

Statement of Organization POLITICAL PARTY COMMITTEE

	Type of Statement		
🖾 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.		
PP-23-00021	Date Changes Took Effect	SBE-issued Committee ID	
FF-23-00021			
	Name of Committee		
Accomack Republican Party II Full Name of Committee			
Party Affiliation			
Image: Semicirate Image: Semicirat			
	Committee Mailing Address	3	
P.O. Box 508			
Street Address/P.O. Box		Suite #	
Melfa	VA	23410	
City	State	Zip Code	
jprocter@calindman.com		(757) 787-2058	
Email Address		Business Phone	
Committee Website			
	pe and Jurisdiction of the C	committee	
	(Please Check Only One)		
□ State Party Committee			
Party Caucus			
County Party Committee (cou	nty: Accomack County)	
□ City Party Committee (city: _)	
□ Local Magisterial District (loc	ality:	district:)	
□ Congressional District (distric	t:)		
□ Virginia House District (distri	ct:)		
□ Virginia Senate District (distri	ict:)		
 Party Caucus County Party Committee (cou City Party Committee (city: _ Local Magisterial District (loc Congressional District (distric Virginia House District (distric 	ality:)	



Committee Activity						
Please provide the fo	ollowing dates. (If an	action has not yet c	occurred for this committe	ee, write "N/A")	
Date first contribution Date first expenditur Date committee depo Date treasurer appoint	e made: ository designated:	07/04/2023 07/27/2023 04/24/2017 03/20/2023				
	Candie	dates this Comm	nittee Supports or C) pposes		
Full Name and Addre	ess of Candidate	Office Sought	Party Affili	ation	Support or Oppose?	
Candidate Sheet Attac Candidates	hed with 2					
(attach additional sheet	s if more space need	led)				
Committee Depository						
Truist						
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)				
Onley VA						
City State		City State				
Address Where Books are Maintained						
Address Where Books	28242 Boggs W Street Address (P.O	harf Rd. . Boxes are not accep	table)	Sui	ite #	
are Maintained	Melfa		VA		23410	
	City		State		Zip Code	



Statement of Organization POLITICAL PARTY COMMITTEE

			Treasurer				
	Mr	Procter	Jeffrey	w			
Treasurer Information		Last Name	First Name	Middle Name	Suffix		
Treasurer Information	jprocter@calindman.com Email Address			(757) 787-2058			
				Daytime Phone #			
Treasurer Residential	28242 BO	ggs Wharf Rd.		Apt #			
Address	Melfa		٧A	VA 23410			
	City			State			
	P.O. Box			G. 4. 4			
Treasurer Business Address	Street Address/P.O. Box			Suite #			
	Melfa City		VA State		23410 Zip Code		
	City	Dringing C					
	1	Principal C	ustodian of the Book	.8			
	□ Check this box if the Principal Custodian of the Books is the same person as the Treasure are the same person, skip this section.				Treasurer. If they		
Principal Custodian Information	Salutation	Last Name	First Name	Middle Name	Suffix		
	Email Addro	ess		Daytime Phone #			
	Position or 7	Title					
Principal Custodian Residential Address	Street Addre	ess		Apt #			
	City		State Zip Code		Zip Code		
Principal Custodian Business Address	Street Address/P.O. Box Suite #						
	City		State	2	Zip Code		
Additional Officers (optional)							
	0			Chairman	757 700 0050		
	Samuel S Full Name	enaro		Chairman Title	757-709-8252 Daytime Phone #		
Additional Officers							
	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:					
The 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 **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.
 - $\circ \quad \text{Insert the residence address of the treasurer.}$
 - 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
 - If you choose to file electronically, log into the following Web site address: <u>https://cf.elections.virginia.gov</u>
- 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: <u>http://www.sbe.virginia.gov/cms/Campaign_Finance/</u>

Statement of Treasurer

• Please read and sign the Statement.