



## Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW  This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: center;">Date Changes Took Effect</td> <td style="text-align: center;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">05/21/2022</td> <td style="text-align: center;">PP-12-00562</td> </tr> </table>	Date Changes Took Effect	SBE-issued Committee ID	05/21/2022	PP-12-00562
Date Changes Took Effect	SBE-issued Committee ID				
05/21/2022	PP-12-00562				
Name of Committee					
<b>5th Congressional District of Virginia Republican Committee</b> <hr/> <b>Full Name of Committee</b>					
<b>Party Affiliation</b> <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican					
Committee Mailing Address					
<b>P. O. Box 75</b> <hr/> <b>Street Address/P.O. Box</b> <span style="float: right;"><b>Suite #</b></span>					
<b>Loveington</b> <hr/> <b>City</b>	<b>VA</b> <hr/> <b>State</b>	<b>22949</b> <hr/> <b>Zip Code</b>			
<b>ChairmanGOP@outlook.com</b> <hr/> <b>Email Address</b>		<b>(540) 497-1554</b> <hr/> <b>Business Phone</b>			
<b>https://5thdistrictva.gop/</b> <hr/> <b>Committee Website</b>					
Area, Scope and Jurisdiction of the Committee (Please Check Only One)					
<input type="checkbox"/> National Party Committee <input type="checkbox"/> State Party Committee <input type="checkbox"/> Party Caucus <input type="checkbox"/> County Party Committee (county: _____) <input type="checkbox"/> City Party Committee (city: _____) <input type="checkbox"/> Local Magisterial District (locality: _____ district: _____) <input checked="" type="checkbox"/> Congressional District (district: <u>Election - District 5</u> ) <input type="checkbox"/> Virginia House District (district: _____) <input type="checkbox"/> 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: 04/28/2018

**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**

<b>Truist</b>	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
<b>Livingston</b> <b>VA</b>	
City State	City State

**Address Where Books are Maintained**

Address Where Books are Maintained	<b>720 Megan Lane</b>	
	Street Address (P.O. Boxes are not acceptable)	Suite #
	<b>Shipman</b> <b>VA</b> <b>22971</b>	
	City State	Zip Code



## Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer					
Treasurer Information	<b>Mrs. Dixon</b>		<b>Marian</b>		
	Salutation	Last Name	First Name	Middle Name	Suffix
	Marian_Dixon@msn.com		(434) 263-6694		
	Email Address		Daytime Phone #		
Treasurer Residential Address	720 Megan Lane				
	Street Address			Apt #	
	Shipman	VA		22971	
	City	State		Zip Code	
Treasurer Business Address	P. O. Box 75				
	Street Address/P.O. Box			Suite #	
	Lovington	VA		22949	
	City	State		Zip Code	
Principal Custodian of the Books					
Principal Custodian Information	<input type="checkbox"/> 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.				
	<b>Mrs. Dixon</b>		<b>Marian</b>		
	Salutation	Last Name	First Name	Middle Name	Suffix
	Marian_Dixon@msn.com		(434) 263-6694		
	Email Address		Daytime Phone #		
	Principal				
	Position or Title				
Principal Custodian Residential Address	720 Megan Lane				
	Street Address			Apt #	
	Shipman	VA		22971	
	City	State		Zip Code	
Principal Custodian Business Address	P. O. Box 75				
	Street Address/P.O. Box			Suite #	
	Lovington	VA		22949	
	City	State		Zip Code	
Additional Officers (optional)					
Additional Officers	<b>Richard Buchanan</b>		<b>Officer1</b>		<b>540-497-1554</b>
	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/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

**Statement of Treasurer**

- Please read and sign the Statement.