



## Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="text-align: center;">Date Changes Took Effect</td> <td style="text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">09/12/2022</td> <td style="text-align: center;">PP-22-00005</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	09/12/2022	PP-22-00005
Date Changes Took Effect	SBE-issued Committee ID				
09/12/2022	PP-22-00005				
Name of Committee					
<b>Amherst County Republican Committee</b> <hr/> Full Name of Committee  Party Affiliation <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican					
Committee Mailing Address					
<b>P.O. Box 662</b> <hr/> Street Address/P.O. Box <span style="float: right;">Suite #</span> <b>Amherst</b> <span style="margin-left: 200px;"><b>VA</b></span> <span style="float: right;"><b>24521</b></span> City <span style="margin-left: 150px;">State</span> <span style="float: right;">Zip Code</span> <b>treasurer.of.acrc@gmail.com</b> <span style="float: right;"><b>(434) 566-0603</b></span> Email Address <span style="float: right;">Business Phone</span>					
Committee Website					
Area, Scope and Jurisdiction of the Committee (Please Check Only One)					
<input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> Party Caucus <input checked="" type="checkbox"/> County Party Committee (county: <u>Amherst County</u> ) <input type="checkbox"/> City Party Committee (city: _____) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input type="checkbox"/> Congressional District (district: _____) <input type="checkbox"/> Virginia House District (district: _____) <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:	01/01/2022
Date first expenditure made:	02/22/2022
Date committee depository designated:	02/16/2022
Date treasurer appointed:	02/11/2022

### 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>Bank of The James</b>	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
<b>Amherst</b>	
<b>VA</b>	
City	State
City	State

### Address Where Books are Maintained

<b>Address Where Books are Maintained</b>	<b>1699 Kenmore Rd</b>		
	Street Address (P.O. Boxes are not acceptable)		Suite #
	<b>Amherst</b>	<b>VA</b>	<b>24521</b>
	City	State	Zip Code



## Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer				
Treasurer Information	<b>Bailey</b>	<b>April</b>		
	Salutation Last Name	First Name	Middle Name	Suffix
	treasurer.of.acrc@gmail.com		(434) 665-5385	
	Email Address		Daytime Phone #	
Treasurer Residential Address	1699 Kenmore Rd			
	Street Address			Apt #
	Amherst	VA	24521	
	City	State	Zip Code	
Treasurer Business Address	P.O. Box 662			
	Street Address/P.O. Box			Suite #
	Amherst	VA	24521	
	City	State	Zip Code	
Principal Custodian of the Books				
Principal Custodian Information	<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.			
	<b>Bailey</b>	<b>April</b>		
	Salutation Last Name	First Name	Middle Name	Suffix
	treasurer.of.acrc@gmail.com		(434) 665-5385	
	Email Address		Daytime Phone #	
	Treasurer			
	Position or Title			
Principal Custodian Residential Address	1699 Kenmore Rd			
	Street Address			Apt #
	Amherst	VA	24521	
	City	State	Zip Code	
Principal Custodian Business Address	P.O. Box 662			
	Street Address/P.O. Box			Suite #
	Amherst	VA	24521	
	City	State	Zip Code	
Additional Officers (optional)				
Additional Officers	<b>Thomas Loftus</b>	<b>Asst Treasurer</b>	<b>4346617581</b>	
	Full Name	Title	Daytime Phone #	
	Full Name	Title	Daytime Phone #	



## 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:) Trail Blazer Campaign Services, Inc.

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.