

	Type of Statement		
□ NEW	AMENDED		
This committee is registering with the Virginia State Board of Elections for the first time.	This committee is filing an amended Statement of Organization.		
	Date Changes Took Effect	SBE-issued Committee ID	
	06/04/2012	PAC-12-00927	
	Name of Committee		
The Republican Cigar Smokers Association			
Full Name of Committee			
Committee Acronym (if applicable)			
☐ Check this box if this committee is establi	shed or controlled by a cornorat	ion doing business in Virginia	
C	Committee Mailing Address		
5007 Plana and Manda Ot			
5807 Pleasant Woods Ct Street Address/P.O. Box		Suite #	
Portsmouth	VA	23703	
	State	Zip Code	
City	State	(757) 535-4037	
alt11@cox.net Email Address		Business Phone	
Email Address		Dusiness Fhone	
Committee Website			
	iliated Organization or PA	C	
☐ Check this box if this committee is affiliated v	with another organization or PA	C. If so, provide the following information:	
Full Name of Affiliated Organization			
Street Address/P.O. Box		Suite #	
City	State	Zip Code	
Relationship of this Committee to Affiliated Orga	nization		



Purpose of Committee				
Indicate the purpose of this Committee (please be as specific as possible):				
Promote Republican Candidates in the	state of Virginia			
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 needed)				
Area,	Scope and Jurisdic	tion of the Committee		
This Committee intends to p	participate in elections	s on the following levels: (che	eck all that apply)	
X Statewide elections				
■ Statewide elections General Assembly elections				
Local elections				
70/7 171 / 81 1 1 1 1 1 1				
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in: 1) 4)				
1) 2)				
3)				



Treasurer					
	Talley	Arthur	Lee	Jr	
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix	
	alt11@cox.net	(7	757) 535-4037		
	Email Address	Da	Daytime Phone #		
	5807 Pleasant Woods Ct				
Treasurer Residential Address	Street Address		Apt #		
Additos	Portsmouth	VA 23703			
	City	State	State Zip Code		
	5807 Pleasant Woods Ct				
Treasurer Business Address	Street Address/P.O. Box	Suite #			
Treasurer Dusiness Address	Portsmouth	VA	237	03	
	City	State	Zip C	ode	
	Principal Custo	dian of the Books			
Principal Custodian	☐ Check this box if the Principal C are the same person, skip this section Talley		he same person as the Trea	surer. If they	
	Salutation Last Name	First Name	Middle Name	Suffix	
Information	alt11@cox.net	(7	757) 535-4037		
	Email Address Daytime Phone #				
Principal					
	Position or Title				
	5807 Pleasant Woods Ct				
Principal Custodian Residential Address	Street Address Apt #				
	Portsmouth	VA	2370)3	
	City	State	Zip C	ode	
	5807 Pleasant Woods Ct				
Principal Custodian Business Address	Street Address/P.O. Box	Suite #			
	Portsmouth	VA	2370)3	
	City	State	Zip C	ode	
	Additional Of	ficers (optional)			
Additional Officers	Full Name	Title	Day	rtime Phone #	
	Full Name	Title	Day	time Phone #	



		Committee I	Depository	
Wells Fargo				
Name of Primary Financial Inst	titution		Name of Other Financial Inst	itution (if applicable)
Chesapeake	VA			
City	State	2	City	State
	A	ddress Where Boo	ks are Maintained	
	5807 Pleasar	nt Woods Ct		
Address Where Books are	Street Address (P.O. Boxes are not accep		able) Suite #	
Maintained	Portsmouth		VA	23703
	City		State	Zip Code
		Committee	Activity	
Please provide the following of	lates (If an action	n has not yet occurred fo	or this committee write "N/A	")
-	`	ir has not yet occurred to	it tins committee, write 14/A)
Date contributions excee	ded \$200:			
Date expenditures exceed	ded \$200:			
Date committee deposito	ry designated:	05/16/2012		
		05/16/2012		
Bute treasurer appointed				
		Filing M	lethod	
Please indicate the method by	which this comn	nittee will submit all requ	uired campaign finance repor	rts:
■ File electronically using	ng SBE's VAFili	ing Application.		
☐ File electronically using (Please indicate Name)		oved Vendor		
☐ File paper reports. (By choosing this \$10,000 during th		that this committee does	not intend to accept contribu	tions or make expenditures in excess of
Signature			Date	



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 as	sociated with the political committee.
Campaign Finance Disclosure Act (Title 24.2, Chapter 9 and things of value which this political committee receive required by the <i>Code of Virginia</i> for late or un-filed repo	mmittee. I understand that I am required to comply with the provisions of the 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies ves or expends in a timely manner. Civil penalties will be assessed in the manner orts. I also understand that if I provide false information on any document subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.
Signature	 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: http://www.sbe.virginia.gov/cms/Campaign_Finance/

Statement of Treasurer

• Please read and sign the Statement.