



# 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: 2px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 2px;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>01/11/2024</b></td> <td style="text-align: center; padding: 2px;"><b>PP-21-00011</b></td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	<b>01/11/2024</b>	<b>PP-21-00011</b>														
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<b>01/11/2024</b>	<b>PP-21-00011</b>																		
Name of Committee																			
<b>Washington County Democratic Committee</b> <hr/> <b>Full Name of Committee</b>  <b>Party Affiliation</b> <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican																			
Committee Mailing Address																			
<b>P.O. Box 1332</b> <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><b>Abingdon</b></td> <td style="text-align: right;"><b>VA</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>24212-1332</b></td> </tr> <tr> <td>City</td> <td style="text-align: right;">State</td> </tr> <tr> <td><b>washcovademocrats@gmail.com</b></td> <td style="text-align: right;"><b>Zip Code</b></td> </tr> <tr> <td></td> <td style="text-align: right;"><b>(276) 356-8517</b></td> </tr> <tr> <td>Email Address</td> <td style="text-align: right;">Business Phone</td> </tr> <tr> <td colspan="2"><b>https://www.washcovadems.org</b></td> </tr> <tr> <td colspan="2">Committee Website</td> </tr> </table>		Street Address/P.O. Box	Suite #	<b>Abingdon</b>	<b>VA</b>		<b>24212-1332</b>	City	State	<b>washcovademocrats@gmail.com</b>	<b>Zip Code</b>		<b>(276) 356-8517</b>	Email Address	Business Phone	<b>https://www.washcovadems.org</b>		Committee Website	
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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>Washington 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:	<u>01/01/1948</u>
Date first expenditure made:	<u>01/01/1948</u>
Date committee depository designated:	<u>10/12/2021</u>
Date treasurer appointed:	<u>09/15/2020</u>

### 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

<b>First Community Bank</b>	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
<b>Abingdon</b>	<b>VA</b>
City	State
City	State

### Address Where Books are Maintained

Address Where Books are Maintained	<b>30056 Smyth Chapel Rd.</b>	
	Street Address (P.O. Boxes are not acceptable)	Suite #
	<b>Meadowview</b>	<b>VA</b>
	City	State
		<b>24361</b>
		Zip Code



# Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer				
<b>Treasurer Information</b>	<b>Dr.</b>	<b>Hebard</b>	<b>Frederick</b>	<b>Vanuxem</b>
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
	<b>mbiew@comcast.net</b>		<b>(276) 356-8517</b>	
	<small>Email Address</small>		<small>Daytime Phone #</small>	
<b>Treasurer Residential Address</b>	<b>30056 Smyth Chapel Rd.</b>			
	<small>Street Address</small>			<small>Apt #</small>
	<b>Meadowview</b>		<b>VA</b>	<b>24361</b>
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
<b>Treasurer Business Address</b>	<b>P.O. Box 1332</b>			
	<small>Street Address/P.O. Box</small>			<small>Suite #</small>
	<b>Abingdon</b>		<b>VA</b>	<b>24212-1332</b>
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
Principal Custodian of the Books				
<b>Principal Custodian Information</b>	<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.			
	<b>Dr.</b>	<b>Hebard</b>	<b>Frederick</b>	<b>Vanuxem</b>
	<small>Salutation</small>	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
	<b>mbiew@comcast.net</b>		<b>(276) 356-8517</b>	
	<small>Email Address</small>		<small>Daytime Phone #</small>	
	<b>Treasurer</b>			
<small>Position or Title</small>				
<b>Principal Custodian Residential Address</b>	<b>30056 Smyth Chapel Rd.</b>			
	<small>Street Address</small>			<small>Apt #</small>
	<b>Meadowview</b>		<b>VA</b>	<b>24361</b>
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
<b>Principal Custodian Business Address</b>	<b>P.O. Box 1332</b>			
	<small>Street Address/P.O. Box</small>			<small>Suite #</small>
	<b>Abingdon</b>		<b>VA</b>	<b>24212</b>
	<small>City</small>		<small>State</small>	<small>Zip Code</small>
Additional Officers (optional)				
<b>Additional Officers</b>	<b>Julianne Johnson Miles</b>		<b>Vice Chair Finance</b>	<b>276 274-2470</b>
	<small>Full Name</small>		<small>Title</small>	<small>Daytime Phone #</small>
	<b>Full Name</b>		<b>Title</b>	<b>Daytime Phone #</b>



## 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/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

**Statement of Treasurer**

- Please read and sign the Statement.