

	Type of Statement		
□ 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.		
	Date Changes Took Effect	SBE-issued Committee ID	
	07/19/2019	PAC-19-01028	
	Name of Committee		
NoVa Tech PAC			
Full Name of Committee			
Committee Acronym (if applicable)			
\Box Check this box if this committee is established	ished or controlled by a corporati	ion doing business in Virginia	
C	Committee Mailing Address		
20497 Morningside Terrace			
Street Address/P.O. Box		Suite #	
Sterling	VA	20165	
City	State	Zip Code	
cathy.mcnickle2000@gmail.com			
Email Address	Business Phone		
Committee Website			
AII	filiated Organization or PA	U	
☐ Check this box if this committee is affiliated	with another organization or PA	C. If so, provide the following information:	
Full Name of Affiliated Organization			
Street Address/P.O. Box		Suite #	
City	State	Zip Code	
Relationship of this Committee to Affiliated Orga	nnization		



Purpose of Committee				
Indicate the purpose of this Committee (please be as specific as possible):				
Technology				
Candidates this Committee Supports or Opposes (skip to next section if supporting a specific party)				
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?	
(attach additional sheets if more space need	led)			
Area,	, Scope and Jurisdic	tion of the Committee		
	<u>-</u>	s on the following levels: (che	eck all that apply)	
☐ Statewide elections				
General Assembly elections				
X Local elections				
If "Local Elections" is checked please list the	cities, counties and/or to	wns the committee intends to be a	active in:	
1) Loudoun County 4)				
2) 5)				
3)	6)			



	Treasu	rer			
	McNickle	Catherine	Stone		
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix	
	cathy.mcnickle2000@gmail.com	(703) 615-2618			
	Email Address	Daytime Phone #			
	20497 Morningside Terrace				
Treasurer Residential Address	Street Address	Apt #			
	Sterling	VA 20165		;	
	City	State	Zip Cod	e	
	20497 Morningside Terrace				
Treasurer Business Address	Street Address/P.O. Box	Suite #			
210454101 24521055 11442 055	Sterling	VA	20165	;	
	City	State	Zip Cod	e	
	Principal Custodia	n of the Books			
	☐ Check this box if the Principal Custo are the same person, skip this section. McNickle	odian of the Books is	the same person as the Treasu	irer. If they	
D. 1 10 1 1	Salutation Last Name	First Name	Middle Name	Suffix	
Principal Custodian Information	cathy.mcnickle2000@gmail.com		(703) 615-2618		
	Email Address		Daytime Phone #		
	Treasurer				
	Position or Title				
	20497 Morningside Terrace				
Principal Custodian Residential Address	Street Address Apt #				
	Sterling	VA	20165		
	City	State	Zip Cod	e	
	20497 Morningside Terrace				
Principal Custodian Business Address	Street Address/P.O. Box		Suite #		
	Sterling	VA	20165		
	City	State	Zip Cod	e	
	Additional Office	ers (optional)			
Additional Officers	Full Name	Title	e Davti	me Phone #	
	Full Name	Titl	·	me Phone #	
	Full Name	Title	e Dayti	me Phone #	



		Committee 1	Depository	
Atlantic Union Bank				
Name of Primary Financial Inst	titution		Name of Other Financial Ins	titution (if applicable)
Leesburg	Leesburg VA			
City	State	:	City	State
	A	ddress Where Boo	ks are Maintained	
	20497 Mornii	ngside Terrace		
Address Where Books are	Street Address (P.O. Boxes are not accep		table) Suite #	
Maintained	Sterling		VA	20165
	City		State	Zip Code
		Committee	e Activity	
Please provide the following d		n has not yet occurred fo	or this committee, write "N/A	\('' \)
Date expenditures exceed	ded \$200:			
Date committee depository designated: Date treasurer appointed: 07/18/2019 07/18/2019				
		07/18/2019		
		Filing M	Iethod	
Please indicate the method by	which this comm	nittee will submit all req	uired campaign finance repo	rts:
■ File electronically using	ng SBE's VAFili	ing Application.		
☐ File electronically usin (Please indicate Name		oved Vendor		-
☐ File paper reports. (By choosing this \$10,000 during the		hat this committee does	not intend to accept contribu	ations 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.

the political committee to identify which candidate is associated with	h the political committee.
and things of value which this political committee receives or expense required by the <i>Code of Virginia</i> for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ands in a timely manner. Civil penalties will be assessed in the manner
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 <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.

*** 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
 - o Insert the name, email and phone number of the treasurer.





- o 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
 - o If you choose to file electronically, log into the following Web site address: https://cf.elections.virgin
- Approved Vendor Option
 - o 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/

Statement of Treasurer

• Please read and sign the Statement.