

Statement of Organization POLITICAL PARTY COMMITTEE

□ NEW □ AMENDED This committee is registering with the Virginia □ This committee is filing an amended Statement of Organization. □ Date Changes Took Effect □ SBE-issued Committee ID □ Date Changes Took Effect □ SBE-issued Committee ID ■ Date Changes Took Effect □ SBE-issued Committee ID ■ Date Changes Took Effect □ SBE-issued Committee ID ■ Date Committee ■ PP-12-00450 ■ Democratic ■ PP-12-00450 ■ State SPR-0. Dox Suite # ■ Seaford VA 236956 City State Zip Code ■ George@kscbenefits.com ■ Resiness Phone ■ Integratic Address ■ Business Phone ■ Engla Address ■ Resiness Phone ■ Mtge://www.a01republicans.org/ ■ PP-12-0000000000000000000000000000000000			Type of Statement			
State Board of Elections for the first time. Date Changes Took Effect SBE-issued Committee ID 03/13/2022 PP-12-00450 Name of Committee Took Effect SBE-issued Committee ID 103/13/2022 PP-12-00450 Took Effect SBE-issued Committee ID Took Effect SBE-issued Committee Full Name of Committee Full Name of Committee Full Name of Committee Committee Mailing Address Street Address/P.O. Box Suite # Business Phone Hitps://www.va01republicans.org/ Committee Committee State Party Committee State Party Committee State Party Committee County P		□ NEW Ď AMENDED				
Date Changes Took Effect SBE-issued Committee ID 03/13/2022 PP-12-00450 Name of Committee Full Name of Committee Party Affiliation			This committee is filing an amended Statement of Organization.			
Name of Committee 1st District Republican Committee Full Name of Committee			Date Changes Took Effect	SBE-issued Committee ID		
1st District Republican Committee Full Name of Committee Party Affiliation Democratic X Republican Committee Mailing Address 103 Cove Drive Street Address/P.O. Box Suite # Seaford VA 23696 City State Zip Code george@kscbenefits.com Emain Address Business Phone https://www.va01republicans.org/ Committee (Please Check Only One) Committee Website Area, Scope and Jurisdiction of the Committee (Please Check Only One) Committee State Party Committee Party Caucus			03/13/2022	PP-12-00450		
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□ Virginia House District (district:)		Local Magisterial District (loc	ality:	_ district:)		
	X	Congressional District (distric	t: <u>Election - District 1</u>)			
		Virginia House District (distri	ict:)			
□ Virginia Senate District (district:)		Virginia Senate District (distr	ict:)			



Committee Activity								
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")								
Date first contribution accepted: Date first expenditure made: Date committee depository designated Date treasurer appointed:		01/01/2012						
		08/06/2016						
	Candio	dates this Comm	nittee Supports	or Opposes				
Full Name and Addre	ess of Candidate	Office Sought	Party	Affiliation	Support or Oppose?			
Candidate Sheet Attached with 2 Candidates								
(attach additional sheet	(attach additional sheets if more space needed)							
Committee Depository								
Truist Bank								
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)					
Richmond		/Α						
City State			City		State			
Address Where Books are Maintained								
	103 Cove Drive							
Address Where Books	Street Address (P.O.	. Boxes are not accep	table)	S	uite #			
are Maintained	Seaford		VA		23696			
	City		State	;	Zip Code			



Statement of Organization POLITICAL PARTY COMMITTEE

	Tre	asurer				
	Mr Clark	Michael				
Treasurer Information	Salutation Last Name	First Name Mie	Idle Name Suffix			
	george@kscbenefits.com	(757) 223-65	(757) 223-6591			
	Email Address		Daytime Phone #			
Treasurer Residential	103 Cove Drive Street Address	Apt #				
Address		-				
	Seaford	VA 23696				
	City	State	Zip Code			
	103 Cove Drive					
Treasurer Business Address	Street Address/P.O. Box	Suite #				
Treasurer Dusiness Truitess	Seaford	VA	23696			
	City	State	Zip Code			
	Principal Custo	odian of the Books				
Driveinel Custodien	 □ Check this box if the Principal C are the same person, skip this secti Mr Clark Salutation Last Name 	Michael	son as the Treasurer. If they Idle Name Suffix			
Principal Custodian Information						
	george@kscbenefits.com Email Address		(757) 223-6591 Daytime Phone #			
		Daytine i none				
	Treasurer Position or Title					
Principal Custodian	103 Cove Drive Street Address		1			
Residential Address	Street Address	Apt #				
	Seaford	VA	23696			
	City	State	Zip Code			
	103 Cove Drive					
Principal Custodian Business Address	Street Address/P.O. Box	Suite	Suite #			
Dusiness Auuress	Seaford	VA	23696			
	City	State	Zip Code			
	Additional O	fficers (optional)				
	Jeff Ryer	Chairman	757-713-5333			
	Full Name	Title	Daytime Phone #			
Additional Officers						
	Full Name	Title	Daytime Phone #			
		Inc	Daytine I none #			



Statement of Organization POLITICAL PARTY COMMITTEE

Filing Method					
Please indicate the method by which this committee will submit its campaign finance reports:					
X 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 <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

- 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.
 - $\circ \quad \text{Insert the residence address of the treasurer.}$
 - 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 <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.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 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.