FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use Only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typing, type over the lines.	12FE4M5
9-9-9 FUNE	)	
ADDRESS (number and	2776 S ARLINGTON MILL DRIVE #806       street)	
(Check if add is changed)		VA 22206
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL (Check if ar is changed) COMMITTEE'S WEB F		
X (Check if ac is changed)	http://cainconnections.com	
2. DATE 02	15 / Y Y Y Y 15 2012	
3. FEC IDENTIFICA	TION NUMBER C C00504241	
4. IS THIS STATEME	NEW (N) OR AMENDED (A)	
I certify that I have exactly that I have exactly that I have of Type or Print Name of	amined this Statement and to the best of my knowledge and belief it Treasurer SCOTT B MACKENZIE	is true, correct and complete.
Signature of Treasurer	SCOTT B MACKENZIE [Electronically Filed]	Date 02 / 15 / YEYEY 2012
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 12970424752

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FI	EC Foi	m 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	
Canc	didate	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. (Complein information below.)	te the candidate
Name Candio			
Candio Party	date Affiliatio	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candio			
Party	y Com	mittee:	
(d)			emocratic, publican, etc.) Party
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is
		Corporation Corporation w/o Capital Stock	abor Organization
			Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	Х	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	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.	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.	or more political
	Com	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

Write or Type Committee Name

## 9-9-9 FUND

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

CAIN CONNECTIONS																	
Mailing Address	PO BOX 25254																
							VA	۹ ∟		22	2313	ļ		]-[			
	(	CITY					ST/	ΑΤΕ				ZI	IP C	OD	E		
Relationship: Connected	d Organization X Affiliate	d Committee	Joint	Fun	Idrai	sing	Repr	eser	ntati	ve	L	eade	ersh	ip P	AC S	Spon	sor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

SCOTT B	MACKENZIE
Full Name	
	2776 S ARLINGTON MILL DRIVE #806
Mailing Address	
	ARLINGTON
Title or Position	CITY STATE ZIP CODE
	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	SCOTT B MACKENZIE
of Treasurer	
Mailing Address	2776 S ARLINGTON MILL DRIVE #806
	ARLINGTON
	CITY STATE ZIP CODE
Title or Position	Telephone number   703   -   868   -   1776

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																								
Mailing Address																								
																					_			
					СІТ	Y								:	STA	ΤE			ZI		COD	Е		
Title or Position																								
										Tele	eph	one	e ni	umt	ber									

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.
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WELL			
Mailing Address	1711 FERN STREET		
			22302
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE