



## Statement of Organization POLITICAL PARTY COMMITTEE

| Type of Statement  |  |                          |                         |            |             |
|--|--|--------------------------|-------------------------|------------|-------------|
| <input type="checkbox"/> NEW<br><br>This committee is registering with the Virginia State Board of Elections for the first time.   | <input checked="" type="checkbox"/> AMENDED<br><br>This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Date Changes Took Effect</th> <th style="width: 50%;">SBE-issued Committee ID</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">04/01/2024</td> <td style="text-align: center;">PP-24-00003</td> </tr> </tbody> </table> | Date Changes Took Effect | SBE-issued Committee ID | 04/01/2024 | PP-24-00003 |
| Date Changes Took Effect   | SBE-issued Committee ID  |                          |                         |            |             |
| 04/01/2024   | PP-24-00003  |                          |                         |            |             |
| Name of Committee  |  |                          |                         |            |             |
| <b>Staunton Democratic Committee</b><br><hr/> <b>Full Name of Committee</b><br><br><b>Party Affiliation</b><br><input checked="" type="checkbox"/> Democratic<br><input type="checkbox"/> Republican   |  |                          |                         |            |             |
| Committee Mailing Address  |  |                          |                         |            |             |
| <b>P.O. Box 152</b><br><hr/> <b>Street Address/P.O. Box</b> <span style="float: right;"><b>Suite #</b></span><br><b>Staunton</b> <span style="margin-left: 150px;"><b>VA</b></span> <span style="float: right;"><b>24402</b></span><br><hr/> <b>City</b> <span style="margin-left: 150px;"><b>State</b></span> <span style="float: right;"><b>Zip Code</b></span><br><b>treasurer@staunton-democrats.care</b> <span style="float: right;"><b>(540) 609-5432</b></span><br><hr/> <b>Email Address</b> <span style="float: right;"><b>Business Phone</b></span><br><b>https://www.staunton-democrats.org</b><br><hr/> <b>Committee Website</b> |  |                          |                         |            |             |
| Area, Scope and Jurisdiction of the Committee<br>(Please Check Only One)   |  |                          |                         |            |             |
| <input type="checkbox"/> National Party Committee<br><input type="checkbox"/> State Party Committee<br><input type="checkbox"/> Party Caucus<br><input type="checkbox"/> County Party Committee (county: _____)<br><input checked="" type="checkbox"/> City Party Committee (city: <u>Staunton City</u> )<br><input type="checkbox"/> Local Magisterial District (locality: _____ district: _____)<br><input type="checkbox"/> Congressional District (district: _____)<br><input type="checkbox"/> Virginia House District (district: _____)<br><input type="checkbox"/> Virginia Senate District (district: _____)                         |  |                          |                         |            |             |



**Committee Activity**

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date first contribution accepted: 01/17/2023  
 Date first expenditure made: 01/03/2023  
 Date committee depository designated: 01/01/2023  
 Date treasurer appointed: 01/08/2023

**Candidates this Committee Supports or Opposes**

| Full Name and Address of Candidate         | Office Sought | Party Affiliation | Support or Oppose? |
|--|---------------|-------------------|--------------------|
| Candidate Sheet Attached with 2 Candidates |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |

(attach additional sheets if more space needed)

**Committee Depository**

|                                       |           |   |       |
|---------------------------------------|-----------|---|-------|
| <b>DuPont Community Credit Union</b>  |           |   |       |
| Name of Primary Financial Institution |           | Name of Other Financial Institution (if applicable) |       |
| <b>Staunton</b>                       | <b>VA</b> |   |       |
| City                                  | State     | City  | State |

**Address Where Books are Maintained**

|                                    |  |           |              |
|------------------------------------|--|-----------|--------------|
| Address Where Books are Maintained | <b>240 N Central Ave., Suite 1</b>             |           |              |
|                                    | Street Address (P.O. Boxes are not acceptable) |           | Suite #      |
|                                    | <b>Staunton</b>                                | <b>VA</b> | <b>24401</b> |
|                                    | City   | State     | Zip Code     |



