Statement of Organization
POLITICAL PARTY COMMITTEE

Type of Statement

☐ NEW

This committee is registering with the Virginia State Board of Elections for the first time.

☒ AMENDED

This committee is filing an amended Statement of Organization.

Date Changes Took Effect	SBE-issued Committee ID
07/15/2019	**PP-12-00458**

Name of Committee

10th District Republican Congressional Committee

Full Name of Committee

Party Affiliation

☐ Democratic

☒ Republican

Committee Mailing Address

PO Box 650552

Street Address/P.O. Box **Suite #**

Potomac Falls **VA** **20165**

City **State** **Zip Code**

george_croft@hotmail.com

Email Address **Business Phone**

http://www.vagop10.org

Committee Website

Area, Scope and Jurisdiction of the Committee
(Please Check Only One)

☐ **National Party Committee**

☐ **State Party Committee**

☐ **Party Caucus**

☐ **County Party Committee (county: _____)**

☐ **City Party Committee (city: _____)**

☐ **Local Magisterial District (locality:_____ district: _____)**

☒ **Congressional District (district: Congressional - 10th District)**

☐ **Virginia House District (district: _____)**

☐ **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: 01/01/2012
Date first expenditure made: 01/01/2012
Date committee depository designated: _____
Date treasurer appointed: _____

Candidates this Committee Supports or Opposes

Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
Candidate Sheet Attached with 2 Candidates			

(attach additional sheets if more space needed)

Committee Depository

Capital One Bank	
Name of Primary Financial Institution	**Name of Other Financial Institution (if applicable)**
Potomac Falls **VA**	
City **State**	**City** **State**

Address Where Books are Maintained

Address Where Books are Maintained	**6523 Sunny Hill Ct**		
	Street Address (P.O. Boxes are not acceptable)		**Suite #**
	McLean	**VA**	**22101**
	City	**State**	**Zip Code**

Statement of Organization
POLITICAL PARTY COMMITTEE

Treasurer

Treasurer Information

Salutation	Last Name	First Name	Middle Name	Suffix
	Croft	George		

Email Address	Daytime Phone #
george_croft@hotmail.com	(703) 821-2841

Treasurer Residential Address

Street Address	Apt #
6523 Sunny Hill Ct	

City	State	Zip Code
McLean	VA	22101

Treasurer Business Address

Street Address/P.O. Box	Suite #
PO Box 650552	

City	State	Zip Code
Sterling	VA	20165

Principal Custodian of the Books

Principal Custodian Information

☐ **Check this box if the Principal Custodian of the Books is the same person as the Treasurer. If they are the same person, skip this section.**

Salutation	Last Name	First Name	Middle Name	Suffix
	Croft	George		

Email Address	Daytime Phone #
george_croft@hotmail.com	(703) 821-2841

Position or Title
Principal

Principal Custodian Residential Address

Street Address	Apt #
6523 Sunny Hill Ct	

City	State	Zip Code
McLean	VA	22101

Principal Custodian Business Address

Street Address/P.O. Box	Suite #
PO Box 650552	

City	State	Zip Code
Sterling	VA	20165

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 *Code of Virginia*). 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 *Code of Virginia* 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.
  - 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 all of their campaign finance disclosure reports electronically.

- **Electronic Filing Option**
  - If you choose to file electronically, log into the following Web site address: https://cf.elections.virginia.gov

- **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: http://www.sbe.virginia.gov/cms/Campaign_Finance/

Statement of Treasurer

- Please read and sign the Statement.