



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%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 5px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 5px;">07/27/2020</td> <td style="text-align: center; padding: 5px;">PP-12-00632</td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID | 07/27/2020 | PP-12-00632 | | | | | | |
| Date Changes Took Effect | SBE-issued Committee ID | | | | | | | | | | |
| 07/27/2020 | PP-12-00632 | | | | | | | | | | |
| Name of Committee | | | | | | | | | | | |
| 2nd District Republican Committee of Virginia <hr/> Full Name of Committee Party Affiliation <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican | | | | | | | | | | | |
| Committee Mailing Address | | | | | | | | | | | |
| 2348 Huckleberry Trail <hr/> <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>Virginia Beach</td> <td style="text-align: right;">VA 23456</td> </tr> <tr> <td>City</td> <td style="text-align: right;">State Zip Code</td> </tr> <tr> <td>dfree216@gmail.com</td> <td style="text-align: right;">(757) 615-9542</td> </tr> <tr> <td>Email Address</td> <td style="text-align: right;">Business Phone</td> </tr> </table> | | Street Address/P.O. Box | Suite # | Virginia Beach | VA 23456 | City | State Zip Code | dfree216@gmail.com | (757) 615-9542 | Email Address | Business Phone |
| Street Address/P.O. Box | Suite # | | | | | | | | | | |
| Virginia Beach | VA 23456 | | | | | | | | | | |
| City | State Zip Code | | | | | | | | | | |
| dfree216@gmail.com | (757) 615-9542 | | | | | | | | | | |
| 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 type="checkbox"/> County Party Committee (county: _____) <input type="checkbox"/> City Party Committee (city: _____) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input checked="" type="checkbox"/> Congressional District (district: <u>Election - District 2</u>) <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: 09/25/2008
 Date first expenditure made: 09/30/2008
 Date committee depository designated: 09/24/2008
 Date treasurer appointed: 07/01/2020

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

| | |
|---------------------------------------|---|
| Suntrust | |
| Name of Primary Financial Institution | Name of Other Financial Institution (if applicable) |
| Norfolk | VA |
| City | State |
| City | State |

Address Where Books are Maintained

| | | | |
|---------------------------------------|--|-------|----------|
| Address Where Books are Maintained | | | |
| | 705 Mobjack Place | | A |
| | Street Address (P.O. Boxes are not acceptable) | | Suite # |
| | Newport News | VA | 23606 |
| | City | State | Zip Code |



Statement of Organization

POLITICAL PARTY COMMITTEE

| Treasurer | | | | |
|--|---|--|--|--|
| Treasurer Information | <div style="display: flex; justify-content: space-between;"> Mr. Clark George </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Salutation Last Name First Name Middle Name Suffix </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> george@kscbenefits.com (757) 223-6591 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Email Address Daytime Phone # </div> | | | |
| Treasurer Residential Address | 103 Cove Way | | | |
| | <div style="display: flex; justify-content: space-between;"> Street Address Apt # </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Seaford VA 23696 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> | | | |
| Treasurer Business Address | 705 Mobjack Place | | | |
| | <div style="display: flex; justify-content: space-between;"> Street Address/P.O. Box A </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Newport News VA 23606 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> | | | |
| 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;"> Mr. Clark George </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Salutation Last Name First Name Middle Name Suffix </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> george@kscbenefits.com (757) 223-6591 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Email Address Daytime Phone # </div> | | | |
| <div style="display: flex; justify-content: space-between;"> Principal </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> Position or Title </div> | | | | |
| Principal Custodian Residential Address | 103 Cove Way | | | |
| | <div style="display: flex; justify-content: space-between;"> Street Address Apt # </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Seaford VA 23696 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> | | | |
| Principal Custodian Business Address | 705 Mobjack Place | | | |
| | <div style="display: flex; justify-content: space-between;"> Street Address/P.O. Box A </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Newport News VA 23606 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> | | | |
| Additional Officers (optional) | | | | |
| Additional Officers | <div style="display: flex; justify-content: space-between;"> Dennis E. Free Officer1 7576159542 </div> | | | |
| | <div style="display: flex; justify-content: space-between;"> Full Name Title Daytime Phone # </div> | | | |
| <div style="display: flex; justify-content: space-between;"> Full Name Title Daytime Phone # </div> | | | | |



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.