

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

15 OCT 16 PM 4:43

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SENATOR BOB SMITH

ADDRESS (number and street)

PO BOX 21

(Check if address is changed)

MERRIMACK

NH

03054

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

scott@FECreports.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 15 / 2015

3. FEC IDENTIFICATION NUMBER

C C00552968

4. IS THIS STATEMENT

[X]

NEW (N)

OR

[X]

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

SCOTT B MACKENZIE

Date

10 / 15 / 2015

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

201510190200276521

5. TYPE OF COMMITTEE

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 **ROBERT SMITH**

Candidate Party Affiliation REP Office Sought: House Senate President State NH District 00

- (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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	<input type="checkbox"/> C
2.		FEC ID number	<input type="checkbox"/> C
3.		FEC ID number	<input type="checkbox"/> C
4.		FEC ID number	<input type="checkbox"/> C

201510190200276522

Write or Type Committee Name

FRIENDS OF SENATOR BOB SMITH

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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.

Full Name SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

ARLINGTON VA 22206

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 2776 S ARLINGTON MILL DRIVE #806

ARLINGTON VA 22206

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 868 1776

201510190200276523

Full Name of Designated Agent

PAT MILLER

Mailing Address

10 FOUR SEASONS LN

MERRIMACK

NH

03054

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

603

440

3370

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.

BANK OF AMERICA

Mailing Address

356 DANIEL WEBSTER HWY

MERRIMACK

NH

03054

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

FIRST VIRGINIA COMMUNITY BANK

Mailing Address

11325 RANDOM HILLS RD

FAIRFAX

VA

22030

CITY

STATE

ZIP CODE

201510190200276524

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised 06/2011)

Page 5

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.

[ADDITIONAL]

TD BANK

Mailing Address

184 ROUTE 101

BEDFORD NH 03110

CITY

STATE

ZIP CODE

[ADDITIONAL]

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C

201510190200276525

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

1711 FERN ST

ALEXANDRIA

VA

22302

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C

201510190200276526



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ALEXANDRIA, VA 22206

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SIGNATURE REQUIRED (Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD services; OR 4) Purchases Return Receipt service. If the sender is not checking the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.)

Delivery Options

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

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10:30 AM 3:00 PM 12 NOON

10:30 AM Delivery Fee \$

Insurance Fee \$

COD Fee \$

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Return/Receipt Fee \$

Total Postage & Fees \$ 19.99

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Fair Rate Flat Rate Sunday/Holiday Premium Fee \$

Accompance Employee/Inmate \$

DELIVERY (POSTAL SERVICE USE ONLY)

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Employee Signature

Delivery Attempt (MM/DD/YYYY) Time AM PM

Employee Signature

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt Postmark

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Postmark

USPS PRIORITY MAIL 10/15/15
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

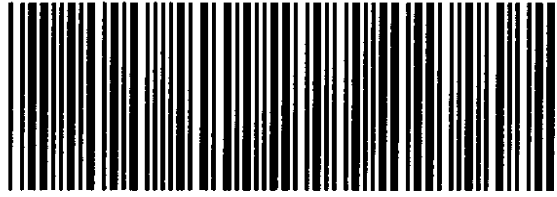
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FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER PH DATE PREPARED 10-16-15

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SEN PATCH



SEN PATCH

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