

Type of Statement								
X 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							
PAC-22-00001	Date Changes Took Effect	SBE-issued Committee ID						
Name of Committee								
Red Cardinal Institute								
Full Name of Committee								
Committee Acronym (if applicable)								
□ Check this box if this committee is established or controlled by a corporation doing business in Virginia								
(Committee Mailing Address							
7928 Orange Plank Rd								
Street Address/P.O. Box		Suite #						
Springfield	VA	22153						
City	State Zip Code							
mobrody@mac.com	(202) 746-3832							
Email Address	Business Phone							
https://RedCardinalInstitute.com								
Committee Website								
Af	filiated Organization or PA	C						
□ Check this box if this committee is affiliated with another organization or PAC. If so, provide the following information:								
Full Name of Affiliated Organization								
Street Address/P.O. Box		Suite #						
City	State	Zip Code						
		-						
Relationship of this Committee to Affiliated Orga	anization							



Purpose of Committee

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

To educate the voters on how their elected officials are handling issues.

Canut	(skip to next section if support	e Supports or Opposes rting a specific party)	
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
tach additional sheets if more space need	ed)		
Area,	Scope and Jurisdict	ion of the Committee	
This Committee intends to p			neck all that apply)
Statewide elections			
General Assembly elections			
Local elections			
Logal Elections" is checked places list the	aiting acupting and/on tou	me the committee intende to be	active in
 Local Elections" is checked please list the 1) _Fairfax County 			
1) Fairfax County			



Treasurer							
	Graham	Lori					
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix				
	lori.p.graham@gmail.com	(31	6) 655-9099				
	Email Address	Dayt	time Phone #				
	7928 Orange Plank Rd						
Treasurer Residential Address	Street Address	Apt #					
Autress	Springfield	VA	22153				
	City	State	Zip Code				
	7928 Orange Plank Rd						
Treasurer Business Address	Street Address/P.O. Box		Suite #				
	Springfield	VA	22153				
	City	State	Zip Code				
	Principal Custo	odian of the Books					
Principal Custodian Information	are the same person, skip this section Brody Salutation Last Name mobrody@mac.com Email Address Position or Title	Custodian of the Books is the same person as the Treasurer. on. Maureen First Name Middle Name So (202) 746-3832 Daytime Phone #					
	7928 Orange Plank Rd						
Principal Custodian Residential Address	Street Address	Apt #					
	Springfield	VA	22153				
	City	State	Zip Code				
Principal Custodian Business Address	7928 Orange Plank Rd						
	Street Address/P.O. Box		Suite #				
	Springfield	VA	22153				
	City	State	Zip Code				
	Additional Of	fficers (optional)					
Additional Officers	Full Name	Title	Daytime Phone #				
	Full Name	Title	Daytime Phone #				



Committee Depository						
Truist						
Name of Primary Financial Ins	titution		Name of Other Financial Institution (if applicable)			
Springfield	VA					
City	State	e	City	State		
	A	Address Where Boo	oks are Maintained			
	5424 Edsall I	Ridge PI				
Address Where Books are	Street Address (P.O. Boxes are not accep		table) Suite #			
Maintained	Alexandria		VA	22312		
	City		State	Zip Code		
		Committee	e Activity			
Please provide the following dates. (If an action has not yet occurred : Date contributions exceeded \$200: Date expenditures exceeded \$200: Date committee depository designated: Date treasurer appointed:			°N/A")			
		Filing N	ſethod			
Please indicate the method by	which this comm	nittee will submit all req	uired 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 does not intend to accept contributions or make expenditures in excess of \$10,000 during the calendar year) 						
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.