

Type of Statement						
X 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.					
RC-20-00012	Date Changes Took Effect	SBE-issued Committee ID				
RC-20-00012						
Name of Committee						
A Better Front Royal Warren County Virginia Full Name of Committee						
A Better FRWC VA						
Committee Acronym (if applicable)						
С	ommittee Mailing Address					
	X					
P.O. BOX 39						
Street Address/PO Box		Suite #				
Front Royal	VA	22630				
City	State	Zip Code				
samuel.porter@gmail.com		(202) 910-5595				
Email Address		Business Phone				
https://www.frontroyalunites.org						
Committee Website						
Aff	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:				
Front Royal Unites Full Name of Affiliated Organization						
216 Fletcher Street		S ** #				
Street Address/PO Box		Suite #				
Front Royal Virginia	VA	22630-3024				
City	State	Zip Code				
Affiliate - Overseer						
Relationship of this Committee to Affiliated Orga	nization					



	Area, Scope and Jurisd	liction of the Committee			
Per circuit court orde courthouse be reloca	er: "Should the confederate ated?"	statue at the Warren Co	unty		
Response: We believ	ve it should be removed and	relocated.			
Referendum Purpose – Brie	fly describe the subject of the referen	dum			
11/03/2020					
Date of Referendum					
Scope of Referendum:					
□ Statewide					
Local (name of co	ounty/city/town: <u>Warren County/ Town c</u>	of Front Royal)		
Regional (descrit	be the region:)		
Position on Referendum:					
🛛 Support					
□ Oppose					
	Committee	Depository			
Sonya Bank Name of Primary Financial Ins	stitution	Name of Other Financial Institution (if applicable)			
			((upp://www.)		
Front Royal VA					
City	State	City	State		
	Address Where Bo	oks are Maintained			
216 Fletcher Street					
Address Where Books are Street Address (P.O. Boxes are		eptable) Suite #			
Maintained	Front Royal	VA	22630-3024		
	City	State	Zip Code		
	Committe	ee Activity			
Please provide the following of	dates. (If an action has not yet occurred	for this committee, write N/A)			
Date first contribution a	ccepted: 09/15/2020				
Date first expenditure m	ade:				
Date committee depository designated: 09/15/2020					
Date treasurer appointed: 09/15/2020					



	Treas	urer		
Treasurer Information	Mr. Porter Salutation Last Name samuel.porter@frontroyalun Email Address	Samuel First Name hites.org	Leon Middle Name (202) 910-5595 Daytime Phone #	Suffix
Treasurer Residential Address	216 Fletcher Street Street Address Front Royal City	VA State	Apt # 22630 Zip Code	
Treasurer Business Address	P.O. Box 39 Street Address/P.O. Box Front Royal City Principal Custod	Suite # VA 22630 State Zip Code dian of the Books		
Principal Custodian Information	Check this box if the Principal Cus are the same person, skip this section Porter Salutation Last Name Samuel.porter@frontroyalut Email Address Mr Position or Title	nstodian of the Books is the same person as the Treasurer. If they n. Samuel Leon First Name Middle Name Suffix		-
Principal Custodian Residential Address	216 Fletcher Street Street Address Front Royal City	Apt # VA 22630 State Zip Code		
Principal Custodian Business Address	P.O. Box 39 Street Address/P.O. Box Front Royal City	VA State	Suite # 22630 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:)				
 File paper reports. (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) 				
Signature Date				
Statement of Treasurer				
 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. 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 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>