



# Statement of Organization

## POLITICAL PARTY COMMITTEE

| Type of Statement  |  |                          |                         |  |  |
|--|--|--------------------------|-------------------------|--|--|
| <div style="text-align: center; margin-bottom: 10px;"> <input checked="" type="checkbox"/> <b>NEW</b> </div> <p>This committee is registering with the Virginia State Board of Elections for the first time.</p> <p style="text-align: center; margin-top: 20px;"><b>PP-24-00007</b></p>   | <div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> <b>AMENDED</b> </div> <p>This committee is filing an amended Statement of Organization.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;">Date Changes Took Effect</td> <td style="width: 50%; padding: 5px;">SBE-issued Committee ID</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | Date Changes Took Effect | SBE-issued Committee ID |  |  |
| Date Changes Took Effect   | SBE-issued Committee ID  |                          |                         |  |  |
|  |  |                          |                         |  |  |
| Name of Committee  |  |                          |                         |  |  |
| <p><b>Suffolk Democratic Committee</b></p> <hr/> <p><b>Full Name of Committee</b></p><br><p><b>Party Affiliation</b></p> <p> <input checked="" type="checkbox"/> Democratic<br/> <input type="checkbox"/> Republican         </p>  |  |                          |                         |  |  |
| Committee Mailing Address  |  |                          |                         |  |  |
| <p><b>PO BOX 915</b></p>   |  |                          |                         |  |  |
| Street Address/P.O. Box  | Suite #  |                          |                         |  |  |
| <b>Suffolk</b>   | <b>VA</b>  |                          |                         |  |  |
| <b>City</b>  | <b>State</b>   |                          |                         |  |  |
| <b>changeofview@yahoo.com</b>  | <b>23435</b>   |                          |                         |  |  |
| <b>Email Address</b>   | <b>Zip Code</b>  |                          |                         |  |  |
| <b>http://www.sdcvirginia.org</b>  | <b>(540) 834-8788</b>  |                          |                         |  |  |
| <b>Committee Website</b>   | <b>Business Phone</b>  |                          |                         |  |  |
| Area, Scope and Jurisdiction of the Committee<br>(Please Check Only One)   |  |                          |                         |  |  |
| <p><input type="checkbox"/> <b>National Party Committee</b></p> <p><input type="checkbox"/> <b>State Party Committee</b></p> <p><input type="checkbox"/> <b>Party Caucus</b></p> <p><input type="checkbox"/> <b>County Party Committee (county: _____)</b></p> <p><input checked="" type="checkbox"/> <b>City Party Committee (city: <u>Suffolk City</u>)</b></p> <p><input type="checkbox"/> <b>Local Magisterial District (locality: _____ district: _____)</b></p> <p><input type="checkbox"/> <b>Congressional District (district: _____)</b></p> <p><input type="checkbox"/> <b>Virginia House District (district: _____)</b></p> <p><input type="checkbox"/> <b>Virginia Senate District (district: _____)</b></p> |  |                          |                         |  |  |



### 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: 01/09/2024

### Candidates this Committee Supports or Opposes

| Full Name and Address of Candidate         | Office Sought | Party Affiliation | Support or Oppose? |
|--|---------------|-------------------|--------------------|
| Candidate Sheet Attached with 2 Candidates |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |
|  |               |                   |                    |

(attach additional sheets if more space needed)

### Committee Depository

|                                       |   |
|---------------------------------------|---|
| TRUIST bank                           |   |
| Name of Primary Financial Institution | Name of Other Financial Institution (if applicable) |
| Suffolk VA                            |   |
| City State                            | City State  |

### Address Where Books are Maintained

|                                    |  |
|------------------------------------|--|
| Address Where Books are Maintained | 4835 Desert Road                                       |
|                                    | Street Address (P.O. Boxes are not acceptable) Suite # |
|                                    | Suffolk VA 23434                                       |
|                                    | City State Zip Code                                    |



# Statement of Organization

## POLITICAL PARTY COMMITTEE

| Treasurer                                      |  |           |                       |                 |
|--|--|-----------|-----------------------|-----------------|
| <b>Treasurer Information</b>                   | <b>Mrs. Anson Catherine</b>  |           |                       |                 |
|  | Salutation   | Last Name | First Name            | Middle Name     |
|  | Suffix   |           |                       |                 |
|  | <b>dockingbay@msn.com</b>  |           | <b>(281) 543-2861</b> |                 |
|  | Email Address  |           | Daytime Phone #       |                 |
| <b>Treasurer Residential Address</b>           | <b>4835 Desert Road</b>  |           |                       |                 |
|  | Street Address   |           | Apt #                 |                 |
|  | <b>Suffolk</b>   | <b>VA</b> | <b>23434</b>          |                 |
|  | City   | State     | Zip Code              |                 |
| <b>Treasurer Business Address</b>              | <b>PO Box 915</b>  |           |                       |                 |
|  | Street Address/P.O. Box  |           | Suite #               |                 |
|  | <b>Suffolk</b>   | <b>VA</b> | <b>23434</b>          |                 |
|  | City   | State     | Zip Code              |                 |
| <b>Principal Custodian of the Books</b>        |  |           |                       |                 |
| <b>Principal Custodian Information</b>         | <input type="checkbox"/> Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section. |           |                       |                 |
|  | <b>Mrs Rinaldi Leslie Althea</b>   |           |                       |                 |
|  | Salutation   | Last Name | First Name            | Middle Name     |
|  | Suffix   |           |                       |                 |
|  | <b>changeofview@yahoo.com</b>  |           | <b>(540) 834-8788</b> |                 |
|  | Email Address  |           | Daytime Phone #       |                 |
|  | <b>Chairperso</b>  |           |                       |                 |
|  | Position or Title  |           |                       |                 |
| <b>Principal Custodian Residential Address</b> | <b>6403 Aberdeen Place</b>   |           |                       |                 |
|  | Street Address   |           | Apt #                 |                 |
|  | <b>Suffolk</b>   | <b>VA</b> | <b>23435</b>          |                 |
|  | City   | State     | Zip Code              |                 |
| <b>Principal Custodian Business Address</b>    | <b>PO Box 915</b>  |           |                       |                 |
|  | Street Address/P.O. Box  |           | Suite #               |                 |
|  | <b>Suffolk</b>   | <b>VA</b> | <b>23434</b>          |                 |
|  | City   | State     | Zip Code              |                 |
| <b>Additional Officers (optional)</b>          |  |           |                       |                 |
| <b>Additional Officers</b>                     | Full Name  |           | Title                 | Daytime Phone # |
|  | Full Name  |           | Title                 | Daytime 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 *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.

### **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.
  - 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 all of their campaign finance disclosure reports electronically.
- **Electronic Filing Option**
  - If you choose to file electronically, log into the following Web site address: <https://cf.elections.virginia.gov>
- **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: [http://www.sbe.virginia.gov/cms/Campaign\\_Finance/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

**Statement of Treasurer**

- Please read and sign the Statement.