

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

HONEYCUTT FOR CONGRESS 2006

ADDRESS (number and street)

1155 - 15TH STREET, NW

SUITE 410

(Check if address is changed)

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

scott@fecreports.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.honeycuttforcongress.com/

COMMITTEE'S FAX NUMBER

3202159596

2. DATE

01 / 13 / 2008

3. FEC IDENTIFICATION NUMBER

C C00415190

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

SCOTT B MACKENZIE

Signature of Treasurer

Electronically Filed by SCOTT B MACKENZIE

Date

01 / 13 / 2008

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 **DEBORAH TRAVIS HONEYCUTT**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **GA** District **13**

- (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

Mailing Address

 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

Write or Type Committee Name

HONEYCUTT FOR CONGRESS 2006

- 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 **1155 - 15th STREET, NW**

SUITE 410

WASHINGTON DC 20005

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 **1155 - 15th STREET, NW**

SUITE 410

WASHINGTON DC 20005

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number 703 868 1776

Full Name of Designated Agent

Mailing Address

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.

JAMES MONROE / MERCANTILE BANK

Mailing Address

702 RUSSELL AVE

GAITHERSBURG

MD

20877

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

219 BANKS STATION

FAYETTEVILLE

GA

30214

CITY ▲

STATE ▲

ZIP CODE ▲

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]

ACCESS NATIONAL BANK

Mailing Address

1800 ROBERT FULTON DR

RESTON

VA

20191

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -