

Type of Statement						
$\Box$ 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.					
State Board of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID				
	01/11/2023	PAC-12-00494				
Name of Committee						
Virginia Preservation PAC						
Full Name of Committee						
Committee Acronym (if applicable)						
□ Check this box if this committee is established or controlled by a corporation doing business in Virginia						
	Committee Mailing Address					
1021 East Cary Street,		Suite 1002				
Street Address/P.O. Box		Suite #				
Richmond	VA	23219				
City	State Zip Code					
admin@macjamlaw.com	(804) 649-2128					
Email Address	Business Phone					
Committee Website						
Affiliated Organization or PAC						
X Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:						
Americans for Battlefield Preservation						
Full Name of Affiliated Organization						
1156 15th St. NW		900				
Street Address/P.O. Box		Suite #				
Washington	DC	20005				
City	State	Zip Code				
Parent organization						
Relationship of this Committee to Affiliated Orga	anization					



**Purpose of Committee** 

Indicate the purpose of this Committee (please be as specific as possible):

Candic	(skip to next section if support	e Supports or Opposes rting a specific party)	
ull Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
ach additional sheets if more space need	ed)		
Area,	Scope and Jurisdict	ion of the Committee	
This Committee intends to p	articipate in elections	on the following levels: (ch	eck all that apply)
Statewide elections			
General Assembly elections			
Local elections			
Local Elections" is checked please list the	, ,		
<ol> <li>Loudoun County</li> <li></li> </ol>	4) _ 5) _		



Treasurer						
	Macaulay	Alexander				
Treasurer Information	Salutation Last Name	First Name	Middle Name Su	ıffix		
	alexander@macjamlaw.com	(8	(804) 649-7165			
	Email Address	D	Daytime Phone #			
	11 South Wilton Rd.					
Treasurer Residential Address	Street Address Apt #					
Address	Richmond	VA	23226			
	City	State	Zip Code			
	1021 East Cary Street,	Suite 1002				
Treasurer Business Address	Street Address/P.O. Box		Suite #			
Traduiter Dushiess Tradiess	Richmond	nmond VA				
	City	State	Zip Code			
	Principal Custo	dian of the Books				
	□ Check this box if the Principal C	ustodian of the Books is tl	he same person as the Treasurer.	If they		
Principal Custodian Information	<ul> <li>□ Check this box if the Principal Cuare the same person, skip this section</li> <li>Campi</li> <li>Salutation Last Name</li> <li>JimCampi@verizon.net</li> </ul>	n. Jim First Name	-	If they ıffix		
	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal	n. Jim First Name (2	Middle Name Su	-		
	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title	n. Jim First Name (2	Middle Name Su 202) 277-8560	-		
	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place	n. Jim First Name (2	Middle Name Su 202) 277-8560 aytime Phone #	-		
Information	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address	n. Jim First Name (;	Middle Name Su 202) 277-8560 aytime Phone # 	-		
Information Principal Custodian	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke	n. Jim First Name (; D	Middle Name Su 202) 277-8560 aytime Phone # Apt # 22015	-		
Information Principal Custodian	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address	n. Jim First Name (;	Middle Name Su 202) 277-8560 aytime Phone # 	-		
Information Principal Custodian Residential Address Principal Custodian	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke City	n. Jim First Name (; D	Middle Name     Su       202) 277-8560     aytime Phone #       aytime Phone #	-		
Information Principal Custodian Residential Address	are the same person, skip this section Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke City 1156 15th St. NW	n. Jim First Name (; D	Middle Name Su 202) 277-8560 aytime Phone # Apt # 22015 Zip Code 900	-		
Information Principal Custodian Residential Address Principal Custodian	are the same person, skip this sectio Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke City 1156 15th St. NW Street Address/P.O. Box	n. Jim First Name (2 D	Middle Name Su 202) 277-8560 aytime Phone # Apt # 22015 Zip Code 900 Suite #	-		
Information Principal Custodian Residential Address Principal Custodian	are the same person, skip this section Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke City 1156 15th St. NW Street Address/P.O. Box Washington City	n. Jim First Name (i D VA State DC	Middle Name     Su       202) 277-8560     202       aytime Phone #     202       Apt #     22015       Zip Code     200       Suite #     20005	-		
Information Principal Custodian Residential Address Principal Custodian	are the same person, skip this section Campi Salutation Last Name JimCampi@verizon.net Email Address Principal Position or Title 9505 Tregaron Place Street Address Burke City 1156 15th St. NW Street Address/P.O. Box Washington City	n. Jim First Name (3 D VA State DC State	Middle Name     Su       202) 277-8560     3       aytime Phone #     1       Apt #     22015       Zip Code     300       Suite #     20005       Zip Code     2005			



		Committee I	Depository	
Truist				
Name of Primary Financial Ins	titution		Name of Other Financial I	nstitution (if applicable)
Richmond	VA			
City	State	e	City	State
	A	Address Where Boo	ks are Maintained	
	1021 East Ca	ary Street,		
Address Where Books are	Street Address (P.O. Boxes are not accept		otable) Suite #	
Maintained	Richmond		VA	23219
	City		State	Zip Code
		Committee	e Activity	
Please provide the following dates. (If an action has not yet occurred         Date contributions exceeded \$200:       12/31/2011         Date expenditures exceeded \$200:       12/31/2011         Date committee depository designated:       12/31/2011         Date treasurer appointed:       12/31/2011		12/31/2011 12/31/2011 12/31/2011 12/31/2011		/Α )
		Filing M	lethod	
<ul> <li>Please indicate the method by</li> <li>I File electronically usi</li> <li>□ File electronically usi</li> <li>(Please indicate Name)</li> <li>□ File paper reports.</li> <li>(By choosing this \$10,000 during th</li> </ul>	ng SBE's VAFili ng an SBE Appr e of Vendor:) option, I affirm t	ing Application. roved Vendor		ports:  ibutions or make expenditures in excess of
Signature			Date	



#### **Statement of Treasurer**

**Member or Employee Contributions not Required:** Any stock or nonstock corporation, labor organization, membership organization, cooperative, or other group of persons may establish and administer for political purposes, and solicit and expend contributions for, a political action committee, provided that:

1. No political action committee shall make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisal, threat of force, or as a condition of employment.

2. Any person soliciting a contribution to a political action committee shall, at the time of solicitation, inform the person being solicited of (i) his right to refuse to contribute without any reprisal and (ii) the political purposes of the committee.

**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 before the November election day in any odd numbered year (i) to file a campaign finance report 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.

Use of Candidate Name: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

• the written authorization of the candidate consenting the use of his name; or

• the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

□ 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.

\*\*\* 24.2-949.6 & §24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report 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.

### 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.
- Check the box if this committee is established or controlled by a corporation which is headquartered outside of Virginia and is registered with the State Corporation Commission.

#### **Committee Mailing Address**

- Insert the committee's primary mailing address.
  - The address must be within the Commonwealth unless the affiliated organization is a business headquartered outside of the Commonwealth, but registered with the Virginia State Corporation Commission.
- Insert the committee's primary business phone, fax and email address.
- Insert the committee's website address (if one).

#### **Affiliated Organization or PAC**

- Please provide the name and contact information of the affiliated organization of the PAC.
- Indicate the nature of the relationship between the PAC and the affiliate.

#### **Purpose of the Committee**

• Indicate the primary purpose of the committee (e.g. health care, labor).

#### **Candidate's Supported or Opposed**

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

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

• Please choose the designation that applies.

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

- Treasurer
  - $\circ$   $\;$  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.

### **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 affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.

### **Filing Method**

- Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.
- Electronic Filing Option
  - If you choose to file electronically, log into the following Web site address: <u>https://cf.el</u>ections.virgin
- 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: <u>http://www.sbe.virginia.gov/cms/Campaign\_Finance/</u>

#### **Statement of Treasurer**

• Please read and sign the Statement.