

Statement of Organization POLITICAL PARTY COMMITTEE

	Type of Statement	ţ		
\Box NEW		AMENDED		
This committee is registering with the Virg State Board of Elections for the first time.	inia This committee is	This committee is filing an amended Statement of Organization.		
State Dourd of Elections for the first time.	Date Changes Took Eff	fect SBE-issued Committee ID	BE-issued Committee ID	
	04/23/2024	PP-12-01381		
	Name of Committe	e		
Frederick County Republican Commi	ttee			
Full Name of Committee				
Party Affiliation				
DemocraticRepublican				
Kepublican	Committee Mailing Ad	dress		
P.O. Box 1688				
Street Address/P.O. Box		Suite	#	
Winchester	VA	22604		
City	State	Zip Code		
treasurerfcrc@gmail.com		(540) 336-0656		
Email Address		Business Phone		
https://www.frederickvagop.org/				
Committee Website				
Area	a, Scope and Jurisdiction of t (Please Check Only C			
□ National Party Commit	· · · ·	,		
□ State Party Committee				
Party Caucus				
County Party Committee	e (county: Frederick County)		
□ City Party Committee (eity:)		
Local Magisterial Distri	ct (locality:	district:)	
Congressional District (district:	_)		
□ Virginia House District	(district:)		
	(district:			



Committee Activity						
Please provide the fo	ollowing dates. (If an	action has not yet o	occurred for this committe	ee, write "N/A"	")	
Date first contribution accepted: Date first expenditure made:		01/01/2012				
Date committee depu Date treasurer appoi		06/16/2020				
Candidates this Committee Supports or Opposes						
Full Name and Addre	ess of Candidate	Office Sought	Party Affili	ation	Support or Oppose?	
Candidate Sheet Attac Candidates	ched with 2					
(attach additional sheet	s if more space need	led)				
Committee Depository						
BB&T Bank						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Winchester	١	/A				
City		tate	City		State	
Address Where Books are Maintained						
	2073 Martinsbu	ra Pike		A	ttn: Chad DeHaven	
Address Where Books are Maintained		. Boxes are not accep	table)		iite #	
	Winchester		VA		22603	
	City		State		Zip Code	



Statement of Organization POLITICAL PARTY COMMITTEE

	T	reasurer			
	Mr DeHaven	Charles	Stuart	ш	
Treasurer Information	Salutation Last Name	First Name	Middle Name	Suffix	
	chaddehaven@gmail.com	(5	(540) 327-4450		
	Email Address	•	Daytime Phone #		
Treasurer Residential	2073 Martinsburg Pike Street Address		A 4 #		
Address	Street Address		Apt #		
	Winchester		VA 22603		
	City	State	State Zip Code		
	P.O. Box 1688				
Treasurer Business Address	Street Address/P.O. Box		Suite #		
	Winchester	VA	2260)4	
	City	State	Zip C	ode	
	Principal Cus	stodian of the Books			
a) N	□ Check this box if the Principal		ne same person as the Trea	asurer. If they	
Principal Custodian	are the same person, skip this secMr.DeHavenSalutationLast Name	ction. Charles First Name	S Middle Name	III Suffix	
Principal Custodian Information	Mr. DeHaven Salutation Last Name	Charles First Name	Middle Name		
	Mr. DeHaven	Charles First Name			
	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address	Charles First Name	Middle Name 540) 327-4450		
	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com	Charles First Name	Middle Name 540) 327-4450		
	Mr.DeHavenSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurerPosition or Title	Charles First Name	Middle Name 540) 327-4450		
Information Principal Custodian	Mr.DeHavenSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurer	Charles First Name	Middle Name 540) 327-4450		
Information	Mr.DeHavenSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurerPosition or Title2073 Martinsburg PlkeStreet Address	Charles First Name (5	Middle Name 540) 327-4450 aytime Phone #	Suffix	
Information Principal Custodian	Mr.DeHavenSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurerPosition or Title2073 Martinsburg Plke	Charles First Name	Middle Name 540) 327-4450 aytime Phone # Apt #	Suffix	
Information Principal Custodian	Mr.DeHaven SalutationSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurerPosition or Title2073 Martinsburg PlkeStreet AddressWinchester	Charles First Name (5	Middle Name 540) 327-4450 aytime Phone # 	Suffix	
Information Principal Custodian Residential Address Principal Custodian	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address Treasurer Position or Title 2073 Martinsburg Plke Street Address Winchester City	Charles First Name (5	Middle Name 540) 327-4450 aytime Phone # 	Suffix	
Information Principal Custodian Residential Address	Mr.DeHaven SalutationSalutationLast Namechaddehaven@gmail.comEmail AddressTreasurerPosition or Title2073 Martinsburg PlkeStreet AddressWinchesterCityPO Box 1688Street Address/P.O. BoxWinchester	Charles First Name (5 Da Da Da Da Da Da Da Da Da Da Da Da Da	Middle Name 540) 327-4450 aytime Phone # Apt # 2260 Zip C Suite # 2260	Suffix 03 ode 04	
Information Principal Custodian Residential Address Principal Custodian	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address Treasurer Position or Title 2073 Martinsburg Plke Street Address Winchester City PO Box 1688 Street Address/P.O. Box Winchester City	Charles First Name (E Da VA State VA State	Middle Name 540) 327-4450 aytime Phone # Apt # 2260 Zip C	Suffix 03 ode 04	
Information Principal Custodian Residential Address Principal Custodian	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address Treasurer Position or Title 2073 Martinsburg Plke Street Address Winchester City PO Box 1688 Street Address/P.O. Box Winchester City	Charles First Name (5 Da Da Da Da Da Da Da Da Da Da Da Da Da	Middle Name 540) 327-4450 aytime Phone # Apt # 2260 Zip C Suite # 2260	Suffix	
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Information Principal Custodian Residential Address Principal Custodian Business Address	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address Treasurer Position or Title 2073 Martinsburg Plke Street Address Winchester City PO Box 1688 Street Address/P.O. Box Winchester City	Charles First Name (() Da	Middle Name 540) 327-4450 aytime Phone # Apt # 2260 Zip C Suite # 2260 Zip C Zip C	Suffix	
Information Principal Custodian Residential Address Principal Custodian	Mr. DeHaven Salutation Last Name chaddehaven@gmail.com Email Address Treasurer Position or Title 2073 Martinsburg Plke Street Address Winchester City PO Box 1688 Street Address/P.O. Box Winchester City Additional (Derek Adler	Charles First Name (5) Da (5)	Middle Name 540) 327-4450 aytime Phone # Apt # 2260 Zip C Suite # 2266 Zip C Apt C Suite # 2260 Zip C	Suffix 3 ode 04 ode 0242-9651	



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.