Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Type of Statement								
□ NEW		X AMENDED						
This committee is registering with the Virgin		This committee is filing an amended Statement of Organization.						
State Board of Elections for the first time.	Date Changes			Committee ID				
	04/24	/2025	OSPC	-25-00001				
	Name of Com	mittee						
Fund Her PAC								
Insert full name of committee (Acronyms must be spelled out)								
Committee Mailing Address								
555 Capitol Mall				Suite 400				
Street Address/P.O. Box				Suite #				
Sacramento	СА		95814					
City	State		Zip Code					
FundHerPAC@olsonremcho.com			(916) 442-2952	2				
Email Address			Business Phone					
https://www.fundher.org/								
Committee Website								
A	Affiliated Organizat	ion or PAC						
	8							
Full Name of Affiliated Organization								
Street Address/P.O. Box				Suite #				
City	State		Zip Code					
City	State		Zip Code					
Support or oppose state candidates								
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 A	ffiliation	Support or Oppose?				
Candidate Sheet Attached with 4								
Candidates								

Area, Scope and Jurisdiction of the Committee						
This Committee intends to participate in (check all that apply):						
X Statewide elec	ctions 🛛 Genera	l 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)	2) 5)					
3)		6)				
Other Agency Information						
Taxpayer Identification Number	82-2440027					
	Enter Taxpayer ID Num	ber				
Other Agencies Where Committee is Registered	'Other Agencies Where Registered' Sheet Attached with 3 Agencies.					
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
Committee Depository						
Wells Fargo						
Primary Bank Name or Depository		Secondary Bank Name	or Depository			
Sacramento, CA City	VA State	City	State			



Treasurer and Books Information							
	McGinty	Valerie					
	Salutation Last Name	First Name	Middle Name	Suffix			
	555 Capitol Mall Suite 400 Sacramento, CA 95814						
T	Street Address (Business), City, State and Zip Code						
Treasurer	2012 26th Street						
	Street Address (Residence)		Suite #				
	Sacramento	C	СА				
	City		State				
	FundHerPAC@olsonremcho.com		(916) 442-2952				
	Email Address (*see instructions)		Daytime Phone #				
	Andrews	Emily					
	Salutation Last Name	First Name	Middle Name	Suffix			
	555 Capitol Mall Suite 400 Sacramer	to CA 95814					
Principal	Street Address (Business), City, State and Z						
Custodian of the	555 Capitol Mall	-	Suite 400				
Books (if one)	Street Address (Residence)		Suite #				
	Sacramento	CA		95814			
	City	State		Zip Code			
	FundHerPAC@olsonremcho.com Email Address (*see instructions)		(916) 442-2952 Daytime Phone #				
Address Where	555 Capitol Mall Suite 400						
Books are	Street Address (P.O. Boxes are Not Acceptable) Suite #						
Maintained	Sacramento CA		CA	95814			
	City	Sta	ate	Zip Code			
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 <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.							
Signature		Date					
FOR SBE OFFICE USE ONLY				LY			
		DATE EN	TERED:				
			BY:				
			`ЕЕ ID:	CIRCLE ONE 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
 - o 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