



## Statement of Organization POLITICAL PARTY COMMITTEE

Type of Statement					
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> AMENDED				
<p>This committee is registering with the Virginia State Board of Elections for the first time.</p> <p>This committee is filing an amended Statement of Organization.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td>01/16/2026</td> <td>PP-12-00421</td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	01/16/2026	PP-12-00421
Date Changes Took Effect	SBE-issued Committee ID				
01/16/2026	PP-12-00421				
Name of Committee					
<b>7th District Republican Committee (State PAC)</b>					
<b>Full Name of Committee</b>					
<b>Party Affiliation</b>					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican					
Committee Mailing Address					
<b>PO Box 71596</b>					
<b>Street Address/P.O. Box</b>					
<b>Richmond</b>	<b>VA</b>				
<b>City</b>	<b>Zip Code</b>				
<b>john@forestcs.com</b>					
<b>Email Address</b>					
<b>Business Phone</b>					
Committee Website					
<b>Area, Scope and Jurisdiction of the Committee (Please Check Only One)</b>					
<input type="checkbox"/> <b>National Party Committee</b>					
<input type="checkbox"/> <b>State Party Committee</b>					
<input type="checkbox"/> <b>Party Caucus</b>					
<input type="checkbox"/> <b>County Party Committee (county: _____)</b>					
<input type="checkbox"/> <b>City Party Committee (city: _____)</b>					
<input type="checkbox"/> <b>Local Magisterial District (locality: _____ district: _____)</b>					
<input checked="" type="checkbox"/> <b>Congressional District (district: <u>Election - District 7</u>)</b>					
<input type="checkbox"/> <b>Virginia House District (district: _____)</b>					
<input type="checkbox"/> <b>Virginia Senate District (district: _____)</b>					



### 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: **01/16/2020**  
 Date treasurer appointed: **01/06/2026**

### 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>Atlantic Union Bank</b>	
Name of Primary Financial Institution	Name of Other Financial Institution (if applicable)
<b>Richmond</b> <b>VA</b>	

City State City State

### Address Where Books are Maintained

<b>Address Where Books are Maintained</b>	<b>3520 Mayland Court Ste A</b>		
	Street Address (P.O. Boxes are not acceptable)		Suite #
	<b>Henrico</b> <b>VA</b>		<b>23233</b>
	City	State	Zip Code



## Statement of Organization POLITICAL PARTY COMMITTEE

Treasurer								
Treasurer Information	<b>Mr. Pritchett Brett</b> Salutation Last Name      First Name      Middle Name      Suffix <b>blpritchett7@gmail.com</b> <b>(540) 842-6392</b> Email Address      Daytime Phone #							
	Treasurer Residential Address	<b>9501 Quail Meadows Drive</b> Street Address      Apt # <b>Spotsylvania</b> <b>VA</b> <b>22551</b> City      State      Zip Code						
		Treasurer Business Address	<b>9501 Quail Meadows Drive</b> Street Address/P.O. Box      Suite # <b>Spotsylvania</b> <b>VA</b> <b>22551</b> 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>Mr. Selph John G.</b> Salutation Last Name      First Name      Middle Name      Suffix <b>john@forestcs.com</b> <b>(804) 270-0791</b> Email Address      Daytime Phone #							
	Principal Custodian Residential Address	<b>9521 Meadowview Road</b> Street Address      Apt # <b>Henrico</b> <b>VA</b> <b>23294</b> City      State      Zip Code						
		Principal Custodian Business Address	<b>PO Box 71596</b> Street Address/P.O. Box      Suite # <b>Richmond</b> <b>VA</b> <b>23255</b> City      State      Zip Code					
			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/](http://www.sbe.virginia.gov/cms/Campaign_Finance/)

**Statement of Treasurer**

- Please read and sign the Statement.