

Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of Statem	ent				
□ NEW		☒ AMENDED				
This committee is registering with the Virginia		This committee is filing an amended Statement of Organization				
State Board of Elections for the first time.	Date Changes T	· ·		d Committee ID		
	04/08/2	019	OSPC	-13-00437		
Name of Committee						
United Food and Commercial Workers A		ucation Fund				
Insert full name of committee (Acronyms must						
(Committee Mailing	Address				
1775 K Street, NW						
Street Address/P.O. Box				Suite #		
Machineton	DC		20006			
Washington City	State		Zip Code			
City	State		Zip Code			
tcain@ufcw.org			202) 223-311	1		
Email Address		Е	Business Phone			
Committee Website						
Af	filiated Organizatio	on or PAC				
__						
United Food and Commercial Workers I Full Name of Affiliated Organization	nternational Union					
Tun Name of Armiated Organization						
1775 K Street, NW						
Street Address/P.O. Box				Suite #		
Washington	DC		20006			
City	State		Zip Code			
Command and annual and dates						
Support and oppose candidates Indicate the Purpose of your Committee (e.g. La	hor Rusiness Health C	are etc.)				
1 , ()						
Full Name and Address of Candidate(s)	Office Sought	Party Aff	iliation	Support or Oppose?		
Full Name and Address of Candidate(s)	Office Sought	Farty Am	шаноп	Support of Oppose:		
				l		





Area, Scope and Jurisdiction of the Committee					
This Committee intends to participate in (check all that apply):					
🛚 Statewide elec	tions	General Assembly elections	X Local elections		
If "Local Elections" is checked please	e list the cities, cou	unties and/or towns the committee in	ntends to be active in:		
1) TBD		4)			
2)		5)			
3)		6)			
	Other	Agency Information			
Taxpayer Identification Number	52 - 1066961 Enter Taxpayer				
	'Other Agend	cies Where Registered' Sheet A	Attached with 13 Agencies.		
	Name of Agency	y	Registration Number		
	Name of Agency	y	Registration Number		
Other Agencies Where Committee is Registered	Name of Agency	у	Registration Number		
	Name of Agency	y	Registration Number		
	Name of Agency	y	Registration Number		
	Name of Agency	у	Registration Number		
Committee Depository					
Capital One Bank					
Primary Bank Name or Depository		Secondary Bank Name o	r Depository		
McLean	VA				
City	State	City	State		



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Treasurer and Books Information					
	Barclay	Shaun			
	Salutation Last Name	First Name	Middle Name	Suffix	
				2 11	
	1775 K Street, NW Washington, DC Street Address (Business), City, State and				
	·	1 Zip Code			
Treasurer	76 Brittany Manor Way				
	Street Address (Residence)		Suite #		
	Stafford	VA	1	22554	
	City	Sta		Zip Code	
	tsaleeby@ufcw.org		(202) 223-3111		
	Email Address (*see instructions)		Daytime Phone #		
	Rentz	Carol			
	Salutation Last Name	First Name	Middle Name	Suffix	
			Tyriddic Tydiric	Bullix	
D	1775 K Street, NW Washington, DC				
Principal Custodian of the	Street Address (Business), City, State and	d Zip			
Books (if one)	3611 Heritage Lane				
Dooks (II one)	Street Address (Residence)		Suite #		
	 Fairfax	V	Δ	22030	
	City	Sta		Zip Code	
	crentz@ufcw.org	(202) 223-3111		1	
	Email Address (*see instructions)	Daytime Phone #			
Address Where	1775 K Street, NW				
Books are	Street Address (P.O. Boxes are Not Acce	ptable)	Suite #		
Maintained	Washington	D	С	20006	
	City	Sta	ite	Zip Code	
	Statement of T	Treasurer			
T 4 41	6. 41	1	1 '4 4 ' ' ' C4	G :	
	of Treasurer for this committee. I understand the 24.2, Chapter 9.3 of the Code of Virginia). I understand the Code of Virginia.				
Finance Disclosure Act (Tit SBE's website. I understand	le 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I ul that I must truthfully report all monies and thin	understand that I am request of value, which this	uired to file my reports electr political committee receives	onically on or expends as	
Finance Disclosure Act (Tit SBE's website. I understand required by § 24.2-949.9:1.	le 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I ul that I must truthfully report all monies and thin Civil penalties will be assessed in the manner re	anderstand that I am requests of value, which this equired by the <i>Code of V</i>	uired to file my reports electr political committee receives of Virginia for late or un-filed re	onically on or expends as ports. I also	
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DATE ENTERED: _______

ENTERED BY: ________

CIRCLE ONE

COMMITTEE ID: ______ 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 <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 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
 - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - o 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
 - 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

Other Agencies Where Registered

	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