



## Statement of Organization POLITICAL PARTY COMMITTEE

| Type of Statement  |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
|--|---|--------------------------|-------------------------|-------------------|--------------------|------|----------------|----------------------------------|--|---------------|----------------|
| <input type="checkbox"/> NEW<br><br>This committee is registering with the Virginia State Board of Elections for the first time.   | <input checked="" type="checkbox"/> AMENDED<br><br>This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 5px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>04/30/2025</b></td> <td style="text-align: center; padding: 5px;"><b>PP-22-00003</b></td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID | <b>04/30/2025</b> | <b>PP-22-00003</b> |      |                |                                  |  |               |                |
| Date Changes Took Effect   | SBE-issued Committee ID   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <b>04/30/2025</b>  | <b>PP-22-00003</b>  |                          |                         |                   |                    |      |                |                                  |  |               |                |
| Name of Committee  |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <b>Culpeper County Republican Committee</b><br><hr/> <b>Full Name of Committee</b><br><br><b>Party Affiliation</b><br><input type="checkbox"/> Democratic<br><input checked="" type="checkbox"/> Republican  |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| Committee Mailing Address  |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <b>P.O. Box 484</b><br><hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">Street Address/P.O. Box</td> <td style="width: 40%; text-align: right;">Suite #</td> </tr> <tr> <td><b>Culpeper</b></td> <td style="text-align: right;"><b>VA 22701</b></td> </tr> <tr> <td>City</td> <td style="text-align: right;">State Zip Code</td> </tr> <tr> <td colspan="2"><b>culpeperGOP1776@gmail.com</b></td> </tr> <tr> <td>Email Address</td> <td style="text-align: right;">Business Phone</td> </tr> </table> <hr/> <b>Committee Website</b>  |   | Street Address/P.O. Box  | Suite #                 | <b>Culpeper</b>   | <b>VA 22701</b>    | City | State Zip Code | <b>culpeperGOP1776@gmail.com</b> |  | Email Address | Business Phone |
| Street Address/P.O. Box  | Suite #   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <b>Culpeper</b>  | <b>VA 22701</b>   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| City   | State Zip Code  |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <b>culpeperGOP1776@gmail.com</b>   |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| Email Address  | Business Phone  |                          |                         |                   |                    |      |                |                                  |  |               |                |
| Area, Scope and Jurisdiction of the Committee<br>(Please Check Only One)   |   |                          |                         |                   |                    |      |                |                                  |  |               |                |
| <input type="checkbox"/> National Party Committee<br><input type="checkbox"/> State Party Committee<br><input type="checkbox"/> Party Caucus<br><input checked="" type="checkbox"/> County Party Committee (county: <u>Culpeper County</u> )<br><input type="checkbox"/> City Party Committee (city: _____)<br><input type="checkbox"/> Local Magisterial District (locality: _____ district: _____)<br><input type="checkbox"/> Congressional District (district: _____)<br><input type="checkbox"/> Virginia House District (district: _____)<br><input type="checkbox"/> Virginia Senate District (district: _____) |   |                          |                         |                   |                    |      |                |                                  |  |               |                |



### Committee Activity

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date first contribution accepted: 05/21/2022  
 Date first expenditure made: \_\_\_\_\_  
 Date committee depository designated: \_\_\_\_\_  
 Date treasurer appointed: 04/30/2025

### Candidates this Committee Supports or Opposes

| Full Name and Address of Candidate         | Office Sought | Party Affiliation | Support or Oppose? |
|--|---------------|-------------------|--------------------|
| Candidate Sheet Attached with 2 Candidates |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |

(attach additional sheets if more space needed)

### Committee Depository

|                                       |   |
|---------------------------------------|---|
| <b>Truist</b>                         |   |
| Name of Primary Financial Institution | Name of Other Financial Institution (if applicable) |
| <b>Culpeper</b>                       | <b>VA</b>   |
| City                                  | State   |
| City                                  | State   |

### Address Where Books are Maintained

|                                    |  |              |
|------------------------------------|--|--------------|
| Address Where Books are Maintained | <b>20267 Crooked Run RD</b>                    |              |
|                                    | Street Address (P.O. Boxes are not acceptable) | Suite #      |
|                                    | <b>Culpeper</b>                                | <b>VA</b>    |
|                                    | City   | State        |
|                                    |  | <b>22701</b> |
|                                    |  | Zip Code     |



