

Statement of Organization POLITICAL PARTY COMMITTEE

		Type of Statement						
	□ NEW		AMENDED					
This committee is registering with the Virgi State Board of Elections for the first time.		This committee is filing	an amended Statement of Organization					
Diale Doal	d of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID	BE-issued Committee ID				
		07/15/2019	PP-12-00458					
Name of Committee								
10th Distr	rict Republican Congressional Con	nmittee						
	of Committee							
Party Affil	liation							
	☐ Democratic							
X	Republican	North Mailing Address						
		Committee Mailing Address						
PO Box 6								
	lress/P.O. Box		Suite #					
Potomac	Falls	VA	20165					
City		State	Zip Code					
george_c Email Add	roft@hotmail.com		Business Phone					
			Business Phone					
http://www	w.vagop10.org							
Commutee		pe and Jurisdiction of the Co	ommittee					
	,	(Please Check Only One)	/ 					
	National Party Committee							
	State Party Committee							
	Party Caucus							
	County Party Committee (cou	nty:)					
	City Party Committee (city: _)					
	Local Magisterial District (local	ality:	_ district:)				
X	Congressional District (district: Congressional - 10th District							
	Virginia House District (distri	ct:)						
	Virginia Senate District (district:)							



Committee Activity								
Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")								
Date first contribution accepted: Date first expenditure made: Date committee depository designated: Date treasurer appointed:		01/01/2012 01/01/2012						
Candidates this Committee Supports or Opposes								
Full Name and Addre	ess of Candidate	Office Sought	Party Affiliatio	n Support or Oppose?				
Candidate Sheet Attached with 2 Candidates								
(attach additional sheets if more space needed)								
Committee Depository								
Capital One Bank Name of Primary Financia	al Institution		Name of Other Financial Ins	titution (if applicable)				
Datamas Falls	,	/ A						
		/A tate	City	State				
			Books are Maintained					
Address Where Books are Maintained	6523 Sunny Hill			Suite #				
are manitameu	McLean		VA	22101				
	City		State	Zip Code				



Statement of Organization POLITICAL PARTY COMMITTEE

	Treas	surer			
	Croft	George			
Treasurer Information	Salutation Last Name	First Name	Middle Name Suffix		
	george_croft@hotmail.com (703) 821-2841		703) 821-2841		
	Email Address		ytime Phone #		
	6522 Supply Hill Ct				
Treasurer Residential	6523 Sunny Hill Ct Street Address	Apt#			
Address	McLean	VA 22101			
	City	State Zip			
	PO Box 650552 Street Address/P.O. Box Suite #				
Treasurer Business Address					
	Sterling City	VA State	20165 Zip Code		
	Principal Custod		Zip Couc		
	☐ Check this box if the Principal Cuare the same person, skip this section Croft Salutation Last Name		ne same person as the Treasurer. If they Middle Name Suffix		
Principal Custodian Information					
	george_croft@hotmail.com Email Address	ail.com (703) 821-2841 Daytime Phone #			
		Di	ytime I none "		
	Principal Position or Title				
	0522 C Hill 04				
Principal Custodian	6523 Sunny Hill Ct Street Address Apt #				
Residential Address	McLean	VA	22101		
	City	State	Zip Code		
			-		
Principal Custodian	PO Box 650552 Street Address/P.O. Box		Suite #		
Business Address					
	Sterling City	VA State	20165 Zip Code		
Additional Officers (optional)					
Additional Officers (optional)					
Additional Officers	Full Name	Title	Daytime Phone #		
	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:				
☑ 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.