

Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of State	ment					
□ NEW		☒ AMENDED					
This committee is registering with the Virgin	nia This con	This committee is filing an amended Statement of Organization.					
State Board of Elections for the first time.	Date Changes	Took Effect	SBE-issued	d Committee ID			
	09/23	/2025	OSPC	-25-00006			
Name of Committee							
Plasterers, Cement Masons and Shop Hands Political Action Committee							
Insert full name of committee (Acronyms must be spelled out)							
	Committee Mailin	g Address					
9700 Patuxent Woods Drive				200			
Street Address/P.O. Box				Suite #			
COLUMBIA	MD		21046				
City	State		Zip Code				
ksexton@opcmia.org		(301) 623-1000					
Email Address		Business Phone					
https://www.opcmia.org/							
Committee Website							
A	Affiliated Organizat	ion or PAC					
	<u> </u>						
Operative Plasterers' and Cement Masons' International Association of the United States and Canada							
Full Name of Affiliated Organization							
9700 Patuxent Woods Drive				200			
Street Address/P.O. Box				Suite #			
COLUMBIA	MD		21046				
City	State		Zip Code				
To provide political contributions on b	schalf of mombors						
Indicate the Purpose of your Committee (e.g.,		Care, etc.)					
Candidate's Supported or Opposed*							
Full Name and Address of Candidate(s)	Office Sought		ffiliation	Support or Oppose?			
	Office Sought	1 ur cy 11		Support of Opposet			
Candidate Sheet Attached with 4							
Candidates							





Commonwealth of Virginia

Area, Scope and Jurisdiction of the Committee							
This Committee intends to participate in (check all that apply):							
▼ Statewide elections ☐ Gen		eral 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)		4)					
2)		5)					
3)		6)					
	Other Age	ncy Information					
Taxpayer Identification Number	91-2104535						
	Enter Taxpayer ID Nu	ımber					
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
Other Agencies Where	Name of Agency		Registration Number				
Committee is Registered							
	Name of Agency		Registration Number				
	Name of Agency		Registration Number				
	Tvaine of Agency		Registration Number				
	Name of Agency		Registration Number				
Committee Depository							
First National Bank							
Primary Bank Name or Depository		Secondary Bank Name of	or Depository				
COLUMBIA	VA						
City	State	City	State				



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information							
	Bailey	Richard Bailey	Pichard Railov				
	Salutation Last Name	First Name	Middle Name	Suffix			
	9700 Potuvent Woods Drive 200 COLUMBIA MD 24046						
	9700 Patuxent Woods Drive 200 COLUMBIA, MD 21046 Street Address (Business), City, State and Zip Code						
Treasurer	9700 Patuxent Woods Drive		200				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Street Address (Residence)	Suite #					
	COLUMBIA MD			21046			
	City		MD State				
	rbailey@opcmia.org			Zip Code			
	Email Address (*see instructions)		Daytime Phone #				
	Email Address (See Instructions)		Daytime I none "				
	Bailey	Richard					
	Salutation Last Name	First Name	Middle Name	Suffix			
	9700 Patuxent Woods Drive 200 COLUMBIA, MD 21046						
Principal Control of the Control of	Street Address (Business), City, State and Zip						
Custodian of the Books (if one)	9700 Patuxent Woods Drive		200				
	Street Address (Residence)		Suite #				
	COLUMBIA	MD		21046			
	City	State		Zip Code			
	rbailey@opcmia.org (3		(301) 623-1000				
	Email Address (*see instructions)	· , ,					
Address Where	9700 Patuxent Woods Drive	-4-1-1-)	200 Suite #				
Books are	Street Address (P.O. Boxes are Not Accep	ptable)	Suite #				
Maintained	COLUMBIA	MD		21046			
	City	State		Zip Code			
Statement of Treasurer							
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1. understand that if I provide it	of Treasurer for this committee. I understand the 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I use that I must truthfully report all monies and thing Civil penalties will be assessed in the manner regalse information on any document submitted to ishable up to a Class 5 felony.	nderstand that I am requir gs of value, which this po- quired by the <i>Code of Virg</i>	red to file my reports electr litical committee receives of ginia for late or un-filed re	onically on or expends as ports. I also			
Signature		Date					

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE

N or A



Instructions for Completing This Form

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, 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 you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219