



Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement											
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">Date Changes Took Effect</td> <td style="width: 50%; text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">02/17/2021</td> <td style="text-align: center;">PP-21-00002</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	02/17/2021	PP-21-00002						
Date Changes Took Effect	SBE-issued Committee ID										
02/17/2021	PP-21-00002										
Name of Committee											
Rockbridge Area Republican Committee <hr/> Full Name of Committee Party Affiliation <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican											
Committee Mailing Address											
P.O. Box 1101 <table style="width: 100%;"> <tr> <td style="width: 60%;">Street Address/P.O. Box</td> <td style="width: 40%; text-align: right;">Suite #</td> </tr> <tr> <td>Lexington</td> <td style="text-align: right;">VA 24450</td> </tr> <tr> <td>City</td> <td style="text-align: right;">State Zip Code</td> </tr> <tr> <td>ckostelni@embarqmail.com</td> <td style="text-align: right;">(540) 463-3909</td> </tr> <tr> <td>Email Address</td> <td style="text-align: right;">Business Phone</td> </tr> </table>		Street Address/P.O. Box	Suite #	Lexington	VA 24450	City	State Zip Code	ckostelni@embarqmail.com	(540) 463-3909	Email Address	Business Phone
Street Address/P.O. Box	Suite #										
Lexington	VA 24450										
City	State Zip Code										
ckostelni@embarqmail.com	(540) 463-3909										
Email Address	Business Phone										
Committee Website											
Area, Scope and Jurisdiction of the Committee (Please Check Only One)											
<input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> Party Caucus <input checked="" type="checkbox"/> County Party Committee (county: <u>Rockbridge County</u>) <input type="checkbox"/> City Party Committee (city: _____) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input type="checkbox"/> Congressional District (district: _____) <input type="checkbox"/> Virginia House District (district: _____) <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: _____
 Date first expenditure made: _____
 Date committee depository designated: _____
 Date treasurer appointed: _____

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

BB&T	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
Lexington	VA
City	State
City	State

Address Where Books are Maintained

Address Where Books are Maintained	55 Hamilton	
	Street Address (P.O. Boxes are not acceptable)	Suite #
	Lexington	VA
	City	State
		24450
		Zip Code



Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer					
Treasurer Information	<div style="display: flex; justify-content: space-between;"> Mr. Kostelni Charles </div>				
	Salutation	Last Name	First Name	Middle Name	Suffix
	ckostelni@embarqmail.com			(540) 463-3909	
	Email Address			Daytime Phone #	
Treasurer Residential Address	225 Beatty Hollow Rd.				
	Street Address			Apt #	
	Lexington		VA		24450
	City		State		Zip Code
Treasurer Business Address	P.O. Box 1101				
	Street Address/P.O. Box			Suite #	
	Lexington		VA		24450
	City		State		Zip Code
Principal Custodian of the Books					
Principal Custodian Information	<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.				
	<div style="display: flex; justify-content: space-between;"> Kostelni Charles </div>				
	Salutation	Last Name	First Name	Middle Name	Suffix
	ckostelni@embarqmail.com			(540) 463-3909	
	Email Address			Daytime Phone #	
Treasurer					
Position or Title					
Principal Custodian Residential Address	225 Beatty Hollow Rd				
	Street Address			Apt #	
	Lexington		VA		24450
	City		State		Zip Code
Principal Custodian Business Address	P.O. Box 1101				
	Street Address/P.O. Box			Suite #	
	Lexington		VA		24450
	City		State		Zip Code
Additional Officers (optional)					
Additional Officers	Doug Smith		Chairman		15404603852
	Full Name		Title		Daytime Phone #
	Jan Lowry		Secretary		5404641073
	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/

Statement of Treasurer

- Please read and sign the Statement.