## Statement of Organization POLITICAL PARTY COMMITTEE

| Treasurer                                      |  |               |                 |                 |
|--|--|---------------|-----------------|-----------------|
| <b>Treasurer Information</b>                   | <b>Ingraham</b>  | <b>Daniel</b> |                 |                 |
|  | Salutation Last Name   | First Name    | Middle Name     | Suffix          |
|  | treasurer@staunton-democrats.care  |               | (540) 836-0846  |                 |
|  | Email Address  |               | Daytime Phone # |                 |
| <b>Treasurer Residential Address</b>           | 32 Fallon St   |               |                 |                 |
|  | Street Address   |               | Apt #           |                 |
|  | Staunton   | VA            | 24401           |                 |
|  | City   | State         | Zip Code        |                 |
| <b>Treasurer Business Address</b>              | P.O. Box 152   |               |                 |                 |
|  | Street Address/P.O. Box  |               | Suite #         |                 |
|  | Staunton   | VA            | 24402           |                 |
|  | City   | State         | Zip Code        |                 |
| Principal Custodian of the Books               |  |               |                 |                 |
| <b>Principal Custodian Information</b>         | <input type="checkbox"/> Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section. |               |                 |                 |
|  | <b>Ingraham</b>  | <b>Daniel</b> |                 |                 |
|  | Salutation Last Name   | First Name    | Middle Name     | Suffix          |
|  | treasurer@staunton-democrats.care  |               | (540) 836-0846  |                 |
|  | Email Address  |               | Daytime Phone # |                 |
|  | Treasurer  |               |                 |                 |
|  | Position or Title  |               |                 |                 |
| <b>Principal Custodian Residential Address</b> | 32 Fallon St   |               |                 |                 |
|  | Street Address   |               | Apt #           |                 |
|  | Staunton   | VA            | 24401           |                 |
|  | City   | State         | Zip Code        |                 |
| <b>Principal Custodian Business Address</b>    | P.O. Box 152   |               |                 |                 |
|  | Street Address/P.O. Box  |               | Suite #         |                 |
|  | Staunton   | VA            | 24402           |                 |
|  | City   | State         | Zip Code        |                 |
| Additional Officers (optional)                 |  |               |                 |                 |
| <b>Additional Officers</b>                     | Christopher Benjamin   |               | Chair           | 540-448-2190    |
|  | Full Name  |               | Title           | Daytime Phone # |
|  | Full Name  |               | Title           | Daytime Phone # |



## Statement of Organization POLITICAL PARTY COMMITTEE

### Filing Method

Please indicate the method by which this committee will submit its campaign finance reports:

File 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: a) does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year; or b) is a county, city, or local district political party that files disclosure reports on paper with the electoral board of that county or city.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Statement of Treasurer

**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.

### **Name of Committee**

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for your committee.
- Check the Party Affiliation box.
  - At present, there are only two organizations which meet the legal definition of “political party”. All other organizations should complete the Political Action Committee Statement of Organization.
  - Women’s, youth and other auxiliary party clubs do not meet the legal definition of “political party”. These clubs should complete the Political Action Committee Statement of Organization.

### **Committee Mailing Address**

- Insert the committee’s primary mailing address.
  - The address must be within the Commonwealth unless the committee is a National Party committee.
- Insert the committee’s primary business phone, fax and email address.
- Insert the committee’s website address (if one).

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

- Please choose the designation that applies.

### **Committee Activity**

- Enter the information requested.

### **Candidate’s Supported or Opposed**

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

### **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 committee is a National Party committee.

### **Address Where Books are Maintained**

- Please list the address where the committee’s records are maintained.
  - This address must be in the Commonwealth unless the committee is a National Party committee.

**Treasurer and Custodian of the Books Information**

- Treasurer
  - 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.

**Filing Method**

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

**Statement of Treasurer**

- Please read and sign the Statement.