

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

WILLIAM RUSSELL FOR CONGRESS

ADDRESS (number and street) 2776 S ARLINGTON MILL DR

#806

(Check if address is changed)

ARLINGTON

VA

22206

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Scott@FECreports.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://russellbrigade.com/

(Check if address is changed)

2. DATE

04 / 11 / 2009

3. FEC IDENTIFICATION NUMBER

C C00460048

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 SCOTT B MACKENZIE

[Electronically Filed]

Date

01 / 06 / 2012

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 02/2009)

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 WILLIAM RUSSELL

Candidate Party Affiliation REP Office Sought: House Senate President State PA District 12

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

WILLIAM RUSSELL FOR CONGRESS

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

WILLIAM RUSSELL FOR CONGRESS 2008

Mailing Address PO BOX 630

JOHNSTOWN PA 15907

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 1155 - 15TH STREET NW

WASHINGTON DC 20005

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

WASHINGTON DC 20005

CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 703 - 868 - 1776

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

FIRST VIRGINIA COMMUNITY BANK

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

11325 RANDOM HILLS RD

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

FAIRFAX

[Empty grid for Mailing Address line 3]

VA

[Empty grid for Mailing Address line 3]

22030

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

NORTHWEST SAVINGS BANK

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1918 MINNO DRIVE

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

JOHNSTOWN

[Empty grid for Mailing Address line 3]

PA

[Empty grid for Mailing Address line 3]

15905

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

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.

Name of Bank, Depository, etc.

[ADDITIONAL]

FIRST NATIONAL BANK

Mailing Address

ONE FNB BOULEVARD

HERMITAGE PA 16148

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