

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.		
State Board of Elections for the first time.	Date Changes Took Effect	SBE-issued Committee ID	
	04/24/2024	PAC-12-00611	
	Name of Committee		
Williamsburg - James City County Republica	an Committee		
Full Name of Committee			
WJCCRC			
Committee Acronym (if applicable)			
☐ Check this box if this committee is establish	shed or controlled by a corporat	ion doing business in Virginia	
C	ommittee Mailing Address		
P.O. Box 2104			
Street Address/P.O. Box		Suite #	
Williamsburg	VA	23187	
City	State	Zip Code	
info@wjccrc.org			
Email Address		Business Phone	
http://www.wjccrc.org			
Committee Website		_	
Aff	iliated Organization or PA	C	
☐ Check this box if this committee is affiliated v	with another organization or PA	C. If so, provide the following information:	
Republican Party of Virginia			
Full Name of Affiliated Organization			
RPV State Headquarters 115 East Grace Stro	eet		
Street Address/P.O. Box		Suite #	
Richmond	VA	23219	
City	State	Zip Code	
support RPV in applicable district			
Relationship of this Committee to Affiliated Orga	nization		



Purpose of Committee			
Indicate the purpose of this Committee (please be as specific as possible):			
The WJCCRC recruits, supports and he	elp elect Republican o	candidates for all levels of go	overnment
Candidates this Committee Supports or Opposes (skip to next section if supporting a specific party)			
Full Name and Address of Candidate	Office Sought	Party Affiliation	Support or Oppose?
(attach additional sheets if more space need	led)		
Area,	Scope and Jurisdic	tion of the Committee	
This Committee intends to participate in elections on the following levels: (check all that apply)			
☒ Statewide elections			
Statewide elections General Assembly elections			
Local elections			
If "Local Elections" is checked please list the cities, counties and/or towns the committee intends to be active in:			
1) _James City County			
2) Williamsburg City	5)		
3)	6)		



Treasurer				
	Ms. Bilski	Bonnie	М	
Treasurer Information	Salutation Last Name	First Name	Middle Nam	e Suffix
	bonnie.WJCCRC@gmail.com		(757) 534-8575	
	Email Address		Daytime Phone #	
	111 Godspeed Lane			
Treasurer Residential Address	Street Address		Apt #	
	Williamsburg	VA		23185
	City	State		Zip Code
	111 Godspeed Lane			
Treasurer Business Address	Street Address/P.O. Box	Suite #		
	Williamsburg	VA	VA 23185	
	City	State		Zip Code
	Principal Custodia	n of the Book	S	
	☐ Check this box if the Principal Custorer the same person, skip this section. Ms. Bilski	odian of the Book Bonnie	as is the same person as th	e Treasurer. If they
Principal Custodian	Salutation Last Name	First Name	Middle Nam	e Suffix
Information	bonnie.WJCCRC@gmail.com		(757) 534-8575	
	Email Address		Daytime Phone #	
	Treasurer			
	Position or Title			
	111 Godspeed Lane			
Principal Custodian Residential Address	Street Address		Apt #	
	Williamsburg	VA		23185
	City	State		Zip Code
	111 Godspeed Lane			
Principal Custodian Business Address	Street Address/P.O. Box		Suite #	
	Williamsburg	VA		23185
	City	State		Zip Code
Additional Officers (optional)				
Additional Officers	Paula Sadler		Chairman WJCCRC	757-810-3311
	Full Name		Title	Daytime Phone #
	Full Name		Title	Daytime Phone #



	Committee	Depository	
TowneBank			
Name of Primary Financial Inst	titution	Name of Other Financial Institution	on (if applicable)
Williamsburg	VA		
City	State	City	State
	Address Where Boo	oks are Maintained	
	111 Godspeed Lane		
Address Where Books are	Street Address (P.O. Boxes are not accept	otable) Suite #	
Maintained	Williamsburg	VA	23185
	City	State	Zip Code
	Committe	e Activity	
Please provide the following de Date contributions exceed Date expenditures exceed Date committee depositor Date treasurer appointed.	ded \$200:		
Please indicate the method by	which this committee will submit all rea		
•	ng SBE's VAFiling Application.	uned campaign mance reports.	
☐ File electronically using (Please indicate Name)☐ File paper reports.	ng an SBE Approved Vendor option, I affirm that this committee doe	not intend to accept contributions	or make expenditures in excess of
Signature		Date	



Statement of Treasurer

Member or Employee Contributions not Required: Any stock or nonstock corporation, labor organization, membership organization, cooperative, or other group of persons may establish and administer for political purposes, and solicit and expend contributions for, a political action committee, provided that:

- 1. No political action committee shall make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisal, threat of force, or as a condition of employment.
- 2. Any person soliciting a contribution to a political action committee shall, at the time of solicitation, inform the person being solicited of (i) his right to refuse to contribute without any reprisal and (ii) the political purposes of the committee.

Committees Formed Between October 1 and Election Day: 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Use of Candidate Name: Any PAC that intends to use the name of a candidate as part of the name of their PAC must file, along with this form, a copy of:

- the written authorization of the candidate consenting the use of his name; or
- the political committee's notice to the candidate of use of his/her name and evidence that the letter was received. The letter must be sent at least twenty-one days prior to the filing of this form.

If two candidates have the same last name, the political committee shall include the first name, or other initial or nickname, in the name of the political committee to identify which candidate is associated with the political committee.

the political committee to identify which candidate is associated with	h the political committee.
and things of value which this political committee receives or expense required by the <i>Code of Virginia</i> for late or un-filed reports. I also u	ode of Virginia). I understand that I must truthfully report all monies ands in a timely manner. Civil penalties will be assessed in the manner
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.

*** 24.2-949.6 & \$24.2-949.6 (D) requires any political action committee filing this form on or after October 1 and before the November election day in any odd numbered year (i) to file a campaign finance report for the committees activities within 24 hours of filing its Statement of Organization and (ii) to file reports within 24 hours of receiving any contribution or making an expenditure of \$500 or more during the period between the date of filing its statement of organization and election day.

Name of Committee

- Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.
- Check the box if this committee is established or controlled by a corporation which is headquartered outside of Virginia and is registered with the State Corporation Commission.

Committee Mailing Address

- Insert the committee's primary mailing address.
 - The address must be within the Commonwealth unless the affiliated organization is a business headquartered outside
 of the Commonwealth, but registered with the Virginia State Corporation Commission.
- Insert the committee's primary business phone, fax and email address.
- Insert the committee's website address (if one).

Affiliated Organization or PAC

- Please provide the name and contact information of the affiliated organization of the PAC.
- Indicate the nature of the relationship between the PAC and the affiliate.

Purpose of the Committee

• Indicate the primary purpose of the committee (e.g. health care, labor).

Candidate's Supported or Opposed

Indicate any and all candidates the committee intends to support or oppose.

Area, Scope and Jurisdiction of the Committee

Please choose the designation that applies.

Treasurer and 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.

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 affiliated organization is headquartered outside of the Commonwealth, but registered with the State Corporation Commission.

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.virgin
- 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.