

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		
		07/15/2025	PP-25-00008		
		Name of Committee			
		Name of Committee			
	Iliam Young Democrats				
Full Name	of Committee				
Party Affil					
	Democratic Republican				
	*	Committee Mailing Address			
3360 Post	t Office Road #1604				
Street Add	ress/P.O. Box		Suite #		
Woodbrid	lge	VA	22195		
City		State	Zip Code		
	youngdems@gmail.com				
Email Address		Business Phone			
-	ww.princewilliamdemocrats.com/y	oung-dems/			
Committee		no and Iurisdiction of the C	ammittaa		
	Area, Sco	pe and Jurisdiction of the Co (Please Check Only One)	ommutee		
	National Party Committee				
	State Party Committee				
X	Party Caucus				
	County Party Committee (cou	inty:)		
	City Party Committee (city: _)		
	Local Magisterial District (loc	cality:	_ district:	_)	
	Congressional District (distric	et:)			
	Virginia House District (distri	ict:)			



Committee Activity								
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")								
Date first contribution accepted: Date first expenditure made: Date committee depository designated: Date treasurer appointed:		07/01/2025						
Candidates this Committee Supports or Opposes								
Full Name and Addro	ess of Candidate	Office Sought	Party Affil	iation	Support or Oppose?			
Candidate Sheet Attached with 2 Candidates								
(attach additional sheets if more space needed)								
Committee Depository								
Truist			Apple Federal Cred		P.11.)			
Name of Primary Financial Institution			Name of Other Financia	n menturion (n app	licable)			
•		/Α	Woodbridge		VA			
City State			City Books are Maintain	ad	State			
	A	auress where	books are maintain	lea				
	13424 Princedal	le Drive						
Address Where Books are Maintained	Street Address (P.O. Boxes are not acceptable) Suite #			#				
	Woodbridge		VA		22193			
	City		State		Zip Code			



Statement of Organization POLITICAL PARTY COMMITTEE

	Trea	surer				
	Mejia	Oriella				
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix			
	pwyoungdems@gmail.com	(703) 715-7373				
	Email Address		Daytime Phone #			
	5354 Cleburne Lane					
Treasurer Residential Address	Street Address	Apt #				
	Woodbridge	VA	22192			
	City	State	Zip Code			
	3360 Post Office Road #1604					
Treasurer Business Address	Street Address/P.O. Box	Suite #				
	Woodbridge	VA	22195			
	City	State	Zip Code			
	Principal Custo	dian of the Books				
	are the same person, skip this section		the same person as the Treasurer. If they			
Principal Custodian Information	O'Connor Salutation Last Name	ldris First Name	Middle Name Suffix (571) 435-7952			
	O'Connor	ldris First Name	Middle Name Suffix (571) 435-7952 Daytime Phone #			
	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title	ldris First Name	(571) 435-7952			
	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive	ldris First Name	(571) 435-7952 Daytime Phone #			
Information	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address	ldris First Name	(571) 435-7952 Daytime Phone # Apt #			
Information Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge	ldris First Name I	(571) 435-7952 Daytime Phone # Apt # 22193			
Information Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address	ldris First Name	(571) 435-7952 Daytime Phone # Apt #			
Information Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge	ldris First Name I	(571) 435-7952 Daytime Phone # Apt # 22193			
Information Principal Custodian Residential Address Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge City	ldris First Name I	(571) 435-7952 Daytime Phone # Apt # 22193			
Information Principal Custodian Residential Address	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge City 3360 Post Office Road #1604	ldris First Name I	(571) 435-7952 Daytime Phone # Apt # 22193 Zip Code			
Information Principal Custodian Residential Address Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge City 3360 Post Office Road #1604 Street Address/P.O. Box	Idris First Name	(571) 435-7952 Daytime Phone # Apt # 22193 Zip Code Suite #			
Information Principal Custodian Residential Address Principal Custodian	O'Connor Salutation Last Name pwyoungdems@gmail.com Email Address Position or Title 13424 Princedale Drive Street Address Woodbridge City 3360 Post Office Road #1604 Street Address/P.O. Box Woodbridge City	Idris First Name	(571) 435-7952 Daytime Phone # Apt # 22193 Zip Code Suite # 22195			
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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.