State President District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized	committee.			
	Name of Candidate					
	Party Comm	24 5 4647464746474				
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political Act	ion Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization of	n line 6.) Its connected organization is a:			
	_	Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint Fundra	ising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses no committees/organizations, at least one of which is an authorized committee of a fe	et proceeds for two or more political ederal 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 numbe				
		2 FEC ID number	C			
		3. FEC ID number	C			
		4. FEC ID number	C			
		5. FEC ID number				
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FEC Form 1 (Revised				Page 3	
Write or Type Committee Name REPUBLICAN MEMBE					
6. Name of Any Connected O	rganization, Affiliated Committee, Leader	ship PAC Sponsor or Joi	nt Fundraisi	ing Representative	
NONE					
			<u> </u>		
Mailing Address		 			
	L	با لىبىن	ا ل	با-لىيى	<u> </u>
	CITY	STA	TE A	ZIP CODE	
Relationship: Connected Organization	Affiliated Committee	eadership PAC Sponsor.	Joint	Fundraising Represe	ntative
	entify by name, address, (phone num e books and records.	ber optional), and pos	sition of the	e person in	
possession of Committee		ber optional), and pos	sition of the	e person in	1_1_1_
possession of Committee Full Name SCOT	e books and records. T B MACKENZIE		ition of the	22206 _	
possession of Committee Full Name SCOT	B books and records. T B MACKENZIE 3464 S UTAH ST ARLINGTON CITY A		1 1 1	22206	776
possession of Committee Full Name Mailing Address Title or Position TREASU	B books and records. T B MACKENZIE 3464 S UTAH ST ARLINGTON CITY A	Telephone number	A	22206	776
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possession of Committee Full Name Mailing Address Title or Position TREASU TREASU 8. Treasurer: List the name name and address of an	ARLINGTON CITY A and address (phone number option y designated agent (e.g., assistant trees.)	Telephone number	A	22206	776
possession of Committer Full Name Mailing Address Title or Position TREASU TREASU Treasurer: List the name name and address of an Full Name of Treasurer SCOT	ARLINGTON CITY A e and address (phone number option y designated agent (e.g., assistant trees.)	Telephone number anal) of the treasurer of the assurer).	A	22206	776
possession of Committee Full Name Mailing Address Title or Position TREASU TREASU B. Treasurer: List the name name and address of an Full Name of Treasurer SCOT	ARLINGTON CITY A and address (phone number option y designated agent (e.g., assistant trees.) T B MACKENZIE 3464 S UTAH ST	V STA Telephone number hal) of the treasurer of the asurer).	A	22206	776

FEC Form 1 (Revis	sed 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address		 	
Title or Position ♥	CITY	STATE &	ZIP CODE A
	Telephor	e number	
	tories: List all banks or other depositories in which the com	mittee deposits funds, I	olds accounts, rents
Banks or Other Deposit safety deposit boxes or n Name of Bank, Depositor	naintains funds.		
safety deposit boxes or n Name of Bank, Depositor	naintains funds. y, etc. AGSTAR BANK		
safety deposit boxes or n Name of Bank, Depositor	maintains funds. ry, etc.		
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Other (Specify):	Date of Receipt or Postmarked
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N/A PREPARER (5/2004)	N/A DATE PREPARED
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