Statement of Organization
POLITICAL ACTION COMMITTEE

Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID
06/01/2026	**PAC-12-00370**

Name of Committee

Virginia Council Of Nurse Practitioners PAC

Full Name of Committee

VCNP PAC

Committee Acronym (if applicable)

☒ **Check this box if this committee is established or controlled by a corporation doing business in Virginia**

Committee Mailing Address

250 W Main Street Suite 100			**100**
Street Address/P.O. Box			**Suite #**
Charlottesville	**VA**	**22902**	
City	**State**	**Zip Code**	
bill.murrill@easterassociates.com		**(434) 377-9716**	
Email Address		**Business Phone**	
Committee Website			

Affiliated Organization or PAC

☒ **Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:**

Virginia Council of Nurse Practitioners			
Full Name of Affiliated Organization			
250 West Main Street			**Suite 100**
Street Address/P.O. Box			**Suite #**
Charlottesville	**VA**	**22902**	
City	**State**	**Zip Code**	
Establishing Organization			
Relationship of this Committee to Affiliated Organization			

Statement of Organization
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Purpose of Committee

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

Health Care

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?

(attach additional sheets if more space needed)

Area, Scope and Jurisdiction of the Committee

This Committee intends to participate in elections on the following levels: (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) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Statement of Organization
POLITICAL ACTION COMMITTEE

Treasurer

Treasurer Information

Salutation	Last Name	First Name	Middle Name	Suffix
	Gallagher	Karen	Jean	

mandy.knakmuhs@easterassociates.com — Email Address

(434) 377-9716 — Daytime Phone #

Treasurer Residential Address

5507 Swift Current Court — Street Address

Suite 100 — Apt #

City	State	Zip Code
Burke	VA	22015

Treasurer Business Address

250 W Main Street Suite 100 — Street Address/P.O. Box

Suite # —

City	State	Zip Code
Charlottesville	VA	22902

Principal Custodian of the Books

Principal Custodian Information

☐ 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.

Salutation	Last Name	First Name	Middle Name	Suffix
Mr.	Easter	Doug		

doug.easter@easterassociates.com — Email Address

(434) 977-3716 — Daytime Phone #

Executive — Position or Title

Principal Custodian Residential Address

2731 Free Union Rd — Street Address

Apt # —

City	State	Zip Code
Charlottesville	VA	22901

Principal Custodian Business Address

250 West Main Street — Street Address/P.O. Box

Suite 100 — Suite #

City	State	Zip Code
Charlottesville	VA	22902

Additional Officers (optional)

Additional Officers

Full Name	Title	Daytime Phone #
Full Name	Title	Daytime Phone #

Statement of Organization
POLITICAL ACTION COMMITTEE

Committee Depository

BB&T	
Name of Primary Financial Institution	**Name of Other Financial Institution (if applicable)**
Charlottesville VA	
City **State**	**City** **State**

Address Where Books are Maintained

Address Where Books are Maintained	250 West Main Street		
	Street Address (P.O. Boxes are not acceptable)		**Suite #**
	Charlottesville	VA	22902
	City	**State**	**Zip Code**

Committee Activity

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date contributions exceeded $200: _____

Date expenditures exceeded $200: _____

Date committee depository designated: _____

Date treasurer appointed: _____

Filing Method

Please indicate the method by which this committee will submit all required 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 does not intend to accept contributions or make expenditures in excess of $10,000 during the calendar year)

_____ _____

Signature **Date**

Statement of Organization
POLITICAL ACTION COMMITTEE

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
  - 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 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.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: http://www.sbe.virginia.gov/cms/Campaign_Finance/

Statement of Treasurer

- Please read and sign the Statement.