

Statement of Organization POLITICAL PARTY COMMITTEE

		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.			
		Date Changes Took Effect	SBE-issued Committee ID		
		08/08/2019	PP-14-00250		
		Name of Committee			
Virginia S	Senate Republican Caucus, Inc.				
	of Committee				
Party Affil	liation				
	Democratic				
X	Republican			_	
		Committee Mailing Address			
PO Box 1	697				
Street Add	lress/P.O. Box		Suite #		
Williamsburg		VA	23187		
City		State	Zip Code		
john@forestcs.com			(804) 270-0791		
Email Address Business I			Business Phone		
-	w.senators4va.com				
Committee		pe and Jurisdiction of the C	ommittee		
	Arca, Sco _j	(Please Check Only One)	ommetee		
	National Party Committee				
	State Party Committee				
X	Party Caucus				
	County Party Committee (cou	inty:)		
	City Party Committee (city: _)		
	Local Magisterial District (loc	ality:	_ district:	_)	
	Congressional District (distric	et:)			
	Virginia House District (distri	let:)			



Committee Activity							
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")							
Date first contribution Date first expenditur Date committee dep Date treasurer appoi	e made: ository designated:	08/08/2019 01/12/2015					
	Candie	dates this Comr	nittee Supports o	or Opposes			
Full Name and Address of Candidate		Office Sought	Party A	ffiliation	Support or Oppose?		
Candidate Sheet Attached with 2 Candidates							
(attach additional sheets if more space needed)							
Committee Depository							
Towne Bank			Bank of America				
Name of Primary Financia	al Institution	Name of Other Financial Institution (if applicable)					
Williamsburg		/A	Glen Allen		VA		
•		tate	City		State		
	A	ddress Where	Books are Mainta	ained			
	8501 Mayland D						
Address Where Books are Maintained	Street Address (P.O	D. Boxes are not acceptable) Suite #					
	Henrico		VA		23294		
	City		State		Zip Code		



Statement of Organization POLITICAL PARTY COMMITTEE

		Treasurer					
	Mr. Selph	John	G.				
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix			
Treasurer miormation	john@forestcs.com (804) 270-0791		304) 270-0791				
	john@forestcs.com (804) 270-0791 Email Address Daytime Phone #						
			-				
Treasurer Residential	3218 Matilda Cove Unit 112 Street Address Apt #						
Address							
	Henrico	VA	23294 Zip Code				
	City	State					
	PO Box 71596						
Treasurer Business Address	Street Address/P.O. Box		Suite #				
Treasurer Dusiness Autress	Richmond	VA	23255	5			
	City	State		Zip Code			
	Principal	Custodian of the Books					
Principal Custodian Information	are the same person, skip thi Mr. Selph Salutation Last Name john@forestcs.com Email Address	John First Name (8	John G. First Name Middle Name (804) 270-0791				
	Email Address Treasurer Position or Title	D:	aytime Phone #				
	3218 Matilda Cove Unit 1	12					
Principal Custodian Residential Address	Street Address		Apt #				
	Henrico	VA	23294				
	City	State	Zip Coe	le			
	PO Box 71596						
Principal Custodian Business Address	Street Address/P.O. Box		Suite #				
Dusiness multips	Richmond	VA	23255				
	City	State	Zip Co	le			
	Addition	nal Officers (optional)					
Additional Officers	Full Name	Title	Dayti	ime Phone #			



Statement of Organization POLITICAL PARTY COMMITTEE

Filing Method					
Please indicate the method by which this committee will submit its campaign finance reports:					
The 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 <i>Code of Virginia</i>). 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 <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 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.
 - $\circ \quad \text{Insert the residence address of the treasurer.}$
 - 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 <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.elections.virginia.gov</u>
- 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.