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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

SCHIFF FOR SENATE

ADDRESS (number and street) PO BOX 1134

(Check if address is changed) WESTON CT 06883

CITY STATE ZIP CODE

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

(Check if address is changed) as@schifforsenate.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.schifforsenate.com

2. DATE 03 / 19 / 2012

3. FEC IDENTIFICATION NUMBER C C00468199

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 Date 03 / 19 / 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.

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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 PETER DAVID SCHIFF

Candidate Party Affiliation REP Office Sought: House Senate President

State CT 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 _____ |

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Write or Type Committee Name

SCHIFF FOR SENATE

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

ANDREW SCHIFF

Mailing Address

PO BOX 1134

WESTON

CT

06883

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

646

498

1177

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

ANDREW SCHIFF

Mailing Address

PO BOX 1134

WESTON

CT

06883

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

646

498

1177

12020190923

Full Name of Designated Agent SCOTT B MACKENZIE

Mailing Address 2776 S ARLINGTON MILL DR #806 ARLINGTON VA 22206 CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number 703 868 1776

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 117 OLD RIDGEFIELD RD WILTON CT 06897 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

12020190924

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| No. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Delivery Date | Time | Employee Signature |
| No. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | |

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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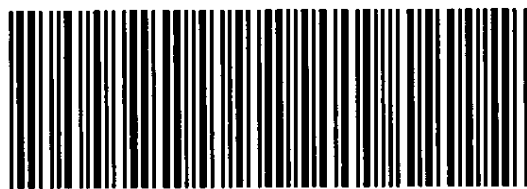
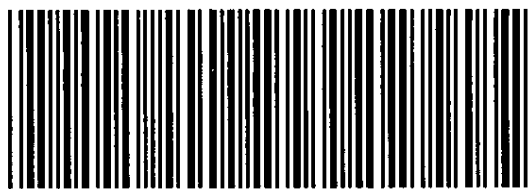
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