## Statement of Organization POLITICAL PARTY COMMITTEE

| Treasurer                                      |  |                          |                                |                                |
|--|--|--------------------------|--------------------------------|--------------------------------|
| <b>Treasurer Information</b>                   | <b>Mr</b>  | <b>Collins</b>           | <b>Wayne</b>                   | <b>N</b>                       |
|  | <small>Salutation</small>  | <small>Last Name</small> | <small>First Name</small>      | <small>Middle Name</small>     |
|  | <b>wncollins78@gmail.com</b>   |                          | <b>(540) 446-6776</b>          |                                |
|  | <small>Email Address</small>   |                          | <small>Daytime Phone #</small> |                                |
| <b>Treasurer Residential Address</b>           | <b>20267 Crooked Run RD</b>  |                          |                                |                                |
|  | <small>Street Address</small>  |                          |                                | <small>Apt #</small>           |
|  | <b>Culpeper</b>  | <b>VA</b>                |                                | <b>22701</b>                   |
|  | <small>City</small>  | <small>State</small>     |                                | <small>Zip Code</small>        |
| <b>Treasurer Business Address</b>              | <b>PO Box 484</b>  |                          |                                |                                |
|  | <small>Street Address/P.O. Box</small>   |                          |                                | <small>Suite #</small>         |
|  | <b>Culpeper</b>  | <b>VA</b>                |                                | <b>22701</b>                   |
|  | <small>City</small>  | <small>State</small>     |                                | <small>Zip Code</small>        |
| Principal Custodian of the Books               |  |                          |                                |                                |
| <b>Principal Custodian Information</b>         | <input type="checkbox"/> Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section. |                          |                                |                                |
|  | <small>Salutation</small>  | <small>Last Name</small> | <small>First Name</small>      | <small>Middle Name</small>     |
|  | <small>Email Address</small>   |                          | <small>Daytime Phone #</small> |                                |
|  | <small>Position or Title</small>   |                          |                                |                                |
| <b>Principal Custodian Residential Address</b> |  |                          |                                |                                |
|  | <small>Street Address</small>  |                          |                                | <small>Apt #</small>           |
|  | <small>City</small>  | <small>State</small>     |                                | <small>Zip Code</small>        |
| <b>Principal Custodian Business Address</b>    |  |                          |                                |                                |
|  | <small>Street Address/P.O. Box</small>   |                          |                                | <small>Suite #</small>         |
|  | <small>City</small>  | <small>State</small>     |                                | <small>Zip Code</small>        |
| Additional Officers (optional)                 |  |                          |                                |                                |
| <b>Additional Officers</b>                     | <b>Larry Green</b>   |                          | <b>Chairman</b>                |                                |
|  | <small>Full Name</small>   |                          | <small>Title</small>           | <small>Daytime Phone #</small> |
|  | <b>Susan Monaco</b>  |                          | <b>First Vice Chair</b>        |                                |
|  | <small>Full Name</small>   |                          | <small>Title</small>           | <small>Daytime Phone #</small> |



## Statement of Organization POLITICAL PARTY COMMITTEE

### Filing Method

Please indicate the method by which this committee will submit its campaign finance reports:

☒ File electronically using **SBE's VAFiling Application**.

☐ File electronically using an **SBE Approved Vendor**

(Please indicate Name of Vendor:) \_\_\_\_\_

☐ File paper reports.

(By choosing this option, I affirm that this committee: a) does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year; or b) is a county, city, or local district political party that files disclosure reports on paper with the electoral board of that county or city.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Statement of Treasurer

**I accept the appointment of Treasurer for this committee.** I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the *Code of Virginia*). I understand that I must truthfully report all monies and things of value which this political committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the *Code of Virginia* for late or un-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be 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 **any** 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.

### **Name of Committee**

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for your committee.
- Check the Party Affiliation box.
  - At present, there are only two organizations which meet the legal definition of “political party”. All other organizations should complete the Political Action Committee Statement of Organization.
  - Women’s, youth and other auxiliary party clubs do not meet the legal definition of “political party”. These clubs should complete the Political Action Committee Statement of Organization.

### **Committee Mailing Address**

- Insert the committee’s primary mailing address.
  - The address must be within the Commonwealth unless the committee is a National Party committee.
- Insert the committee’s primary business phone, fax and email address.
- Insert the committee’s website address (if one).

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

- Please choose the designation that applies.

### **Committee Activity**

- Enter the information requested.

### **Candidate’s Supported or Opposed**

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

### **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 committee is a National Party committee.

### **Address Where Books are Maintained**

- Please list the address where the committee’s records are maintained.
  - This address must be in the Commonwealth unless the committee is a National Party committee.

**Treasurer and Custodian of the Books Information**

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

**Filing Method**

- Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.
- **Electronic Filing Option**
  - If you choose to file electronically, log into the following Web site address: <https://cf.elections.virginia.gov>
- **Approved Vendor Option**
  - 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/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

**Statement of Treasurer**

- Please read and sign the Statement.