

	Type of Statement			
□ NEW	│			
This committee is registering with the Virginia State Board of Elections for the first time.	This committee is filing an amended Statement of Organization.			
State Board of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID		
	02/01/2025	PAC-12-00247		
Name of Committee				
REALTORS Political Action Committee of Vi	rginia			
Full Name of Committee				
RPAC of Virginia				
Committee Acronym (if applicable)				
Check this box if this committee is establi	shed or controlled by a corporati	ion doing business in Virginia		
	Committee Mailing Address			
10231 Telegraph Road				
Street Address/P.O. Box		Suite #		
Glen Allen	VA	23059		
City	State	Zip Code		
rlugg@virginiarealtors.org		(804) 264-5033		
Email Address		<b>Business Phone</b>		
Committee Website				
Afi	filiated Organization or PA	C		
☐ Check this box if this committee is affiliated	with another organization or PA	C. If so, provide the following information:		
Virginia Association of REALTORS				
Full Name of Affiliated Organization				
10231 Telegraph Rd				
Street Address/P.O. Box		Suite #		
Glen Allen	VA	23059		
City	State	Zip Code		
Sponsored by organization				
Relationship of this Committee to Affiliated Orga	ınization			



Purpose of Committee			
Indicate the purpose of this Committee (please be as specific as possible):			
Real Estate			
Candidates this Committee Supports or Opposes (skip to next section if supporting a specific party)			
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
(attach additional sheets if more space need	led)		
·	_	tion of the Committee	
This Committee intends to p	participate in election	s on the following levels: (che	eck all that apply)
<b>☒</b> Statewide elections			
☐ Statewide elections ☐ General Assembly elections			
Local elections			
If "Local Elections" is checked please list the			active in:
1) Accomack County 2) Alleghany County		Amelia County Alexandria City	
3) Albemarie County		Amherst County	



	Treasu	rer			
	Lugg	Richard			
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix		
	rlugg@virginiarealtors.org		(804) 264-5033		
	Email Address	Daytime Phone #			
	608 N 27th St				
Treasurer Residential	Street Address	Apt#			
Address	Richmond	VA 23223			
	City	State	Zip Code		
	10231 Telegraph Rd				
Treasurer Business Address	Street Address/P.O. Box	Suite #			
Treasurer Dusiness Address	Glen Allen	VA	23059		
	City	State	Zip Code		
	Principal Custodia	n of the Books			
Principal Custodian Information	are the same person, skip this section.  Thompson Salutation Last Name cthompson@virginiarealtors.org Email Address Controller Position or Title	Carol First Name	Middle Name Suffix  (804) 264-5033  Daytime Phone #		
Principal Custodian Residential Address  10813 Harvest Glen Ln  Street Address			Apt #		
	Glen Allen	VA	23059		
	City	State	Zip Code		
Principal Custodian Business Address	10231 Telegraph Road Street Address/P.O. Box Glen Allen City	Suite #  VA 23059  State Zip Code			
Additional Officers (optional)					
	Full Name	Titl	le Daytime Phone #		
Additional Officers	Full Name	Tit	·		



		Committee l	Depository	
Bank of America				
Name of Primary Financial Inst	titution		Name of Other Financial Insti	tution (if applicable)
Richmond VA				
City	State		City	State
	A	ddress Where Boo	ks are Maintained	
	10231 Telegr	aph Road		
Address Where Books are	Street Address (	P.O. Boxes are not accept	O. Boxes are not acceptable) Suite #	
Maintained	Glen Allen		VA	23059
	City		State	Zip Code
		Committee	Activity	
Please provide the following of Date contributions exceed Date expenditures exceed Date committee depositor Date treasurer appointed	ded \$200: ded \$200: ory designated:	n has not yet occurred for 01/01/2012	or this committee, write "N/A"	")
		Filing M		
Please indicate the method by  File electronically using (Please indicate Name)  File paper reports.  (By choosing this \$10,000 during the state of	ng SBE's VAFiling an SBE Appretof Vendor:)	ng Application.		ions or make expenditures in excess of
Signature				



#### **Statement of Treasurer**

**Member or Employee Contributions not Required:** Any stock or nonstock corporation, labor organization, membership organization, cooperative, or other group of persons may establish and administer for political purposes, and solicit and expend contributions for, a political action committee, provided that:

- 1. No political action committee shall make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisal, threat of force, or as a condition of employment.
- 2. Any person soliciting a contribution to a political action committee shall, at the time of solicitation, inform the person being solicited of (i) his right to refuse to contribute without any reprisal and (ii) the political purposes of the committee.

Committees Formed Between October 1 and Election Day: 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

**Use of Candidate Name:** Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

- the written authorization of the candidate consenting the use of his name; or
- the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

the political committee to identify which candidate is associated with	h the political committee.
and things of value which this political committee receives or expense required by the <i>Code of Virginia</i> for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ands in a timely manner. Civil penalties will be assessed in the manner
Signature	<del></del> Date



### **Instructions for Completing This Form**

Submit the original, signed copy of this form to SBE at:

1100 Bank Street Richmond, VA 23219

- This form must be written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes.

#### **Type of Statement**

• Check the box that applies to the type of Statement that you are filing.

\*\*\* 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

#### **Name of Committee**

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.
- Check the box if this committee is established or controlled by a corporation which is headquartered outside of Virginia and is registered with the State Corporation Commission.

#### **Committee Mailing Address**

- Insert the committee's primary mailing address.
  - The address must be within the Commonwealth unless the affiliated organization is a business headquartered outside
    of the Commonwealth, but registered with the Virginia State Corporation Commission.
- Insert the committee's primary business phone, fax and email address.
- Insert the committee's website address (if one).

#### **Affiliated Organization or PAC**

- Please provide the name and contact information of the affiliated organization of the PAC.
- Indicate the nature of the relationship between the PAC and the affiliate.

#### Purpose of the Committee

• Indicate the primary purpose of the committee (e.g. health care, labor).

#### Candidate's Supported or Opposed

Indicate any and all candidates the committee intends to support or oppose.

#### Area, Scope and Jurisdiction of the Committee

Please choose the designation that applies.

#### **Treasurer and Books Information**

- Treasurer
  - o Insert the name, email and phone number of the treasurer.





- o Insert the residence address of the treasurer.
  - The treasurer must be a resident of the Commonwealth unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.
     \*Note: The Custodian of the Books must be a resident of the Commonwealth of Virginia unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.
- Please list the names of any additional officers affiliated with the organization.

#### **Committee Depository**

- Insert the name of the committee's primary depository (Bank Name).
- Insert the address of the committee's secondary depository (if one).

  \*Depositories must be in an account located within the Commonwealth unless the affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.

#### Filing Method

- Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.
- Electronic Filing Option
  - o If you choose to file electronically, log into the following Web site address: https://cf.elections.virgin
- Approved Vendor Option
  - o If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will completely comply with SBE's standards. As a result, your committee may end up paying penalties for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <a href="http://www.sbe.virginia.gov/cms/Campaign\_Finance/">http://www.sbe.virginia.gov/cms/Campaign\_Finance/</a>

#### **Statement of Treasurer**

• Please read and sign the Statement.