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FEC	
FORM	1

## STATEMENT OF ORGANIZATION

RECEIVED	

2012 JUL -9	AM 9:59	
E Office Mae Only	OFUTED	

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
CONSERVATIVE	E MAJORITY FL	JND		1
ADDRESS (number and street)	2776 S ARLINGTON MILL DR	<b>₹#806</b> iiiiii		
(Check if address		═ <u>╺╀╶┠╶┞╶┡╶╿╶╀╶╿╶</u> ┠╶╷		
is changed)				[]
	CI	TΥ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)	S (Please provide only one e-m Scott@FECreports.cor		<u>                 </u> :	} 
COMMITTEE'S WEB PAGE ADD	RESS (URL)	en al de la constante	· · ·	. * · · ·
(Check if address is changed)				
2. DATE 07 02	4 11		•	
3. FEC IDENTIFICATION NU		ารรับการประการประการสารสารสารสารสารสารสาร สารรูบการประการประการประการสารสารสารสารสาร		
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 Trea	asurer SCO	OTT B MACKENZIE	$\mathcal{A}$					
Signature of Treasurer	SCOTT B MAC		te-	C	Date	67	02	20/2

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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L	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)

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5.	TYPE	E OF C	OMMITTEE
	Cane	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. (Complete the candidate information below.)
	Name Candi		
	Candi Party	idate Affiliati	Office State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Polit	tical A	ction 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)	$\mathbf{X}$	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 e Leadership PAC. (Identify sponsor on line 6.)
	Joint	t Fund	raising 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 foderal 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.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	
			and and the second and a second and the second and

Write or Type Committee Name

## CONSERVATIVE MAJORITY FUND

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship:	d Organization	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.

SCOTT B N	MACKENZIE	
Full Name		
	2776 S ARLINGTON MILL DR #806	,
Mailing Address		
		1
	ARLINGTON VA 22206	<u> </u>
Title or Position	CITY STATE ZIP CODE	
	Telephone number	776

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 of Treasurer	
Mailing Address	2776 S ARLINGTON MILL DR #806
	CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of				
Designated Agent			1 1 1 1 1	
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Mailing Address				
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Title or Position	0.11		0 mil	
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Name of Bank, Deposit				
Name of Bank, Deposit				
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Delivery Confirmation <sup>™</sup> or Signature Confirmat	tion <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business D	ay Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ipt or Postmarked
80	7/9/12
PREPARER (3/2005)	DATE PREPARED

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