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## STATEMENT OF

| FEC<br>FORM 1                 |               | Ċ        | DRGANIZ                               |           | ON   |                    |          | Office   | : Use Only | ,      |           |
|-------------------------------|---------------|----------|---------------------------------------|-----------|--|--------------------|----------|----------|------------|--------|-----------|
| NAME OF     COMMITTEE (ir     | n full)       | ×        | (Check if name is changed)            |           | imple:If typing, typer<br>r the lines.   | 12:                | FE4M     |          |            |        |           |
| TEA PART                      | Y VIC         | TOF      | RY FUND                               |           |  |                    |          |          |            |        |           |
|                               |               |          |                                       |           |  |                    |          |          |            |        |           |
| ADDRESS (number and street)   |               | 2776 S   | S. ARLINGTON MIL                      | L DR #80  | 6  |                    |          |          |            |        |           |
| (Check if address is changed) |               | ATTN:    | SCOTT B. MACKE                        | ENZIE     |  |                    |          |          |            |        |           |
|                               |               | ARLIN    | IGTON                                 |           |  | \_VA               |          | 22206    | i<br>      | ] – [  |           |
|                               |               |          |                                       | CITY      |  | STAT               | E        |          | ZIP C      | ;ODE   |           |
| COMMITTEE'S E-MA              | IL ADDRES     | •        | se provide only one<br>PFCreports.com | e-mail ac | ldress)  |                    |          |          |            |        |           |
| (Check if                     | address       | Scone    |                                       |           |  |                    |          |          |            |        |           |
| is change                     | d)            |          |                                       |           |  |                    |          |          |            |        |           |
| COMMITTEE'S WEB               | PAGE ADD      | RESS (   | URL)                                  |           |  |                    |          |          |            |        |           |
| (Check if                     | address       |          |                                       |           |  |                    |          |          |            |        |           |
| is change                     |               |          |                                       |           |  |                    |          |          |            |        |           |
| 2. DATE 02                    | M / D T       | ) / Y    | 2012                                  |           |  |                    |          |          |            |        |           |
| 3. FEC IDENTIFIC              | CATION NU     | MBER     | C                                     | C004912   | 90   |                    |          |          |            |        |           |
| 4. IS THIS STATE!             | MENT X        | NΕ\      | W (N) OR                              |           | AMENDED (A   | A)                 |          |          |            |        |           |
| I certify that I have e       | examined this | s Staten | ment and to the be                    | est of my | knowledge and bel  | lief it is true    | e, corre | ct and c | omplete.   |        |           |
| Type or Print Name            | of Treasurer  | SCOT     | T B MACKENZIE                         |           |  |                    |          |          |            |        |           |
| Signature of Treasure         | SCOTT I       | B MACKI  | ENZIE                                 |           | [Electronically File   | d] <sub>Date</sub> | 0        | M /      | 07         | Y      | 2012      |
| NOTE: Submission of           |               |          |                                       |           | bject the person sign  | -                  |          |          | nalties of | 2 U.S. | C. §437g. |
| Office<br>Use<br>Only         |               |          |                                       |           | For further informati<br>Federal Election Com<br>Toll Free 800-424-953<br>Local 202-694-1100 | mission            |          |          | EC FC      |        | 1         |

|             | EEC <b>F</b> -        | 1 (Paying 02/2000)   | Page 2                                   |
|-------------|-----------------------|--|--|
|             |                       | om 1 (Revised 02/2009) OMMITTEE  | Page <b>2</b>                            |
|             |                       | 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. (Con information below.)   | nplete the candidate                     |
| Nam<br>Cano | e of<br>didate        |  |  |
|             | didate<br>/ Affiliati | on Office Sought: House Senate President   | State                                    |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Nam<br>Cand | e of<br>didate        |  |  |
| Par         | ty Con                | nmittee:   | (Damas anatis                            |
| (d)         |                       | This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Party. |
| Poli        | tical A               | ction Committee (PAC):   |  |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-  | nnected 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)         | X                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)   | egregated fund or party                  |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |  |
|             |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |
| Join        | t Fund                | raising Representative:  |  |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.        | wo or more political                     |
|             | Com                   | mittees Participating in Joint Fundraiser  |  |
|             | 1.                    | FEC ID number  |  |
|             | 2.                    | FEC ID number  |  |
|             | 3.                    | FEC ID number  |  |
|             | 4.                    |  |  |

