

	Type of Statement						
$\Box$ 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					
	05/13/2024	PAC-18-00390					
Name of Committee							
TREASURER'S ASSOCIATION OF VIRGINIA - POLITICAL ACTION COMMITTEE							
Full Name of Committee							
TAV-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						
2401 Courthouse Drive							
Street Address/P.O. Box	Suite #						
Virginia Beach	VA	23456					
City	State	Zip Code					
lwhenderson@vbgov.com		(757) 385-5713					
Email Address	Business Phone						
Committee Website		0					
AI	filiated Organization or PA						
X Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:							
Treasurer's Association of Virginia							
Full Name of Affiliated Organization							
c/o Delores W. Smith, Treasurer of Wise Co	unty, P.O. Box 1308						
Street Address/P.O. Box		Suite #					
Wise	VA	24293-1308					
City	State	Zip Code					
Membership organization							
Relationship of this Committee to Affiliated Orga	anization						



## **Purpose of Committee**

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

### Tax collection laws, Constitutional Officers Laws

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 need					
· · · · · · · · · · · · · · · · · · ·	<u> </u>	tion of the Committee			
This Committee intends to p	participate in elections	on the following levels: (ch	eck all that apply)		
□ Statewide elections					
Ceneral 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) 6)				
<i>Jj</i>	6)				



Treasurer						
Treasurer Information	Mrs. Henderson Salutation Last Name Iwhenderson@vbgov.com Email Address		Leigh Middle Name Suffix 385-5713 e Phone #			
Treasurer Residential Address	3417 West Neck Rd Street Address Virginia Beach City	Apt # 23456 Zip Code				
Treasurer Business Address	2401 Courthouse Drive Street Address/P.O. Box Virginia Beach City Principal Custodi	Suite # VA 23456 State Zip Code an of the Books				
Principal Custodian Information	<ul> <li>□ Check this box if the Principal Cus are the same person, skip this section.</li> <li>Mrs. Henderson</li> <li>Salutation Last Name</li> <li>lwhenderson@vbgov.com</li> <li>Email Address</li> <li>Principal</li> <li>Position or Title</li> </ul>	stodian of the Books is the same person as the Treasurer. If th Victoria Leigh First Name Middle Name Suffix (757) 385-5713 Daytime Phone #				
Principal Custodian Residential Address	3417 West Neck Rd Street Address Virginia Beach City	Apt # VA 23456 State Zip Code				
Principal Custodian Business Address	2401 Courthouse Drive Street Address/P.O. Box Virginia Beach City	Suite # VA 23456 State Zip Code				
Additional Officers	Additional Offic F. Kevin Hutchins Full Name Tanya Wilcox Full Name	cers (optional) Officer1 Title Officer2 Title	Daytime Phone #			



Committee Depository					
SunTrust Bank					
Name of Primary Financial Ins	titution		Name of Other Financial Institution (if applicable)		
Virginia Beach	VA				
City	State	•	City	State	
	A	ddress Where Boo	oks are Maintained		
	2401 Courtho	ouse Drive			
Address Where Books are	Street Address (	(P.O. Boxes are not accep	Suite #		
Maintained	Virginia Beach		VA	23456	
	City		State	Zip Code	
		Committee	e Activity		
Please provide the following dates. (If an action has not yet occurred for Date contributions exceeded \$200:       07/17/2018         Date expenditures exceeded \$200:       07/17/2018         Date committee depository designated:       07/17/2018         Date treasurer appointed:       05/13/2024			'N/A")		
		Filing N	lethod		
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: Bile paper reports. Im					
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.