Only

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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. BLACK REPUBLICAN PAC 2776 S ARLINGTON MILL DR #806 ADDRESS (number and street) ATTN: SCOTT B MACKENZIE (Check if address is changed) ARLINGTON 22206 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sbm@FECreports.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00437053 FEC IDENTIFICATION NUMBER > 3. X 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. MACKENZIE, SCOTT B, , , Type or Print Name of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] 01 2021 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		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.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
BLACK REPUB	LICAN PAC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name MACKENZ	IE, SCOTT B, , ,	
Mailing Address	2776 S ARLINGTON MILL DR #806	
	ARLINGTON VA 22206	
Title or Position	CITY STATE	ZIP CODE
TREASURER		868 - 1776
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nai ssistant treasurer).	me and address of
Full Name MACKENZI of Treasurer	IE, SCOTT B, , ,	
Mailing Address	2776 S ARLINGTON MILL DR #806	
	ARLINGTON VA 22206	
Title or Position TREASURER		ZIP CODE 868 - 1776

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Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds. Depository, etc.	ionas docounts, romes
safety deposit b	boxes or maintains funds. Depository, etc. FIRST VIRGINIA COMMUNITY BANK	
safety deposit b	boxes or maintains funds. Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD	
safety deposit b Name of Bank, Mailing Address	Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD FAIRFAX VA 2203	30
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD FAIRFAX CITY STATE Depository, etc. WELLS FARGO BANK 1711 FERN ST	30
safety deposit b Name of Bank, Mailing Address	Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD FAIRFAX CITY STATE Depository, etc. WELLS FARGO BANK 1711 FERN ST	30
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. FIRST VIRGINIA COMMUNITY BANK 11325 RANDOM HILLS RD FAIRFAX CITY STATE Depository, etc. WELLS FARGO BANK 1711 FERN ST	30

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A
Transaction ID:

THE COMMITTEE HAS NOT ENGAGED IN POLITICAL ACTIVITIES IN SEVERAL YEARS AND HAS CLOSED ITS BANK ACCOUNTS.

Form/Schedule: Transaction ID: