

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.					
RC-20-00010	Date Changes Took Effect	SBE-issued Committee ID				
Name of Committee						
YES For Northampton Schools Full Name of Committee  YNS Committee Acronym (if applicable)						
C	Committee Mailing Address					
C/O Martina Coker, 1530 Elliotts Cred Street Address/PO Box	ek Ln	Suite #				
Cape Charles	VA	23310				
City	State	Zip Code				
nason89@aol.com		(757) 331-1937				
Email Address		Business Phone				
Committee Website						
Aff	iliated Organization or PA	C				
☐ Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:						
Northampton Medical Services Foun- Full Name of Affiliated Organization	uation					
P.O. Box 1374 Street Address/PO Box		Suite #				
Eastville City	VA State	23347 Zip Code				
Fullfilling Community Educational Ne		Zip Code				
Relationship of this Committee to Affiliated Orga						



	Area,	Scope and Jurisdi	ction of the Committee			
Proposing 1% or less sales tax solely for purposes of financing construction and renovation projects for public school buildings. Tax will expire in 2040.						
Referendum Purpose – Brid	efly describe the s	subject of the reference	lum	<del></del>		
11/03/2020						
Date of Referendum		<del></del>				
Scope of Referendum:						
☐ Statewide						
Local (name of c	ounty/city/town: _	Northampton County		)		
☐ Regional (descri	be the region:			)		
Position on Referendum:						
<b>☑</b> Support						
☐ Oppose						
		Committee	Depository			
Firet Hariner Benk						
First Horizon Bank Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Cheriton	VA		au.			
City	State	ddwagg Whana Dag	City oks are Maintained	State		
	A	daress where Boo	oks are Maintained			
1530 Elliotts Creek Lane						
Address Where Books are	Street Address (P.O. Boxes are not accepta		stable) Suite #			
Maintained	Cape Charles		VA	23310		
	City		State	Zip Code		
Committee Activity						
Please provide the following	dates (If an action	has not vet occurred t	For this committee write "N/A")			
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")						
Date first contribution a	ccepted:	08/21/2020				
Date first expenditure m	nade:					
Date committee depository designated:08/21/2020						
Date treasurer appointed	<b>i</b> :	08/21/2020				
-						



Treasurer					
Treasurer Information	Mr Coker Salutation Last Name  Nason89@aol.com Email Address	John Randolph First Name Middle Name Suffix  (757) 331-1937  Daytime Phone #		Suffix	
Treasurer Residential Address	same Street Address Cape Charles City	VA State	Apt # 23310 Zip Code		
Treasurer Business Address	1530 Elliotts Creek Ln Street Address/P.O. Box Cape Charles City Principal Custo	VA State dian of the Books	Suite #  23310  Zip Code		
Principal Custodian Information	T -	astodian of the Books is the same person as the Treasurer. If the			
Principal Custodian Residential Address	1530 Elliotts Creek Lane Street Address Cape Charles City	Apt #  VA 23310  State Zip Code		O le	
Principal Custodian Business Address	1530 Elliotts Creek Lane Street Address/P.O. Box  Cape Charles City	VA State	Suite #  2331 Zip Coo		



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 <b>SBE Approved Vendor</b> (Please indicate Name of Vendor:)				
☐ File paper reports.  (By choosing this option, I affirm that this committee do of \$10,000 during the calendar year)	pes not intend to accept contributions or make expenditures in excess			
Signature	Date			
Statement	of Treasurer			
<b>Definition of Referendum Committee:</b> §24.2-945.1 "Referendum committee, that makes expenditures in a calendar year in excess of (referendum, (ii) \$5,000 to advocate the passage or defeat of a referendum held in a single court	i) \$10,000 to advocate the passage or defeat of a statewide ndum being held in two or more counties and cities, or (iii) \$1,000 to			
filing this form on or after October 1 and before the November elector the committees activities within 24 hours of filing its Statemen	4.2-949.6 & §24.2-949.6 (D) requires any political action committee tion day in any odd numbered year (i) to file a campaign finance report t of Organization and (ii) to file reports within 24 hours of receiving the period between the date of filing its statement of organization and			
required by the Code of Virginia for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ds in a timely manner. Civil penalties will be assessed in the manner			
Signature	<del>Date</del>			



### **Instructions for Completing This Form**

#### **General Guidelines**

- 1) Referendum committees must submit the original, signed version of this form to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219. Facsimiles and copies will not be accepted.
- 2) This form must be written in ink or typed or it will be rejected.
- 3) All requested information on the form is required unless otherwise noted below.
- 4) An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in the *Code of Virginia*.

### **Type of Statement**

1) Check the box that applies to the type of Statement that you are filing.

#### **Name of Committee**

1) 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**

- 1) Insert the committee's primary mailing address.
  - \*§24.2-952.1 states that referendum committee must have an address that is located within the boundaries of the Commonwealth.
- 2) Insert the committee's primary business phone and fax number.
- 3) Insert the Committee's e-mail address.
  - \*This information is required if your committee intends to file electronically. Otherwise, it is optional.

#### **Area, Scope and Jurisdiction**

- 1) Indicate whether the committee is supporting or opposing the referendum in question.
- 2) Briefly describe the subject of the referendum.
- 3) Indicate the date of the referendum.
- 4) Indicate which locality in which the referendum is being held.

#### **Committee Depository**

- 1) Insert the name and address of the committee's depository (Bank Name).
- 2) Insert the name and address of the committee's secondary depository (if one).
  - \*Depositories must be in an account located within the Commonwealth.

#### **Affiliated Organizations**

1) Indicate the name and address of any affiliated organization. Please attach additional sheets if the committee has more than one affiliated organization.



### **Instructions for Completing This Form (cont.)**

#### **Treasurer and Books Information**

- 1) Treasurer
  - a) 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.
    - \*Note: The Treasurer must be a resident of the Commonwealth of Virginia.
  - b) Email Address

\*Note: An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.

- 2) Custodian of the Books
  - a) Insert the name and business and residential address of the custodian of the books (if one).

#### Filing Method

1) Indicate whether the committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

#### **NOTE**

\*Referendum Committees that intend to raise more than \$10,000 or who intend to spend more than \$10,000 in a single calendar year are required by § 24.2-951.8 to file electronically.

- VAFiling 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 comply completely 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: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>