

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. | | | |
| State Board of Elections for the first time. | Date Changes Took Effect | SBE-issued Committee ID | E-issued Committee ID | |
| | 06/21/2023 | PP-22-00008 | | |
| | | | | |
| | Name of Committee | | | |
| XXX_CAB-1381_Rejected_First SOO-PP_XX | X | | | |
| Full Name of Committee | | | | |
| Party Affiliation | | | | |
| ☐ DemocraticX Republican | | | | |
| - <u> </u> | Committee Mailing Address | | | |
| 1100 Bank Street | <u> </u> | First Flo | or | |
| Street Address/P.O. Box | | Suite # | 01 | |
| Richmond | VA | 23219 | | |
| City | State | Zip Code | | |
| cfda@elections.virginia.gov | | (804) 864-8924 | | |
| Email Address | | Business Phone | | |
| Committee Website | | | | |
| Committee Website Area Scor | oe and Jurisdiction of the Co | ommittee | | |
| Tirea, seop | (Please Check Only One) | | | |
| □ National Party Committee | | | | |
| ☐ State Party Committee | | | | |
| ☐ Party Caucus | | | | |
| ☐ County Party Committee (cou | nty: |) | | |
| ☐ City Party Committee (city: _ | |) | | |
| ☐ Local Magisterial District (loc | ality: | _ district: |) | |
| ☐ Congressional District (distric | t:) | | | |
| ☐ Virginia House District (district) | ct:) | | | |
| ☐ Virginia Senate District (distri | ict:) | | | |
| | | | | |
| | | | | |



| | | Commi | ttee Activ | ity | | |
|---|----------------------|---|------------|-------------------|--------------------|--|
| Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | | | | | | |
| Date first contribution | 12/08/2022 | | | | | |
| Date first expenditur Date committee depo | | | | | | |
| Date treasurer appoint | | | | | | |
| | | | | | | |
| | Candi | dates this Comm | nittee Sup | ports or Opposes | | |
| Full Name and Addre | ess of Candidate | Office Sought | | Party Affiliation | Support or Oppose? | |
| Candidate Sheet Attac Candidates | ched with 2 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (attach additional sheet | s if more space need | led) | | | | |
| Committee Depository | | | | | | |
| | | | | | | |
| Bankity Bank Bank | | | | | | |
| Name of Primary Financial Institution | | Name of Other Financial Institution (if applicable) | | | | |
| Richmond | ١ | /A | | | | |
| City | St | tate | City | | State | |
| Address Where Books are Maintained | | | | | | |
| | 1100 Bank Stree | a t | | | First Floor | |
| Address Where Books | | . Boxes are not accep | table) | | Suite # | |
| are Maintained | Richmond | | | VA | 23219 | |
| | City | | | State | Zip Code | |



Statement of Organization POLITICAL PARTY COMMITTEE

| | Tre | asurer | | | | |
|--|--|----------------------------------|--|---------------|--|--|
| | Uncle Baggs | Penny | Money | Jr. | | |
| Treasurer Information | Salutation Last Name | First Name | Middle Name | Suffix | | |
| | cfda@elections.virginia.gov | 3) | (804) 864-8924 | | | |
| | Email Address | Da | Daytime Phone # | | | |
| Treasurer Residential Address | 1100 Bank Street | | First Floor | | | |
| | Street Address | Apt # | | | | |
| 11441 655 | Richmond | VA | VA 23219 | | | |
| | City | State | Zip C | ode | | |
| | 1100 Bank Street | | First Floor | | | |
| Treasurer Business Address | Street Address/P.O. Box | Suite # | | | | |
| Treasurer business Address | Richmond | VA | 232 | 19 | | |
| | City | State | Zip C | | | |
| | Principal Custo | odian of the Books | | | | |
| Principal Custodian Information | ☐ Check this box if the Principal Care the same person, skip this section Uncle Baggs Salutation Last Name cfda@elections.virginia.gov Email Address President Position or Title | on. Penny First Name (8 | Money Middle Name 804) 864-8924 aytime Phone # | Jr. Suffix | | |
| | | | Elect Elece | | | |
| Principal Custodian Residential Address | 1100 Bank Street Street Address | First Floor Apt # | | | | |
| 1100100111111 12001 000 | Richmond | VA | 2321 | 9 | | |
| | City | State | Zip C | ode | | |
| Principal Custodian Business Address | 1100 Bank Street Street Address/P.O. Box | | First Floor Suite # | | | |
| | Richmond | VA | 232 | | | |
| | City | State | Zip C | ode | | |
| | Additional O | fficers (optional) | | | | |
| Additional Officers | Full Name | Title Day | | ytime Phone # | | |
| | Full Name | Title | Day | ytime Phone # | | |



Statement of Organization POLITICAL PARTY COMMITTEE

| Filing Method | | |
|---|--|--|
| Please indicate the method by which this committee will submit its campaign finance reports: | | |
| ☑ File 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 <u>any</u> 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.
 - o 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.
 - o This address must be in the Commonwealth unless the committee is a National Party committee.



Virginia State Board of Elections

Treasurer and Custodian of the Books Information

- Treasurer
 - o Insert the name, email and phone number of the treasurer.
 - o 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
 - o If you choose to file electronically, log into the following Web site address: https://cf.elections.virginia.gov
- Approved Vendor Option
 - o 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: http://www.sbe.virginia.gov/cms/Campaign Finance/

Statement of Treasurer

Please read and sign the Statement.