

Type of Statement				
□ NEW	<u> </u>	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		
	07/13/2018	PAC-12-00359		
	Name of Committee			
Manassas Education Association Political A	ction Committe			
Full Name of Committee		-		
MEA-PAC				
Committee Acronym (if applicable)				
☐ Check this box if this committee is establish	shed or controlled by a corporat	ion doing business in Virginia		
C	ommittee Mailing Address			
PO Box 498				
Street Address/P.O. Box		Suite #		
Manassas	VA 20110			
City	State Zip Code			
manassaseducationassociation@gmail.com				
Email Address	Business Phone			
http://www.manassaseducationassociation.org				
Committee Website	Pirato Control DA			
AII	iliated Organization or PA	C		
☑ Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:				
Manassas Education Association				
Full Name of Affiliated Organization				
PO Box 498				
Street Address/P.O. Box		Suite #		
Manassas	VA	20110		
City	State	Zip Code		
MEA-PAC is the political arm of the MEA.				
Relationship of this Committee to Affiliated Organization				



Purpose of Committee			
Indicate the purpose of this Committee (please be as specific as possible):			
Education			
Candi	dates this Committe (skip to next section if suppo	e Supports or Opposes orting a specific party)	
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
Candidate Sheet Attached with 9 Candidates			
(attach additional sheets if more space need	led)		
Area, Scope and Jurisdiction of the Committee			
This Committee intends to participate in elections on the following levels: (check all that apply)			
☐ Statewide elections ☐ General Assembly elections ☐ Local elections			
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in: 1) Manassas City			



Treasurer				
	Mrs. Dove	Murina	V.	
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix
	manassaseducationassociation	n@gmail.com	(571) 268-1773	
	Email Address		Daytime Phone #	
	10375 Frank court			
Treasurer Residential Street Address Apt #				
Address	Manassas	VA	2	20110
	City	State	Zi	p Code
	PO Box 498			
Treasurer Business Address	Street Address/P.O. Box Suite #			
Treasurer Business ruaress	Manassas	VA	2	20109
	City	State	Zi	p Code
	Principal Custo	dian of the Books		
Principal Custodian Information	☐ Check this box if the Principal Care the same person, skip this section Mrs. Dove Salutation Last Name manassaseducationassociation Email Address Principal Position or Title	on. Murina First Name	Middle Name (571) 268-1773 Daytime Phone #	Suffix
	10375 Frank Court			
Principal Custodian Residential Address	Street Address Apt #			
Residential Address	Manassas	VA	2	0110
	City	State	Zi	p Code
	PO Box 498 Street Address/P.O. Box		Suite #	
Principal Custodian Business Address				0400
	Manasas City	VA State		0108 p Code
Additional Officers (optional)				
Additional Officers (optional)				
Additional Officers	Leroy Williams Leroy Williams	Leroy Williams	Officer1	7035091287
	Full Name		Fitle	Daytime Phone #
	Candice Hunley Candice Hunle	y Candice Hunley	Officer2	6306564815
	Full Name	•	Title	Daytime Phone #



Committee Depository						
Apple Federal Credit Unio	on					
Name of Primary Financial Inst	titution		Name of Other Fina	ncial Institution (if applicable)		
Manassas	VA					
City	State		City	State		
	A	ddress Where Boo	ks are Maintain	ed		
	10375 Frank	court				
Address Where Books are	Street Address (1	(P.O. Boxes are not acceptable)		Suite #	Suite #	
Maintained	Manassas		VA	20110		
	City		State	Zip Code		
		Committee	Activity			
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") Date contributions exceeded \$200: Date expenditures exceeded \$200: Date committee depository designated: Date treasurer appointed: 12/08/2017						
		Filing M	Iethod			
Please indicate the method by which this committee will submit all required 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

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 experrequired 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.

1	Name: Arthur Bushnell Office Sought: School Board	Supported ————————————————————————————————————	9581 Park St. Manassas, Va 20110
2	Name: Ellen Purdy Office Sought: School Board	Opposed Political Party:	9263 Sumner Lake Boulevard Manassas, Va 20110
3	Name: Ian Lovejoy Office Sought: City Council	Opposed Political Party:	8532 Piney Point Manassas, Va 20110
4	Name: Ilka Chavez Office Sought: School Board	Supported Political Party:	9349 Sumner Lake Boulevard Manassas, Va 20110
5	Name: Jonathan Way Office Sought: City Council	Opposed Political Party:	9636 Park St. Manassas, VA 20110
6	Name: Mark Wolfe Office Sought: City Council	Supported Political Party:	10198 Bens Way Manassas, Va 20110
7	Name: Patricia Richie-Folks Office Sought: City Council	Opposed Political Party:	9944 Grapewood Ct Manassas, Va 20110
8	Name: R.J. Magee Office Sought: School Board	Supported Political Party:	9404 Beauregard Ave. Manassas, Va 20110
9	Name: Scott Albert Office Sought: School Board	Supported Political Party:	9634 Park St. Manassas, Va 20110