# Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Type of Statement						
□ NEW		X AMENDED				
This committee is registering with the Virgin		This committee is filing an amended Statement of Organization.Date Changes Took EffectSBE-issued Committee ID				
State Board of Elections for the first time.	Date Changes			-13-00437		
			03FC	-13-00437		
	Name of Com	nittee				
United Food and Commercial Workers Active Ballot Club Education Fund						
Insert full name of committee (Acronyms must be spelled out)						
	Committee Mailing	g Address				
1775 K Street, NW						
Street Address/P.O. Box				Suite #		
Washington	DC		20006			
City	State		Zip Code			
tcain@ufcw.org			(202) 223-311 <sup>-</sup>	1		
Email Address			Business Phone	-		
Committee Website						
	Affiliated Organizat	ion or PAC				
	8					
United Food and Commercial Workers Full Name of Affiliated Organization	s international Union					
1775 K Street, NW						
Street Address/P.O. Box				Suite #		
Washington	DC		20006			
City	State		Zip Code			
	State		Lip Coue			
Support and oppose candidates						
Indicate the Purpose of your Committee (e.g. Labor, Business, Health Care, etc.)						
Candidate's Supported or Opposed*						
Full Name and Address of Candidate(s)	Office Sought	Party A	ffiliation	Support or Oppose?		

Area, Scope and Jurisdiction of the Committee					
This Committee intends to participate in (check all that apply):					
Statewide elections General Assembly elections Local elections					
If "Local Elections" is checked pleas	If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:				
1) <b>TBD</b> 4)					
2)		5)			
3)		6)			
	Other Agenc	y Information			
Tormorrow I.1 4'6' 4'					
Taxpayer Identification Number	52 - 1066961				
	Enter Taxpayer ID Numb	ber			
Other Agencies Where Committee is Registered	'Other Agencies Where Registered' Sheet Attached with 13 Agencies.				
	Name of Agency		Registration Number		
	Name of Agency		Registration Number		
	Name of Agency		Registration Number		
	Name of Agency		Registration Number		
	Name of Agency		Registration Number		
	Name of Agency		Registration Number		
Committee Depository					
Capital One Bank					
Primary Bank Name or Depository		Secondary Bank Name	or Depository		
McLean	VA				
City	State	City	State		



Treasurer and Books Information					
	Barclay	Shaun			
		First Name	Middle Name	Suffix	
	1775 K Street, NW Washington, DC 2 Street Address (Business), City, State and Z				
T	Street Address (Business), City, State and Zip Code				
Treasurer	76 Brittany Manor Way				
	Street Address (Residence)		Suite #		
	Stafford	V	4	22554	
	City	Sta	ate	Zip Code	
	tsaleeby@ufcw.org		(202) 223-3111		
	Email Address (*see instructions)		Daytime Phone #		
	Rentz	Carol			
	Salutation Last Name	First Name	Middle Name	Suffix	
	1775 K Street, NW Washington, DC 2	20006			
Principal	Street Address (Business), City, State and Z				
Custodian of the		L			
Books (if one)       3611 Heritage Lane         Street Address (Residence)       Suite #					
	Sheet Address (Residence)		Suite #		
	Fairfax	V	Α	22030	
	City	Sta	ate	Zip Code	
			(202) 223-3111		
	Email Address (*see instructions) Daytime Phone #				
Address Where	1775 K Stroot NW				
Books are	1775 K Street, NWStreet Address (P.O. Boxes are Not Acceptable)Suite #				
Maintained					
	Washington City	L	0C	<b>20006</b> Zip Code	
				Zip code	
	Statement of Tre	easurer			
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1.4 understand that if I provide	<b>of Treasurer for this committee</b> . I understand that le 24.2, Chapter 9.3 of the <i>Code of Virginia</i> ). I und that I must truthfully report all monies and things Civil penalties will be assessed in the manner requi- false information on any document submitted to the ishable up to a Class 5 felony.	erstand that I am rec of value, which this ired by the <i>Code</i> of	uired to file my reports electr political committee receives <i>Virginia</i> for late or un-filed re	onically on or expends as ports. I also	
Signature   Date					
			FOR SBE OFFICE USE ON	LY	
		DATE EN	TERED:	_	
		ENTERED	BY:		
			'ЕЕ ID:	CIRCLE ONE N or A	

### **Instructions for Completing This Form**

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, 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 you committee.

#### **Committee Mailing Address**

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

#### Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
  - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

#### **Candidate's Supported or Opposed**

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

#### Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.

## **Instructions for Completing This Form**

#### **Other Agency Information**

- Taxpayer ID Number
  - Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
  - Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

### **Committee Depository**

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

#### **Treasurer and Books Information**

- Treasurer
  - 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
  - o Email Address
- Custodian of the Books (if one)
  - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

	Agency Name	Registration Number
1	DC Office of Campaign Finance	PACSUP020089
2	Mississippi Secretary of State	n/a
3	New Jersey Election Law Enforcement Commission	T0000003433Q95
4	Alabama Election Division	n/a
5	California Secretary of State	745604
6	Colorado Secretary of State	20035623259
7	Washington Public Disclosure Commission	n/a
8	West Virginia State Election Commission	afscme
9	Hawaii Campaign Spending Commission	20010admin
10	IRS	91-2064198
11	Minnesota Campaign Finance and Public Disclosure Board	30204
12	Tennessee Registry of Election Finance	n/a
13	Florida Division of Election	151