

Type of Statement						
X NEW	Г	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.					
DC 40 04404	Date Changes Took Effect	SBE-issued Committee ID				
RC-12-01401						
Name of Committee						
Maa fan Navanskan						
Yes for November Full Name of Committee						
Fun Name of Committee						
Committee Account (if combined to						
Committee Acronym (if applicable)						
С	ommittee Mailing Address					
9109 Taylor St						
Street Address/PO Box		Suite #				
Manassas	VA	20110				
City	State	Zip Code				
treasurer@yesfornovember.org	(704) 281-6885					
Email Address		Business Phone				
http://www.yesfornovember.org						
Committee Website						
	iliated Organization or PA	С				
A Check this box if this committee is affiliated v						
Manassas Votes Full Name of Affiliated Organization						
C C						
9109 Taylor St Street Address/PO Box		Suite #				
Manassas	VA	<u>20110</u>				
City Affiliato	State	Zip Code				
Affiliate Relationship of this Committee to Affiliated Orga	nization					
relationship of this Committee to Minimuted Orga						



Area, Scope and Jurisdiction of the Committee						
Microsoft.SqlServer.Dts.Pipeline.BlobColumn						
Referendum Purpose – Brie	efly describe the	subject of the referen	dum			
11/06/2012						
Date of Referendum						
Scope of Referendum:						
□ Statewide						
<b>X</b> Local (name of c	ounty/city/town:	Manassas		)		
<b>Regional</b> (descri	be the region:			)		
Position on Referendum:						
□ Support						
<b>X</b> Oppose						
		Committee	Depository			
Wells Fargo Bank						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Manassas	VA					
City	State		City	State		
	A	ddress Where Bo	oks are Maintained			
0400 Toylor St						
Address Where Books are	9109 Taylor St       Street Address (P.O. Boxes are not acceptable)       Suite #		Suite #			
Maintained	Manassas		VA	20110		
	City		State	Zip Code		
Committee Activity						
Please provide the following	datas (If an actio	n has not vet occurred	for this committee write "N/A	( ??)		
	*	2	for this commutee, write 10/F	<b>x</b> )		
Date first contribution a	ccepted:	09/06/2012				
Date first expenditure m	nade:	09/06/2012				
Date committee deposit	ory designated:	09/07/2012				
Date treasurer appointed	1:	09/06/2012				



Treasurer						
Treasurer Information	Hersch Salutation Last Name treasurer@yesfornovembe Email Address	Stephen First Name r.org	David Middle Name Su (704) 281-6885 Daytime Phone #	uffix		
Treasurer Residential Address	9109 Taylor St Street Address Manassas City	VA State	Apt # <b>20110</b> Zip Code			
Treasurer Business Address	s 9109 Taylor St Street Address/P.O. Box Suite # Manassas VA 20110 City State Zip Code		20110			
	Principal Custo	dian of the Books				
Principal Custodian Information	<ul> <li>□ Check this box if the Principal C are the same person, skip this section</li> <li>Hersch</li> <li>Salutation Last Name</li> <li>treasurer@yesfornovembe</li> <li>Email Address</li> <li>Custodian</li> <li>Position or Title</li> </ul>	on. Stephen First Name	is the same person as the Treasurer. David Middle Name Su (704) 281-6885 Daytime Phone #	If they uffix		
Principal Custodian Residential Address	9109 Taylor St Street Address Manassas City	Apt # VA 20110 State Zip Code				
Principal Custodian Business Address	9109 Taylor St Street Address/P.O. Box Manassas City	VA State	Suite # <b>20110</b> Zip Code			



Filing Method
Please indicate the method by which this committee will submit its campaign finance reports:
The electronically using SBE's VAFiling Application.
File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)
<ul> <li>File paper reports.</li> <li>(By choosing this option, I affirm that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year)</li> </ul>
Signature     Date
Statement of Treasurer
<ul> <li>Definition of Referendum Committee: §24.2-945.1 "Referendum committee" means any organization, person, group of persons, or committee, that makes expenditures in a calendar year in excess of (i) \$10,000 to advocate the passage or defeat of a statewide referendum, (ii) \$5,000 to advocate the passage or defeat of a referendum being held in two or more counties and cities, or (iii) \$1,000 to advocate the passage or defeat of a referendum held in a single county or city.</li> <li>Committees Formed Between October 1 and Election Day: 24.2-949.6 &amp; §24.2-949.6 (D) requires any political action committee</li> </ul>
filing this form on or after October 1 and Election Day: 24.2-949.6 & §24.2-949.6 (D) requires any pointcal action committee 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.
□ 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 <i>Code of Virginia</i> ). 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 <i>Code of Virginia</i> 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**

### **General Guidelines**

- 1) Referendum committees must submit the original, signed version of this form to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219. Facsimiles and copies will not be accepted.
- 2) This form must be written in ink or typed or it will be rejected.
- 3) All requested information on the form is required unless otherwise noted below.
- 4) An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in the *Code of Virginia*.

### **Type of Statement**

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

#### Name of Committee

1) 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.
   \*§24.2-952.1 states that referendum committee must have an address that is located within the boundaries of the Commonwealth.
- 2) Insert the committee's primary business phone and fax number.
- 3) Insert the Committee's e-mail address.
   \*This information is required if your committee intends to file electronically. Otherwise, it is optional.

#### Area, Scope and Jurisdiction

- 1) Indicate whether the committee is supporting or opposing the referendum in question.
- 2) Briefly describe the subject of the referendum.
- 3) Indicate the date of the referendum.
- 4) Indicate which locality in which the referendum is being held.

#### **Committee Depository**

- 1) Insert the name and address of the committee's depository (Bank Name).
- 2) Insert the name and address of the committee's secondary depository (if one). \*Depositories must be in an account located within the Commonwealth.

#### **Affiliated Organizations**

1) Indicate the name and address of any affiliated organization. Please attach additional sheets if the committee has more than one affiliated organization.



## **Instructions for Completing This Form (cont.)**

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

- 1) Treasurer
  - a) 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.

\*Note: The Treasurer must be a resident of the Commonwealth of Virginia.

b) Email Address

\*Note: An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.

- 2) Custodian of the Books
  - a) Insert the name and business and residential address of the custodian of the books (if one).

### Filing Method

1) Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

**NOTE** \*Referendum Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by \$ 24.2-951.8 to file electronically.

#### VAFiling Option

• If you choose to file electronically, log into the following Web site address: <u>https://cf.elections.virginia.gov</u>

#### 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 comply completely 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: <u>http://www.sbe.virginia.gov/</u>