

Statement of Organization POLITICAL PARTY COMMITTEE

	Type of Statement			
ĭ 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.			
	Date Changes Took Effect	SBE-issued Committee ID		
PP-18-00461				
	Name of Committee			
Manassas and Manassas Park Cities Democ	cratic Committee.			
Full Name of Committee				
Party Affiliation				
✓ Democratic✓ Republican				
<u> — перионенн</u>	Committee Mailing Address			
PO Box 4041	-			
Street Address/P.O. Box		Suite #		
Manassas	VA	20108		
City	State	Zip Code		
mmpcdc@gmail.com		(571) 358-9893		
Email Address		Business Phone		
http://www.manassascitydemocrats.org				
Committee Website Area, Scor	oe and Jurisdiction of the C	ommittee		
11100, 500	(Please Check Only One)			
□ National Party Committee				
☐ State Party Committee				
☐ Party Caucus				
☐ County Party Committee (cou	nty:)		
☒ City Party Committee (city: <u>N</u>	Manassas City)		
☐ Local Magisterial District (loc	ality:	_ district:	_)	
☐ Congressional District (district	t:)			
☐ Virginia House District (distri	ct:)			
☐ Virginia Senate District (distri	ict:)			

are Maintained

Manassas

City



Committee Activity						
Please provide the fo	ollowing dates. (If an	action has not yet o	occurred for the	nis committee, write	"N/A")	
Date first contribution Date first expenditur Date committee depo	e made: ository designated:	01/17/2018 01/17/2018 01/17/2018 01/17/2018				
	Candi	dates this Comn	nittee Supp	orts or Opposes	3	
Full Name and Addre	ess of Candidate	Office Sought	I	Party Affiliation	Support or O	ppose?
Candidate Sheet Attac Candidates	ched with 2					
(attach additional sheet	s if more space need	led)	•			
		Committ	ee Deposit	ory		
BB&T						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Manassas	,	/A				
City	S	tate	City		State	
	A	ddress Where l	Books are I	Maintained		
8928 Sweetbriar St.						
Address Where Books	Street Address (P.O. Boxes are not acceptable) Suite #					

VA

State

20110

Zip Code



Statement of Organization POLITICAL PARTY COMMITTEE

	Trea	surer				
	Mrs Fields	Patt				
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix			
	pfields555@yahoo.com	(703)	335-2671			
	Email Address		ne Phone #			
	8928 Sweetbriar St.					
Treasurer Residential	Street Address	Apt #				
Address	Manassas	VA 20110				
	City	State	Zip Code			
	NIA					
	N/A Street Address/P.O. Box	Suite #				
Treasurer Business Address	N/A	VA	20110			
	City	State	Zip Code			
	Principal Custo	dian of the Books				
Principal Custodian Information	☐ Check this box if the Principal Coare the same person, skip this section Mrs. Fields Salutation Last Name pfields555@yahoo.com Email Address Principal Position or Title	n. Patt First Name (703)	Middle Name Suffix 335-2671 ne Phone #			
	8928 Sweetbriar St.					
Principal Custodian Residential Address	Street Address Apt #					
Residential Address	Manassas	VA	20110			
	City	State	Zip Code			
Principal Custodian Business Address	N/A Street Address/P.O. Box N/A City	VA State	Suite # 20110 Zip Code			
	Additional Officers (optional)					
Additional Officers	Mike Freeland Full Name Full Name	Officer Title Title	1 7034090641 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 <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.