

# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of State	ment						
<b>☒</b> NEW		☐ AMENDED						
This committee is registering with the Virgin	ia This cor	This committee is filing an amended Statement of Organization						
State Board of Elections for the first time.	Date Changes			d Committee ID				
OSPC-17-00235								
Name of Committee								
Republican Attorneys General Associa	ation							
Insert full name of committee (Acronyms mus	t be spelled out)							
Committee Mailing Address								
1747 Pennsylvania Avenue, NW				800				
Street Address/P.O. Box				Suite #				
Washington	DC		20006					
City	State		Zip Code					
lrussell@republicanags.com		(202) 263-4660						
Email Address		Business Phone						
Committee Website								
A	Affiliated Organizat	ion or PAC						
Republican Attorneys General Associa	ation							
Full Name of Affiliated Organization								
1747 Pennsylvania Avenue, NW				800				
Street Address/P.O. Box				Suite #				
Washington	DC		20006					
City	State		Zip Code					
·			-					
L P C C C	( 1	<u> </u>						
Indicate the Purpose of your Committee (e.g. l								
Candidate's Supported or Opposed*								
Full Name and Address of Candidate(s)	Office Sought	Party A	ffiliation	Support or Oppose?				
		1						





### **Commonwealth of Virginia**

Area, Scope and Jurisdiction of the Committee							
This Committee intends to participate in (check all that apply):							
▼ Statewide elections ☐ General		Assembly elections	☐ Local elections				
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:							
1)		4)					
2) 5)							
3)		6)					
	Other Agenc	y Information					
Taxpayer Identification Number	46-4501717						
	Enter Taxpayer ID Numb	per					
	Name of Agency		Registration Number				
Other Agencies Where Committee is Registered			8				
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
Committee Depository							
Chain Bridge Bank, N.A.							
Primary Bank Name or Depository		Secondary Bank Name or	Depository				
Malaga	\/A						
McLean City	VA State	City	State				



# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information							
	Russell Salutation Last Name	Lee First Name	Middle Name	Suffix			
	1747 Pennsylvania Avenue, NW 80			DWIIII			
	Street Address (Business), City, State and		20000				
Treasurer	306 C Street SE	1					
rreasurer	Street Address (Residence)		Suite #				
	Street Address (Residence)		Suite #				
	Washington	DC		20003			
	City	-		Zip Code			
	Irussell@republicanags.com Email Address (*see instructions)		(202) 263-4660 Daytime Phone #				
	Email Address ( see instructions)		Daytime I none #				
	Russell	Lee					
	Salutation Last Name	First Name	Middle Name	Suffix			
	1747 Pennsylvania Avenue, NW 800 Washington, DC 20006						
Principal	Street Address (Business), City, State and						
Custodian of the	306 C Street SE						
Books (if one)	Street Address (Residence)		Suite #				
	Washington City	DC Stat		<b>20003</b> Zip Code			
	Irussell@republicanags.com	(202) 263-4660		Zip Code			
	Email Address (*see instructions)	Daytime Phone #					
	· ·		•				
Address Where	1747 Pennsylvania Avenue NW		800				
Books are	Street Address (P.O. Boxes are Not Accept	otable)	Suite #				
Maintained	Washington	DO		20006			
	City	Stat	e	Zip Code			
Statement of Treasurer							
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1. understand that if I provide it	of Treasurer for this committee. I understand the 24.2, Chapter 9.3 of the <i>Code of Virginia</i> ). I unled that I must truthfully report all monies and thing Civil penalties will be assessed in the manner reafalse information on any document submitted to ishable up to a Class 5 felony.	nderstand that I am request of value, which this pure for the code of Value to the Code of Value to the Code of Value th	nired to file my reports electrololitical committee receives of irginia for late or un-filed re	onically on or expends as ports. I also			
Signature		Date					

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE

COMMITTEE ID:

N or A



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

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, 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.

#### **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.

#### **Committee Mailing Address**

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

#### **Affiliated Organization of PAC**

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

#### Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

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

• Please choose all that apply.



## **Instructions for Completing This Form**

#### **Other Agency Information**

- Taxpayer ID Number
  - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
  - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

#### **Committee Depository**

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

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

- Treasurer
  - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
  - Email Address
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219