Statement of Organization
REFERENDUM COMMITTEE

Type of Statement

☒ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

RC-17-00634

☐ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID

Name of Committee

Yes for Falls Church!
Full Name of Committee

Committee Acronym (if applicable)

Committee Mailing Address

PO Box 6547
Street Address/PO Box **Suite #**

Falls Church **47** **22040**
City **State** **Zip Code**

yesforfallschurch@gmail.com **(703) 677-6000**
Email Address **Business Phone**

Committee Website

Affiliated Organization or PAC

☐ **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/PO Box **Suite #**

City **State** **Zip Code**

Relationship of this Committee to Affiliated Organization

Statement of Organization
REFERENDUM COMMITTEE

Area, Scope and Jurisdiction of the Committee

Microsoft.SqlServer.Dts.Pipeline.BlobColumn

Referendum Purpose – Briefly describe the subject of the referendum

11/07/2017

Date of Referendum

Scope of Referendum:

☐ **Statewide**

☒ **Local (**name of county/city/town: **Falls Church City**)

☐ **Regional (**describe the region: _____)

Position on Referendum:

☐ **Support**

☒ **Oppose**

Committee Depository

BB&T	
Name of Primary Financial Institution	**Name of Other Financial Institution (if applicable)**
Falls Church **VA**	
City **State**	**City** **State**

Address Where Books are Maintained

Address Where Books are Maintained	**300 North Cherry St**		
	Street Address (P.O. Boxes are not acceptable)		**Suite #**
	Falls Church	**47**	**22046**
	City	**State**	**Zip Code**

Committee Activity

Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")

Date first contribution accepted: **08/15/2017**

Date first expenditure made: **08/15/2017**

Date committee depository designated: **08/15/2017**

Date treasurer appointed: **08/14/2017**

Statement of Organization
REFERENDUM COMMITTEE

Treasurer

Treasurer Information

Salutation	Last Name	First Name	Middle Name	Suffix
Ms	Asel	Mary	L	

yesforfallschurch@gmail.com (Email Address) (703) 677-6000 (Daytime Phone #)

Treasurer Residential Address

300 North Cherry St (Street Address) (Apt #)

Falls Church (City) 47 (State) 22046 (Zip Code)

Treasurer Business Address

PO Box 6547 (Street Address/P.O. Box) (Suite #)

Falls Church (City) 47 (State) 22040 (Zip Code)

Principal Custodian of the Books

Principal Custodian Information

☐ 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.

Salutation	Last Name	First Name	Middle Name	Suffix
Ms	Asel	Mary	L	

yesforfallschurch@gmail.com (Email Address) (703) 677-6000 (Daytime Phone #)

Custodian (Position or Title)

Principal Custodian Residential Address

300 North Cherry St (Street Address) (Apt #)

Falls Church (City) 47 (State) 22046 (Zip Code)

Principal Custodian Business Address

PO Box 6547 (Street Address/P.O. Box) (Suite #)

Falls Church (City) 47 (State) 22040 (Zip Code)

Statement of Organization
REFERENDUM 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 does not intend to accept contributions or make expenditures in excess of $10,000 during the calendar year)

_____ _____
Signature **Date**

Statement of Treasurer

Definition of Referendum Committee: §24.2-945.1 "Referendum committee" means any organization, person, group of persons, or committee, that makes expenditures in a calendar year in excess of (i) $10,000 to advocate the passage or defeat of a statewide referendum, (ii) $5,000 to advocate the passage or defeat of a referendum being held in two or more counties and cities, or (iii) $1,000 to advocate the passage or defeat of a referendum held in a single county or city.

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.

☐ **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

General Guidelines

1) Referendum committees must submit the original, signed version of this form to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219. Facsimiles and copies will not be accepted.
2) This form must be written in ink or typed or it will be rejected.
3) All requested information on the form is required unless otherwise noted below.
4) An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to $500 to be assessed according to the procedure described in the *Code of Virginia*.

Type of Statement

1) Check the box that applies to the type of Statement that you are filing.

Name of Committee

1) Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

1) Insert the committee's primary mailing address.
   *__§24.2-952.1__ states that referendum committee must have an address that is located within the boundaries of the Commonwealth.
2) Insert the committee's primary business phone and fax number.
3) Insert the Committee's e-mail address.
   *This information is required if your committee intends to file electronically. Otherwise, it is optional.

Area, Scope and Jurisdiction

1) Indicate whether the committee is supporting or opposing the referendum in question.
2) Briefly describe the subject of the referendum.
3) Indicate the date of the referendum.
4) Indicate which locality in which the referendum is being held.

Committee Depository

1) Insert the name and address of the committee's depository (Bank Name).
2) Insert the name and address of the committee's secondary depository (if one).
   *Depositories must be in an account located within the Commonwealth.

Affiliated Organizations

1) Indicate the name and address of any affiliated organization. Please attach additional sheets if the committee has more than one affiliated organization.

Instructions for Completing This Form (cont.)

Treasurer and Books Information

1) Treasurer
   a) Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms.
      ***Note:** The Treasurer must be a resident of the Commonwealth of Virginia.
   b) Email Address
      ***Note:** An email address for the treasurer is required if the committee intends to file electronically (see below for e-filing requirements). The email address is optional for all other committees.

2) Custodian of the Books
   a) Insert the name and business and residential address of the custodian of the books (if one).

Filing Method

1) Indicate whether the committee intends to file all of their campaign finance disclosure reports electronically.

NOTE
*Referendum Committees that intend to raise more than $10,000 or who intend to spend more than $10,000 in a single calendar year are required by § 24.2-951.8 to file electronically.

- **VAFiling 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 comply completely 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/