| FEC Form 1 (Revised  |  | Page 3                                       |
|--|--|--|
| Write or Type Committee Nar  |  |  |
| <u>IEA PARTY V</u>   | ICTORY FUND  |  |
| 6. Name of Any Connected   | Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders                       | hip PAC Sponsor                              |
| NONE   |  |  |
|  |  | <u>                                     </u> |
|  |  |  |
| Mailing Address  |  |  |
|  |  |  |
|  |  |  |
|  | CITY STATE   | ZIP CODE                                     |
| Relationship: Connect  | ed Organization Affiliated Committee Joint Fundraising Representative Le                               | adership PAC Sponso                          |
|  |  |  |
| 7. Custodian of Records: Id  | entify by name, address (phone number optional) and position of the person in pos                      | ssession of committee                        |
| books and records.   |  |  |
|  | B MACKENZIE  |  |
| Full Name  | 2776 S. ARLINGTON MILL DR #806   |  |
| Mailing Address  |  |  |
|  | ARI INGTON , VA , 22206  |  |
|  | ARLINGTON VA 22206   |  |
| Title or Position  | CITY STATE   | ZIP CODE                                     |
| TREASURER  | 1 703   1  | 868   1776                                   |
|  | Telephone number   |  |
| Transurar, List the name of  | and address (phane number continue)) of the traceurer of the committee, and the ne                     | me and address of                            |
| <ol> <li>Treasurer: List the name a<br/>any designated agent (e.g.,</li> </ol> | nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | nie anu audress of                           |
| Full Name SCOTT I  | B MACKENZIE  |  |
| of Treasurer   |  |  |
| Mailing Address  | 2776 S. ARLINGTON MILL DR #806   |  |
|  |  |  |
|  | ARLINGTON VA 22206   |  |
| Title or Position  | CITY STATE   | ZIP CODE                                     |
| TREASURER  |  | 868  |
|  |  |  |

| . 20 . 0                                      | rm 1 (Revised 02/2009)   | Page 4         |
|---|--|----------------|
|   |  |                |
| Full Name of<br>Designated                    |  |                |
| Agent   |  |                |
| Mailing Address                               |  |                |
|   |  |                |
|   | CITY STATE   | ZIP CODE       |
| Title or Position                             |  |                |
|   | Telephone number   |                |
|   |  |                |
|   | er Depositories: List all banks or other depositories in which the committee deposits funds, boxes or maintains funds.  Depository, etc.                 |                |
| -   | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC   |                |
| -   | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  |                |
| Name of Bank,                                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240   |                |
| Name of Bank,                                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  | 30             |
| Name of Bank,                                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240   | 30<br>ZIP CODE |
| Name of Bank,                                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240  FAIRFAX  VA  220:  CITY  STATE   |                |
| Name of Bank, Mailing Address                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240  FAIRFAX  VA  220:  CITY  STATE   |                |
| Name of Bank, Mailing Address                 | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240  FAIRFAX  CITY  STATE  Depository, etc.  WELLS FARGO BANK  1711 FERN ST |                |
| Name of Bank,  Mailing Address  Name of Bank, | Depository, etc.  FIRST VIRGINIA COMMUNITY PAC  11325 RANDOM HILLS RD  SUITE 240  FAIRFAX  CITY  STATE  Depository, etc.  WELLS FARGO BANK  1711 FERN ST | ZIP CODE       |