



Statement of Organization OUT-of-STATE POLITICAL 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.		
	Date Changes Took Effect	SBE-issued Committee ID	
	04/17/2017	OSPC-12-01115	
Name of Committee			
American Federation of State, County and Municipal Employees			
Insert full name of committee (Acronyms must be spelled out)			
Committee Mailing Address			
1625 L Street, NW			
Street Address/P.O. Box			Suite #
Washington	DC	20036	
City	State	Zip Code	
chui@AFSCME.org		(202) 429-1088	
Email Address		Business Phone	
www.afscme.org			
Committee Website			
Affiliated Organization or PAC			
Full Name of Affiliated Organization			
Street Address/P.O. Box			Suite #
City	State	Zip Code	
To support state and local candidates and committees that support Labor issues.			
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)			
Candidate's Supported or Opposed*			
Full Name and Address of Candidate(s)	Office Sought	Party Affiliation	Support or Oppose?



Area, Scope and Jurisdiction of the Committee

This Committee intends to participate in (check all that apply):

- Statewide elections**

 General Assembly elections

 Local elections

If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:

- | | |
|-----------------------------------|----------|
| 1) <u>To Be Determined</u> | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Other Agency Information

Taxpayer Identification Number	91-2064198 Enter Taxpayer ID Number
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Other Agencies Where Committee is Registered	'Other Agencies Where Registered' Sheet Attached with 1 Agency.	
	Name of Agency	Registration Number
	Name of Agency	Registration Number
	Name of Agency	Registration Number
	Name of Agency	Registration Number
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	Name of Agency	Registration Number

Committee Depository

Amalgamated Bank	
Primary Bank Name or Depository	Secondary Bank Name or Depository
Washington	DC
City	State
City	State



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information					
Treasurer	Ms.	McBride	Elissa		
	Salutation	Last Name	First Name	Middle Name	
	1625 L Street, NW Washington, DC 20036				
	Street Address (Business), City, State and Zip Code				
	1625 L Street, NW				
	Street Address (Residence)			Suite #	
	Washington		DC		20036
City		State		Zip Code	
chui@afscme.org			(202) 429-1088		
Email Address (*see instructions)			Daytime Phone #		
Principal Custodian of the Books (if one)	Ms.	McBride	Elissa		
	Salutation	Last Name	First Name	Middle Name	
	1625 L Street, NW Washington, DC 20036				
	Street Address (Business), City, State and Zip				
	1625 L Street, NW				
	Street Address (Residence)			Suite #	
	Washington		DC		20036
City		State		Zip Code	
chui@afscme.org			(202) 429-1088		
Email Address (*see instructions)			Daytime Phone #		
Address Where Books are Maintained	1625 L Street, NW				
	Street Address (P.O. Boxes are Not Acceptable)			Suite #	
	Washington		DC		20036
	City		State		Zip Code
Statement of Treasurer					
<p>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 am required to file my reports electronically on SBE's website. I understand that I must truthfully report all monies and things of value, which this political committee receives or expends as required by § 24.2-949.9:1. 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 up to a Class 5 felony.</p>					
<p>_____</p> <p>Signature</p>			<p>_____</p> <p>Date</p>		

FOR SBE OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

CIRCLE ONE

COMMITTEE ID: _____ **N or A**



Instructions for Completing This Form

- Submit the original, signed copy of this form to:

**State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219**

- This form must be legible, 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 you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

- Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

- Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections
Washington Building
1100 Bank Street, First Floor
Richmond, VA 23219

Other Agencies Where Registered

	Agency Name	Registration Number
1	Internal Revenue Service	45-3115268