

Statement of Organization POLITICAL PARTY COMMITTEE

		Type of Statement				
			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			
		01/01/2018	PP-17-00081			
		Name of Committee				
		Name of Committee				
	City Democratic Committee					
Full Name	of Committee					
Party Affil						
	Democratic Republican					
	•	Committee Mailing Address				
P.O. Box	2516					
Street Add	ress/P.O. Box		Suite #			
Roanoke		VA	24010			
City		State	Zip Code			
stephenniamke@gmail.com			(540) 519-4211			
Email Address			Business Phone			
-	w.roanokedems.com					
Committee			•			
	Area, Sco	pe and Jurisdiction of the Co (Please Check Only One)	ommittee			
	National Party Committee					
	State Party Committee					
	Party Caucus					
	County Party Committee (cou	inty:)			
X	City Party Committee (city: _	Roanoke City)			
	Local Magisterial District (loc	ality:	_ district:)		
	Congressional District (distric	et:)				
	Virginia House District (distri	ict:)				
	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 Date first expenditur Date committee dep Date treasurer appoi	e made: ository designated:	01/19/2010 07/21/2016						
Candidates this Committee Supports or Opposes								
Full Name and Addre	ess of Candidate	Office Sought	Pa	rty Affiliation	Support or Oppose?			
(attach additional sheet	(attach additional sheets if more space needed)							
Committee Depository								
Freedom First Feder								
Name of Primary Financia		Name of Other Financial Institution (if applicable)						
Roanoke		/A						
City State			City State		State			
	A	ddress Where	Books are M	aintained				
	707 S JEFFERSON ST		STE 310					
Address Where Books are Maintained	Street Address (P.O	. Boxes are not accep	otable)	S	Suite #			
ur e mannamet	Roanoke			VA	24016			
	City		S	State	Zip Code			



Statement of Organization POLITICAL PARTY COMMITTEE

	T	reasurer				
	Mr. Priddy	Luke	Wilcox			
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix			
	lukewpriddy@gmail.com	(540) 7	798-6531			
	Email Address		Phone #			
		Ste A				
Treasurer Residential	302 5th ST SW Street Address		Apt #			
Address			-			
	Roanoke City	VA State	24016 Zip Code			
		State	Zip Code			
	P.O. Box 2516					
Treasurer Business Address	Street Address/P.O. Box		Suite #			
	Roanoke	VA	24010			
	City	State	Zip Code			
	Principal Cu	stodian of the Books				
Principal Custodian Information	are the same person, skip this see Mr. Priddy Salutation Last Name lukewpriddy@gmail.com Email Address Principal Position or Title	Luke First Name (540) 7	Wilcox Middle Name Suffix 798-6531 9 Phone #			
	Mr.PriddySalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title	Luke First Name (540) 7	Middle Name Suffix 798-6531 9 Phone #			
	Mr.Priddy SalutationSalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SW	Luke First Name (540) 7	Middle Name Suffix 798-6531 Phone # Ste A			
Information	Mr.Priddy SalutationSalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SWStreet Address	Luke First Name (540) 7 Daytime	Middle Name Suffix 798-6531 Phone # Ste A Apt #			
Information Principal Custodian	Mr.Priddy SalutationSalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SWStreet AddressRoanoke	Luke First Name (540) 7 Daytime	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016			
Information Principal Custodian Residential Address	Mr.Priddy SalutationSalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SWStreet AddressRoanokeCityP.O. Box 2516	Luke First Name (540) 7 Daytime	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code			
Information Principal Custodian	Mr. Priddy Salutation Last Name lukewpriddy@gmail.com Email Address Principal Position or Title 302 5th ST SW Street Address Roanoke City	Luke First Name (540) 7 Daytime VA State	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code			
Information Principal Custodian Residential Address Principal Custodian	Mr.Priddy SalutationSalutationLast NameIukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SWStreet AddressRoanokeCityP.O. Box 2516Street Address/P.O. BoxRoanoke	Luke First Name (540) 7 Daytime VA State VA	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code Suite # 24010			
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Information Principal Custodian Residential Address Principal Custodian	Mr. Priddy Salutation Last Name lukewpriddy@gmail.com Email Address Principal Position or Title 302 5th ST SW Street Address Roanoke City P.O. Box 2516 Street Address/P.O. Box Roanoke City Additional	Luke First Name (540) 7 Daytime VA State VA State Officers (optional)	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code Suite # 24010 Zip Code			
Information Principal Custodian Residential Address Principal Custodian Business Address	Mr.Priddy SalutationSalutationLast Namelukewpriddy@gmail.comEmail AddressPrincipalPosition or Title302 5th ST SWStreet AddressRoanokeCityP.O. Box 2516Street Address/P.O. BoxRoanokeCity	Luke First Name (540) 7 Daytime VA State VA State	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code Suite # 24010			
Information Principal Custodian Residential Address Principal Custodian	Mr. Priddy Salutation Last Name lukewpriddy@gmail.com Email Address Principal Position or Title 302 5th ST SW Street Address Roanoke City P.O. Box 2516 Street Address/P.O. Box Roanoke City Additional Stephen Niamke	Luke First Name (540) 7 Daytime VA State VA State Officers (optional) Officer1	Middle Name Suffix 298-6531 Phone # Ste A Apt # 24016 Zip Code Suite # 24010 Zip Code 5405194211			



Statement of Organization POLITICAL PARTY COMMITTEE

Filing Method					
Please indicate the method by which this committee will submit its 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: 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.