

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

CYBER SECURITY INDUSTRY ALLIANCE INC PAC AKA CYBER SECURITY INDUSTRY PAC

ADDRESS (number and street)

401 EDGEWATER PLACE SUITE 600

(Check if address is changed)

WAKEFIELD

MA

01880

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tlowney@virtualmgmt.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY
11 / 02 / 2007

3. FEC IDENTIFICATION NUMBER

C C00402792

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

Brian Timothy Bennett

Signature of Treasurer

Electronically Filed by Brian Timothy Bennett

Date

MM / DD / YYYY
11 / 02 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Cyber Security Industry Alliance, Inc.

Mailing Address **401 Edgewater Place Suite 600**

Wakefield **MA** **01880** - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **connected**

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

CYBER SECURITY INDUSTRY ALLIANCE INC PAC AKA CYBER SECURITY INDUSTRY PAC

- 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 **Lisa Dellascio**

Mailing Address **401 Edgewater Place**

Suite 600

Wakefield MA 01880

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

- 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 **Brian Timothy Bennett**

Mailing Address **8639 Hillside Manor Drive**

Springfield VA 22152 - 1261

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP

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.

Citizens Bank

Mailing Address

265 Main Street

Reading

MA

01864 -

CITY ▲

STATE ▲

ZIP CODE ▲