

Type of Statement				
□ NEW	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		
	03/10/2022	PAC-20-00064		
Name of Committee				
Back the Blue PAC				
Full Name of Committee				
Committee Acronym (if applicable)				
□ Check this box if this committee is establi	shed or controlled by a corporat	ion doing business in Virginia		
	Committee Mailing Address			
PO Box 3193				
Street Address/P.O. Box		Suite #		
Virginia Beach	VA	23454		
City	State Zip Code			
info@backtheblueva.com	(757) 285-7055			
Email Address	Business Phone			
https://www.backtheblueva.com/				
Committee Website				
Afi	filiated Organization or PA	С		
Check this box if this committee is affiliated	with another organization or PA	C. If so, provide the following information:		
Miyares for Virginia				
Full Name of Affiliated Organization				
PO Box 3193				
Street Address/P.O. Box		Suite #		
Virginia Beach	VA	23454		
City	State	Zip Code		
Affiliated Organization				
Relationship of this Committee to Affiliated Orga	nization			



Purpose of Committee

Indicate the purpose of this Committee (please be as specific as possible):

To support pro-law enforcement candidates in Virginia

Candidates this Committee Supports or Opposes (skip to next section if supporting a specific party)				
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?	
Candidate Sheet Attached with 1 Candidates				
(attach additional sheets if more space need	led)			
Area,	Scope and Jurisdict	ion of the Committee		
This Committee intends to p	participate in elections	on the following levels: (ch	neck all that apply)	
 Statewide elections General Assembly elections Local elections 				
If "Local Elections" is checked please list the 1) 2) 3) 	4) 5)	ons the committee intends to be		



	Tre	Treasurer			
	Mr. Atkinson	John	С.		
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix		
	Clay@atkinsonrealty.com	(7	57) 285-7055		
	Email Address	Day	ytime Phone #		
	5511 Dawson Road		В		
Treasurer Residential Address	Street Address	Apt #			
Address	Virginia Beach	VA	23451		
	City	State	Zip Code		
	932 Laskin Road	3rd Floor			
Treasurer Business Address	Street Address/P.O. Box		Suite #		
Treasurer Dusiness Autress	Virginia Beach	VA	23451		
	City	State	Zip Code		
	Principal Custo	odian of the Books			
Principal Custodian Information	are the same person, skip this section Mr. Atkinson Salutation Last Name	on. John First Name	C. Middle Name Suffix		
	Clay@atkinsonrealty.com Email Address Treasurer		57) 285-7055 ytime Phone #		
	Email Address Treasurer Position or Title		ytime Phone #		
Principal Custodian	Email Address Treasurer Position or Title 5511 Dawson Road		ytime Phone # B		
Principal Custodian Residential Address	Email Address Treasurer Position or Title 5511 Dawson Road Street Address	Day	ytime Phone # B Apt #		
	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach	VA	ytime Phone # B Apt # 23451		
	Email Address Treasurer Position or Title 5511 Dawson Road Street Address	Day	ytime Phone # B Apt #		
Residential Address Principal Custodian	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach City	VA	B Apt # 23451 Zip Code		
Residential Address	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach City 932 Laskin Road	VA	ytime Phone # B Apt # 23451 Zip Code 3rd Floor		
Residential Address Principal Custodian	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach City 932 Laskin Road Street Address/P.O. Box	VA State	ytime Phone # B Apt # 23451 Zip Code 3rd Floor Suite #		
Residential Address Principal Custodian	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach City 932 Laskin Road Street Address/P.O. Box Virginia Beach City	VA State VA	ytime Phone # B Apt # 23451 Zip Code 3rd Floor Suite # 23451		
Residential Address Principal Custodian	Email Address Treasurer Position or Title 5511 Dawson Road Street Address Virginia Beach City 932 Laskin Road Street Address/P.O. Box Virginia Beach City	VA State VA State	ytime Phone # B Apt # 23451 Zip Code 3rd Floor Suite # 23451		



Committee Depository				
Southern Bank				
Name of Primary Financial Ins	titution	Name of Other Fina	ncial Institution (if applicable)	
Virginia Beach	VA			
City	State	City	State	
	Address When	re Books are Maintain	ed	
	932 Laskin Road			
Address Where Books are	Street Address (P.O. Boxes are no	ot acceptable)	Suite #	
Maintained	Virginia Beach	VA	23451	
	City	State	Zip Code	
	Com	mittee Activity		
Please provide the following of Date contributions exceed Date expenditures exceed Date committee deposito Date treasurer appointed	ded \$200:	eurred for this committee, wr	ite "N/A")	
	Fi	ling Method		
 Please indicate the method by which this committee will submit all required campaign finance reports: Image: The electronically using SBE's VAFiling Application. Image: File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:) Image: File paper reports. Image: File paper reports. Image: (By choosing this option, I affirm that this committee does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year) 				
Signature		Date		



Statement of Treasurer

Member or Employee Contributions not Required: Any stock or nonstock corporation, labor organization, membership organization, cooperative, or other group of persons may establish and administer for political purposes, and solicit and expend contributions for, a political action committee, provided that:

1. No political action committee shall make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisal, threat of force, or as a condition of employment.

2. Any person soliciting a contribution to a political action committee shall, at the time of solicitation, inform the person being solicited of (i) his right to refuse to contribute without any reprisal and (ii) the political purposes of the committee.

Committees Formed Between October 1 and Election Day: 24.2-949.6 & §24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Use of Candidate Name: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

• the written authorization of the candidate consenting the use of his name; or

• the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

□ 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.

*** 24.2-949.6 & §24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.
- Check the box if this committee is established or controlled by a corporation which is headquartered outside of Virginia and is registered with the State Corporation Commission.

Committee Mailing Address

- Insert the committee's primary mailing address.
 - The address must be within the Commonwealth unless the affiliated organization is a business headquartered outside of the Commonwealth, but registered with the Virginia State Corporation Commission.
- Insert the committee's primary business phone, fax and email address.
- Insert the committee's website address (if one).

Affiliated Organization or PAC

- Please provide the name and contact information of the affiliated organization of the PAC.
- Indicate the nature of the relationship between the PAC and the affiliate.

Purpose of the Committee

• Indicate the primary purpose of the committee (e.g. health care, labor).

Candidate's Supported or Opposed

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

Area, Scope and Jurisdiction of the Committee

• Please choose the designation that applies.

Treasurer and Books Information

- Treasurer
 - \circ $\;$ 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.

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 affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.

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.el</u>ections.virgin
- 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.

Candidates Supported or Opposed

	Name: Jason Miyares	Supported	PO Box 3193
1	Office Sought:	Political Party:	Virginia Beach, Va
	Attorney General	Republican	23454